

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).

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet 5 Parts I-III Date/Time Prepared: 5/26/2015 5:20 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/26/2015 Time: 5:20 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. FRANCIS HOSPITAL & HEALTH CENTER ( 150162 ) 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.

**Encryption Information**  
 ECR: Date: 5/26/2015 Time: 5:20 pm  
 5ar6EDmViKnNcClUmBze3mVOJ18Tp0  
 NZQ600f6YzqozBip1tiueZptu4P8rG  
 qceS1nn8FS08Ride  
 PI: Date: 5/26/2015 Time: 5:20 pm  
 UgWx44uq1U5ww9zKpwsYXNL1T.AMG0  
 zYwS0prThIglHOAwex9GTgAFUPS  
 wvpD0P6NO.056J5F

(Signed) *OK Panty*  
 Officer or Administrator of Provider(s)  
 Title Regional CFO  
 Date 5/28/15

	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	-415,823	368,223	-73,474	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-6,375	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
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	-422,198	368,223	-73,474	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: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 12:47 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 8111 S. EMERSON AVENUE			PO Box:							1.00
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46237		County: MARI ON			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital -Based Component Identification:											
3.00	Hospital		ST. FRANCIS HOSPITAL & HEALTH CENTER	150162	26900	1	05/01/2006	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		REHAB UNIT	15T162	26900	5	01/01/2005	N	P	P	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital -Based SNF										9.00
10.00	Hospital -Based NF										10.00
11.00	Hospital -Based OLTC										11.00
12.00	Hospital -Based HHA		HOME HEALTH	157179	26900		01/01/2014	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital -Based Hospice		HOSPICE	151523	26900		01/01/2014				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)						1		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.						Y	Y		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			5,187	1,398	0	0	7,984	339	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			152	24	0	0	18		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 12:47 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)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)		N	N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)		N	N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
<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.		Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.		N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
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			
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00 62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00 62.01	
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			Y		63.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 1/ (col . 1 + col . 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col . 3/ (col . 3 + col . 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE GENERAL	1350	9.00	13.91	0.392842 65.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 12:47 pm		
		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)	FAMILY MEDICINE GENERAL	1350	10.80	9.27	0.538117
				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.			Y	75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00	
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	

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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	Y		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00		
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00		
<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		
		<b>Physical</b>		<b>Occupational</b>	<b>Speech</b>	<b>Respiratory</b>	
		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		
				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		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00		
		<b>Premiums</b>		<b>Losses</b>	<b>Insurance</b>		
		1.00		2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	412,665		203,464	460,774		
				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: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 12:47 pm	
		1.00	2.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	158014		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: SISTERS OF ST. FRANCIS HEALTH SERVIC	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101	
142.00	Street: 1515 W DRAGON TRL	PO Box: 1290			142.00
143.00	City: MISHAWAKA	State: IN	Zip Code: 46544		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.	Y			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	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC	N	N	N	N
					1.00
Multi campus					
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
					4.00
					5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00
					1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act					
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.50169.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/26/2015 12:47 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2014	09/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, 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: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 12:47 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.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2015	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: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/26/2015 12:47 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	2.00	3.00	
				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.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			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.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	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.	BKD		BKD	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LVCOSTREPORTS@BKD.COM	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)	04/02/2015		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.	BKD		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: 150162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	237	87,597	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		237	87,597	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	24	8,487	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	68	24,820	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	31	11,315	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		390	143,169	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			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)		412				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	19,302	3,130	49,124			1.00
2.00 HMO and other (see instructions)	10,469	9,064				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	507	42				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	19,302	3,130	49,124			7.00
8.00 INTENSIVE CARE UNIT	5,265	616	9,739			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	294	4,656			8.01
9.00 CORONARY CARE UNIT	6,835	763	12,067			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	3,757	422	6,673			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		280	4,419			13.00
14.00 Total (see instructions)	35,159	5,505	86,678	20.07	3,453.22	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,251	152	4,104	0.00	39.41	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	0	0	19,414	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			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)				20.07	3,492.63	27.00
28.00 Observation Bed Days		1,271	7,493			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	339	699			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: 150162

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 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	7,125	1,325	17,446	1.00
2.00 HMO and other (see instructions)				2,018	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
8.01 NEONATAL INTENSIVE CARE UNIT							8.01
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	7,125	1,325		17,446	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF	0.00	0	200		9	364	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	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						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: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/26/2015 12:47 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	138,998,121	0	138,998,121	4,725,690.86	29.41	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		287,032	0	287,032	3,004.71	95.53	4.00
4.01	Physicians - Part A - Teaching		538,967	0	538,967	7,822.90	68.90	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	4,177,104	-2,313,127	1,863,977	54,335.89	34.30	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		9,288,676	123,105	9,411,781	159,158.71	59.13	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		4,751,685	0	4,751,685	131,635.07	36.10	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		668,202	0	668,202	5,920.94	112.85	13.00
14.00	Home office salaries & wage-related costs		42,842,154	0	42,842,154	1,017,058.28	42.12	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)		37,820,503	0	37,820,503			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,085,688	0	2,085,688			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		56,026	0	56,026			22.01
23.00	Physician Part B		115,452	0	115,452			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		506,844	0	506,844			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	6,194,389	0	6,194,389	318,298.87	19.46	27.00
28.00	Administrative & General under contract (see inst.)		1,572,478	0	1,572,478	21,669.97	72.56	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,828,186	0	4,828,186	186,504.52	25.89	30.00
31.00	Laundry & Linen Service	8.00	215,747	0	215,747	15,344.01	14.06	31.00
32.00	Housekeeping	9.00	3,260,052	0	3,260,052	245,931.21	13.26	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,573,860	-949,276	624,584	64,348.45	9.71	34.00
35.00	Dietary under contract (see instructions)		130,754	0	130,754	3,432.00	38.10	35.00
36.00	Cafeteria	11.00	775,606	949,276	1,724,882	126,547.04	13.63	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	4,766,372	0	4,766,372	138,078.39	34.52	38.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150162

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/26/2015 12:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
39.00	Central Services and Supply	14.00	1,976,949	0	1,976,949	84,796.57	23.31	39.00
40.00	Pharmacy	15.00	4,634,001	0	4,634,001	141,896.14	32.66	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150162

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/26/2015 12:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	135,985,282	2,313,127	138,298,409	4,688,634.04	29.50	1.00
2.00	Excluded area salaries (see instructions)	9,288,676	123,105	9,411,781	159,158.71	59.13	2.00
3.00	Subtotal salaries (line 1 minus line 2)	126,696,606	2,190,022	128,886,628	4,529,475.33	28.46	3.00
4.00	Subtotal other wages & related costs (see inst.)	48,262,041	0	48,262,041	1,154,614.29	41.80	4.00
5.00	Subtotal wage-related costs (see inst.)	37,820,503	0	37,820,503	0.00	29.34	5.00
6.00	Total (sum of lines 3 thru 5)	212,779,150	2,190,022	214,969,172	5,684,089.62	37.82	6.00
7.00	Total overhead cost (see instructions)	29,928,394	0	29,928,394	1,346,847.17	22.22	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2015 12:47 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		-36,374	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		8,824,703	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		17,449,393	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		1,014,118	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		480,605	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,343,790	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		10,322,446	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		182,171	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		1,003,661	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		40,584,513	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/26/2015 12:47 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4	
		Component CCN: 157179		Date/Time Prepared: 5/26/2015 12:47 pm		PPS	
		Home Health Agency I					
				1.00			
0.00	County	MARION				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,086	157	534	3,777	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	0.00	74.00	1,451.00	1,525.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			2.64	0.00	2.64	4.00
5.00	Other Administrative Personnel			5.53	0.00	5.53	5.00
6.00	Direct Nursing Service			9.03	0.00	9.03	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.28	0.00	5.28	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.72	0.00	2.72	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.44	0.00	0.44	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.82	0.00	1.82	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			26900			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	0	0	0	0	0	21.00
22.00	Skilled Nursing Visit Charges	0	0	0	0	0	22.00
23.00	Physical Therapy Visits	0	0	0	0	0	23.00
24.00	Physical Therapy Visit Charges	0	0	0	0	0	24.00
25.00	Occupational Therapy Visits	0	0	0	0	0	25.00
26.00	Occupational Therapy Visit Charges	0	0	0	0	0	26.00
27.00	Speech Pathology Visits	0	0	0	0	0	27.00
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	0	0	0	0	0	31.00
32.00	Home Health Aide Visit Charges	0	0	0	0	0	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	0	0	0	0	0	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	0	0	0	0	0	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150162 Component CCN: 151523	Period: From 01/01/2014 To 12/31/2014	Worksheet S-9 Parts I & II Date/Time Prepared: 5/26/2015 12:47 pm
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
		1.00	2.00	3.00	4.00		
<b>PART I - ENROLLMENT DAYS</b>							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	0	819	0	0	21,490	2.00
3.00	Inpatient Respite Care	0	0	0	0	23	3.00
4.00	General Inpatient Care	0	7	0	0	98	4.00
5.00	Total Hospice Days	0	826	0	0	21,611	5.00
<b>Part II - CENSUS DATA</b>							
6.00	Number of Patients Receiving Hospice Care	0	24	0	0	655	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	34.42	0.00	0.00	32.99	8.00
9.00	Unduplicated Census Count	0	24	0	0	655	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/26/2015 12:47 pm	
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.249318	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			52,818,955	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			211,975,528	6.00
7.00	Medicaid cost (line 1 times line 6)			52,849,315	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)			30,360	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			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)			30,360	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	78,871,200	0	78,871,200	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	19,664,010	0	19,664,010	21.00
22.00	Partial payment by patients approved for charity care	867,583	0	867,583	22.00
23.00	Cost of charity care (line 21 minus line 22)	18,796,427	0	18,796,427	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			16,415,869	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,178,931	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			15,236,938	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,798,843	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			22,595,270	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			22,625,630	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Date/Time Prepared: 5/26/2015 12:47 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	17,343,589	17,343,589	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		33,895,516	33,895,516	-16,816,896	17,078,620	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	123	123	33,960,664	33,960,787	4.00
5.01	00570	ADMINISTRATIVE	1,775,247	462,926	2,238,173	-446,569	1,791,604	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.02
5.03	00590	OTHER ADMIN & GENERAL	4,419,142	24,712,291	29,131,433	-1,179,075	27,952,358	5.03
7.00	00700	OPERATION OF PLANT	4,828,186	15,689,168	20,517,354	-1,189,701	19,327,653	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	215,747	1,144,656	1,360,403	-51,757	1,308,646	8.00
9.00	00900	HOUSEKEEPING	3,260,052	1,731,069	4,991,121	-790,286	4,200,835	9.00
10.00	01000	DIETARY	1,573,860	2,086,002	3,659,862	-3,024,314	635,548	10.00
11.00	01100	CAFETERIA	775,606	1,032,784	1,808,390	2,354,877	4,163,267	11.00
13.00	01300	NURSING ADMINISTRATION	4,766,372	1,882,343	6,648,715	-1,157,524	5,491,191	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,976,949	3,002,256	4,979,205	-1,825,826	3,153,379	14.00
15.00	01500	PHARMACY	4,634,001	20,410,803	25,044,804	-19,194,795	5,850,009	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,177,104	1,937,596	6,114,700	-4,253,108	1,861,592	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,722,449	1,722,449	22.00
23.00	02300	PARAMED PRGM	77,808	27,857	105,665	144,184	249,849	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	19,906,824	5,636,163	25,542,987	-5,402,105	20,140,882	30.00
31.00	03100	INTENSIVE CARE UNIT	6,245,166	2,215,640	8,460,806	-2,053,919	6,406,887	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,407,045	1,613,050	4,020,095	-745,690	3,274,405	31.01
32.00	03200	CORONARY CARE UNIT	6,970,004	2,070,124	9,040,128	-1,976,997	7,063,131	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,346,837	1,001,366	4,348,203	-963,542	3,384,661	34.00
41.00	04100	SUBPROVIDER - IRF	1,490,309	473,113	1,963,422	-388,269	1,575,153	41.00
43.00	04300	NURSERY	637,376	225,110	862,486	-214,828	647,658	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	10,456,480	39,763,343	50,219,823	-27,838,631	22,381,192	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,236,877	1,115,537	3,352,414	-1,058,769	2,293,645	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,494,736	15,579,500	25,074,236	-4,979,545	20,094,691	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	11,012	899,675	910,687	-34,286	876,401	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	826,852	217,767	1,044,619	-212,180	832,439	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	27,600	21,960,778	21,988,378	-19,139,804	2,848,574	55.00
56.00	05600	RADIOISOTOPE	231,811	931,896	1,163,707	-64,576	1,099,131	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,479,570	9,744,131	11,223,701	-9,710,281	1,513,420	59.00
60.00	06000	LABORATORY	876,074	19,460,793	20,336,867	-1,433,998	18,902,869	60.00
64.00	06400	INTRAVENOUS THERAPY	291,337	351,577	642,914	-348,485	294,429	64.00
65.00	06500	RESPIRATORY THERAPY	5,723,107	2,805,618	8,528,725	-2,533,457	5,995,268	65.00
66.00	06600	PHYSICAL THERAPY	3,730,218	1,822,691	5,552,909	-1,300,983	4,251,926	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	990,315	401,337	1,391,652	-137,945	1,253,707	67.00
68.00	06800	SPEECH PATHOLOGY	605,901	157,892	763,793	-55,796	707,997	68.00
69.00	06900	ELECTROCARDIOLOGY	887,624	494,602	1,382,226	-447,834	934,392	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,219,209	1,910,575	3,129,784	-373,709	2,756,075	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	27,387,810	27,387,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	18,926,330	18,926,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	35,940,101	35,940,101	73.00
74.00	07400	RENAL DIALYSIS	507,031	231,216	738,247	-216,896	521,351	74.00
76.97	07697	CARDIAC REHABILITATION	410,926	183,894	594,820	-103,855	490,965	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	3,755,949	3,766,337	7,522,286	202,360	7,724,646	90.00
90.01	09001	IBMT JOINT VENTURE	914,945	3,213,093	4,128,038	-259,870	3,868,168	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	1,140,261	544,014	1,684,275	-273,023	1,411,252	90.02
90.03	09003	SOUTH INDY MRI & REHAB	252	86,108	86,360	-10,151	76,209	90.03
90.04	09004	BARITRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	4,571,672	5,936,828	10,508,500	-1,809,441	8,699,059	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	7,404,168	3,401,112	10,805,280	-2,659,419	8,145,861	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	2,548,808	2,687,603	5,236,411	-620,669	4,615,742	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	-556,139	-556,139	556,139	0	113.00
116.00	11600	HOSPICE	2,655,259	2,998,286	5,653,545	-640,263	5,013,282	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	136,481,629	261,360,020	397,841,649	599,436	398,441,085	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	119,735	259,004	378,739	-28,968	349,771	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150162

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

Worksheet A  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,868,258	10,884,995	12,753,253	-450,025	12,303,228	192.00
194.00 07955 MARKETING & COMMUNITY RELATIONS	72,619	33,016	105,635	-18,088	87,547	194.00
194.01 07952 WOMEN'S CENTER	49,415	2,119,204	2,168,619	-11,875	2,156,744	194.01
194.02 07950 SOUTH EMERSON SURGERY CENTER	0	201,095	201,095	0	201,095	194.02
194.03 07951 SOUTHEAST SURGERY CENTER	0	409,564	409,564	0	409,564	194.03
194.04 07954 OTHER NRCC	171,649	49,065	220,714	-32,992	187,722	194.04
194.05 07956 FOUNDATION	176,318	707,528	883,846	-43,176	840,670	194.05
194.06 07953 FRANCISCAN SURGERY CENTER	58,498	20,221,651	20,280,149	-14,312	20,265,837	194.06
200.00 TOTAL (SUM OF LINES 118-199)	138,998,121	296,245,142	435,243,263	0	435,243,263	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150162

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

Worksheet A  
Date/Time Prepared:  
5/26/2015 12:47 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	28,034,009	45,377,598	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	17,078,620	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,565,904	35,526,691	4.00
5.01	00570	ADMINISTRATIVE	2,770,802	4,562,406	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,114,711	7,114,711	5.02
5.03	00590	OTHER ADMIN & GENERAL	64,517,845	92,470,203	5.03
7.00	00700	OPERATION OF PLANT	-318,518	19,009,135	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,308,646	8.00
9.00	00900	HOUSEKEEPING	-70,088	4,130,747	9.00
10.00	01000	DIETARY	-325,837	309,711	10.00
11.00	01100	CAFETERIA	-2,317,637	1,845,630	11.00
13.00	01300	NURSING ADMINISTRATION	-274,324	5,216,867	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-105,466	3,047,913	14.00
15.00	01500	PHARMACY	-546,744	5,303,265	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,333,293	1,333,293	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-34,792	1,826,800	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-407,575	1,314,874	22.00
23.00	02300	PARAMEDICAL PRGM	-43,367	206,482	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-5,770	20,135,112	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,406,887	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-183,263	3,091,142	31.01
32.00	03200	CORONARY CARE UNIT	0	7,063,131	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,031	3,383,630	34.00
41.00	04100	SUBPROVIDER - IRF	-5,000	1,570,153	41.00
43.00	04300	NURSERY	0	647,658	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-2,581,958	19,799,234	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,293,645	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,582,458	16,512,233	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	876,401	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
54.03	03630	ULTRA SOUND	0	832,439	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	-112,051	2,736,523	55.00
56.00	05600	RADIOISOTOPE	0	1,099,131	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,300	1,514,720	59.00
60.00	06000	LABORATORY	-237,087	18,665,782	60.00
64.00	06400	INTRAVENOUS THERAPY	0	294,429	64.00
65.00	06500	RESPIRATORY THERAPY	-52,302	5,942,966	65.00
66.00	06600	PHYSICAL THERAPY	0	4,251,926	66.00
66.01	06601	SPORTS MEDICINE	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	-6,740	1,246,967	67.00
68.00	06800	SPEECH PATHOLOGY	0	707,997	68.00
69.00	06900	ELECTROCARDIOLOGY	0	934,392	69.00
69.01	06901	CARDIAC CATH LAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-24,865	2,731,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-334,279	27,053,531	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,926,330	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,940,101	73.00
74.00	07400	RENAL DIALYSIS	-3,654	517,697	74.00
76.97	07697	CARDIAC REHABILITATION	-28,043	462,922	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-1,413,415	6,311,231	90.00
90.01	09001	IBMT JOINT VENTURE	-64,539	3,803,629	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	-46,403	1,364,849	90.02
90.03	09003	SOUTH INDY MRI & REHAB	-4,590	71,619	90.03
90.04	09004	BARITRICS	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	-209,667	8,489,392	90.05
90.06	09006	CARDIAC REHAB	0	0	90.06
91.00	09100	EMERGENCY	-286,130	7,859,731	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	0	4,615,742	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-154	5,013,128	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	91,710,117	490,151,202	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	349,771	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,303,228	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150162

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

Worksheet A  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
194.00	07955	MARKETING & COMMUNITY RELATIONS	5,034,750	5,122,297	194.00
194.01	07952	WOMEN'S CENTER	0	2,156,744	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	201,095	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	409,564	194.03
194.04	07954	OTHER NRCC	1,119,930	1,307,652	194.04
194.05	07956	FOUNDATION	0	840,670	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	20,265,837	194.06
200.00		TOTAL (SUM OF LINES 118-199)	97,864,797	533,108,060	200.00

Provider CCN: 150162

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

Worksheet A-6  
Date/Time Prepared:  
5/26/2015 12:47 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - MEDICAL SUPPLIES</b>					
1.00	OCCUPATIONAL THERAPY	67.00	0	130,786	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	27,387,810	2.00
3.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	18,926,330	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	<b>TOTALS</b>			46,444,926	
<b>B - DRUG</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	35,940,101	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

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
31.00		0.00	0	0	31.00
TOTALS			0	35,940,101	
C - EQUIPMENT LEASE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	828,310	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
TOTALS			0	828,310	
D - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	17,898,995	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	17,898,995	
E - CAFETERIA					
1.00	CAFETERIA	11.00	949,276	1,590,261	1.00
TOTALS			949,276	1,590,261	
F - THERAPY					
1.00	OCCUPATIONAL THERAPY	67.00	236,390	866	1.00
2.00	SPEECH PATHOLOGY	68.00	98,206	360	2.00
TOTALS			334,596	1,226	
G - INTEREST					
1.00	INTEREST EXPENSE	113.00	0	556,139	1.00
2.00		0.00	0	0	2.00
TOTALS			0	556,139	
H - PARAMEDICAL EDUCATION					
1.00	PARAMED PRGM	23.00	123,105	39,914	1.00
TOTALS			123,105	39,914	
I - INTERN & RESIDENT					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,316,758	405,691	1.00
2.00	CLINIC	90.00	996,369	422,545	2.00
TOTALS			2,313,127	828,236	
J - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33,960,664	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

Provider CCN: 150162

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

Worksheet A-6

Date/Time Prepared:  
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
51.00		0.00	0	0		51.00
52.00		0.00	0	0		52.00
	TOTALS		0	33,960,664		
500.00	Grand Total: Increases		3,720,104	138,088,772		500.00

RECLASSIFICATIONS

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Period:  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
<b>A - MEDICAL SUPPLIES</b>						
1.00	ADM ITTING	5.01	0	24,895	0	1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	53,308	0	2.00
3.00	OPERATION OF PLANT	7.00	0	28,227	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	273	0	4.00
5.00	HOUSEKEEPING	9.00	0	15,198	0	5.00
6.00	DIETARY	10.00	0	28,570	0	6.00
7.00	NURSING ADMINISTRATION	13.00	0	2,968	0	7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,293,164	0	8.00
9.00	PHARMACY	15.00	0	963,780	0	9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	21,594	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	610,347	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	501,270	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	162,332	0	13.00
14.00	CORONARY CARE UNIT	32.00	0	277,275	0	14.00
15.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	152,791	0	15.00
16.00	SUBPROVIDER - IRF	41.00	0	27,686	0	16.00
17.00	NURSERY	43.00	0	59,214	0	17.00
18.00	OPERATING ROOM	50.00	0	25,241,364	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	516,473	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,714,429	0	20.00
21.00	CARDIAC NUCLEAR DIAGNOSTIC	54.01	0	26,040	0	21.00
22.00	ULTRA SOUND	54.03	0	11,022	0	22.00
23.00	RADIOLOGY - THERAPEUTIC	55.00	0	341,202	0	23.00
24.00	RADIOISOTOPE	56.00	0	8,464	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	9,339,227	0	25.00
26.00	LABORATORY	60.00	0	802,926	0	26.00
27.00	INTRAVENOUS THERAPY	64.00	0	278,074	0	27.00
28.00	RESPIRATORY THERAPY	65.00	0	1,054,694	0	28.00
29.00	PHYSICAL THERAPY	66.00	0	62,646	0	29.00
30.00	SPEECH PATHOLOGY	68.00	0	6,459	0	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	234,795	0	31.00
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	74,253	0	32.00
33.00	RENAL DIALYSIS	74.00	0	83,976	0	33.00
34.00	CARDIAC REHABILITATION	76.97	0	5,287	0	34.00
35.00	CLINIC	90.00	0	243,506	0	35.00
36.00	IBMT JOINT VENTURE	90.01	0	39,375	0	36.00
37.00	SOUTH INDY MRI & REHAB	90.03	0	2,872	0	37.00
38.00	CV DIAGNOSTIC SERVICES	90.05	0	265,484	0	38.00
39.00	EMERGENCY	91.00	0	869,466	0	39.00
<b>TOTALS</b>				<b>46,444,926</b>		
<b>B - DRUG</b>						
1.00	OTHER ADMIN & GENERAL	5.03	0	14,154	0	1.00
2.00	DIETARY	10.00	0	34	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	157	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,839	0	4.00
5.00	PHARMACY	15.00	0	16,636,310	0	5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	95,026	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	5,775	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	664	0	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	1,976	0	9.00
10.00	CORONARY CARE UNIT	32.00	0	720	0	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	84	0	11.00
12.00	SUBPROVIDER - IRF	41.00	0	24	0	12.00
13.00	OPERATING ROOM	50.00	0	42,262	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	79	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,760	0	15.00
16.00	CARDIAC NUCLEAR DIAGNOSTIC	54.01	0	467	0	16.00
17.00	RADIOLOGY - THERAPEUTIC	55.00	0	18,785,540	0	17.00
18.00	RADIOISOTOPE	56.00	0	212	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	823	0	19.00
20.00	LABORATORY	60.00	0	5,175	0	20.00
21.00	INTRAVENOUS THERAPY	64.00	0	25	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	1,422	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	1,964	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	265,858	0	24.00
25.00	SPEECH PATHOLOGY	68.00	0	336	0	25.00
26.00	ELECTROCARDIOLOGY	69.00	0	413	0	26.00
27.00	RENAL DIALYSIS	74.00	0	4,413	0	27.00
28.00	CLINIC	90.00	0	31,027	0	28.00
29.00	IBMT JOINT VENTURE	90.01	0	1,015	0	29.00
30.00	SOUTH INDY MRI & REHAB	90.03	0	7,222	0	30.00

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		
31.00	CV DIAGNOSTIC SERVICES	90.05	0	29,325	0		31.00
TOTALS			0	35,940,101			
C - EQUIPMENT LEASE							
1.00	OTHER ADMIN & GENERAL	5.03	0	720	10		1.00
2.00	OPERATION OF PLANT	7.00	0	594	0		2.00
3.00	DIETARY	10.00	0	13,850	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	57,970	0		4.00
5.00	PHARMACY	15.00	0	481,989	0		5.00
6.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,325	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	17,966	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	56,166	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	23,043	0		9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	24	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	2,120	0		11.00
12.00	OPERATING ROOM	50.00	0	37,340	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	784	0		13.00
14.00	RADIOLOGY - THERAPEUTIC	55.00	0	6,135	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	13,380	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	101,374	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,245	0		17.00
18.00	RENAL DIALYSIS	74.00	0	6,750	0		18.00
19.00	EMERGENCY	91.00	0	535	0		19.00
TOTALS			0	828,310			
D - DEPRECIATION							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	17,645,206	9		1.00
2.00	LABORATORY	60.00	0	252,633	0		2.00
3.00	CV DIAGNOSTIC SERVICES	90.05	0	1,156	0		3.00
TOTALS			0	17,898,995			
E - CAFETERIA							
1.00	DIETARY	10.00	949,276	1,590,261	0		1.00
TOTALS			949,276	1,590,261			
F - THERAPY							
1.00	PHYSICAL THERAPY	66.00	334,596	1,226	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			334,596	1,226			
G - INTEREST							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	555,406	11		1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	733	0		2.00
TOTALS			0	556,139			
H - PARAMEDICAL EDUCATION							
1.00	LABORATORY	60.00	123,105	39,914	0		1.00
TOTALS			123,105	39,914			
I - INTERN & RESIDENT							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,313,127	828,236	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			2,313,127	828,236			
J - EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE	5.01	0	421,674	0		1.00
2.00	OTHER ADMIN & GENERAL	5.03	0	1,110,893	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,160,880	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	51,484	0		4.00
5.00	HOUSEKEEPING	9.00	0	775,088	0		5.00
6.00	DIETARY	10.00	0	442,323	0		6.00
7.00	CAFETERIA	11.00	0	184,660	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,154,399	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	472,853	0		9.00
10.00	PHARMACY	15.00	0	1,112,716	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	992,800	0		11.00
12.00	PARAMED ED PRGM	23.00	0	18,835	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	4,768,017	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,495,819	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	581,382	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	1,675,959	0		16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	810,643	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	358,439	0		18.00
19.00	NURSERY	43.00	0	155,614	0		19.00
20.00	OPERATING ROOM	50.00	0	2,517,665	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	541,433	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,259,356	0		22.00

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		Decreases						
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.			
6.00		7.00	8.00	9.00	10.00			
23.00	CARDIAC NUCLEAR DIAGNOSTIC	54.01	0	7,779	0			23.00
24.00	ULTRA SOUND	54.03	0	201,158	0			24.00
25.00	RADIOLOGY - THERAPEUTIC	55.00	0	6,927	0			25.00
26.00	RADIOISOTOPE	56.00	0	55,900	0			26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	356,851	0			27.00
28.00	LABORATORY	60.00	0	210,245	0			28.00
29.00	INTRAVENOUS THERAPY	64.00	0	70,386	0			29.00
30.00	RESPIRATORY THERAPY	65.00	0	1,375,967	0			30.00
31.00	PHYSICAL THERAPY	66.00	0	900,551	0			31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	240,129	0			32.00
33.00	SPEECH PATHOLOGY	68.00	0	147,567	0			33.00
34.00	ELECTROCARDIOLOGY	69.00	0	212,626	0			34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	294,211	0			35.00
36.00	RENAL DIALYSIS	74.00	0	121,757	0			36.00
37.00	CARDIAC REHABILITATION	76.97	0	98,568	0			37.00
38.00	CLINIC	90.00	0	942,021	0			38.00
39.00	IBMT JOINT VENTURE	90.01	0	219,480	0			39.00
40.00	PSYCHIATRIC COUNSELING CENTER	90.02	0	273,023	0			40.00
41.00	SOUTH INDIAN MRI & REHAB	90.03	0	57	0			41.00
42.00	CV DIAGNOSTIC SERVICES	90.05	0	1,513,476	0			42.00
43.00	EMERGENCY	91.00	0	1,789,418	0			43.00
44.00	HOME HEALTH AGENCY	101.00	0	620,669	0			44.00
45.00	HOSPICE	116.00	0	640,263	0			45.00
46.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	28,968	0			46.00
47.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	449,292	0			47.00
48.00	MARKETING & COMMUNITY RELATIONS	194.00	0	18,088	0			48.00
49.00	WOMEN'S CENTER	194.01	0	11,875	0			49.00
50.00	OTHER NRCC	194.04	0	32,992	0			50.00
51.00	FOUNDATION	194.05	0	43,176	0			51.00
52.00	FRANCISCAN SURGERY CENTER	194.06	0	14,312	0			52.00
	TOTALS		0	33,960,664				
500.00	Grand Total: Decreases		3,720,104	138,088,772				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150162

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	3.00	4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	7,221,956	0	0	0	0	1.00
2.00	Land Improvements	28,053,683	2,771,833	0	2,771,833	0	2.00
3.00	Buildings and Fixtures	247,563,663	4,314,238	0	4,314,238	0	3.00
4.00	Building Improvements	4,374,987	1,188,847	0	1,188,847	0	4.00
5.00	Fixed Equipment	292,940,044	7,808,803	0	7,808,803	0	5.00
6.00	Movable Equipment	139,800,777	4,204,810	0	4,204,810	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	719,955,110	20,288,531	0	20,288,531	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	719,955,110	20,288,531	0	20,288,531	0	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	7,221,956	0				1.00
2.00	Land Improvements	30,825,516	6,008,984				2.00
3.00	Buildings and Fixtures	251,877,901	53,968,075				3.00
4.00	Building Improvements	5,563,834	1,181,620				4.00
5.00	Fixed Equipment	300,748,847	53,568,847				5.00
6.00	Movable Equipment	144,005,587	57,691,685				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	740,243,641	172,419,211				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	740,243,641	172,419,211				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150162

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
2.00	NEW CAP REL COSTS-MVBLE EQUIP	33,895,516	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	33,895,516	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
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	33,895,516				2.00
3.00	Total (sum of lines 1-2)	0	33,895,516				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150162

Period:  
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To 12/31/2014

Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	596,238,054	0	596,238,054	0.805462	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	144,005,587	0	144,005,587	0.194538	0	2.00
3.00	Total (sum of lines 1-2)	740,243,641	0	740,243,641	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	17,898,995	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,250,310	828,310	2.00
3.00	Total (sum of lines 1-2)	0	0	0	34,149,305	828,310	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	27,478,603	0	0	0	45,377,598	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	17,078,620	2.00
3.00	Total (sum of lines 1-2)	27,478,603	0	0	0	62,456,218	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-28,598	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW 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	-8,811,785			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	118,567,902			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-2,268,512	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines	B	-49,125	CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW 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	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

Provider CCN: 150162

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

Worksheet A-8  
Date/Time Prepared:  
5/26/2015 12:47 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	
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	32.00
33.00		0	0		0.00	33.00
33.01 MISCELLANEOUS INCOME	B	-1,153,996	0	OTHER ADMIN & GENERAL	5.03	33.01
33.02 MISCELLANEOUS INCOME	B	-318,518	0	OPERATION OF PLANT	7.00	33.02
33.03 MISCELLANEOUS INCOME	B	-70,088	0	HOUSEKEEPING	9.00	33.03
33.04 MISCELLANEOUS INCOME	B	-325,837	0	DIETARY	10.00	33.04
33.05 MISCELLANEOUS INCOME	B	-105,466	0	CENTRAL SERVICES & SUPPLY	14.00	33.05
33.06 MISCELLANEOUS INCOME	B	-480,972	0	PHARMACY	15.00	33.06
33.07 MISCELLANEOUS INCOME	B	-2,359	0	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	33.07
33.08 MISCELLANEOUS INCOME	B	-43,367	0	PARAMED ED PRGM	23.00	33.08
33.09 MISCELLANEOUS INCOME	B	-770	0	ADULTS & PEDIATRICS	30.00	33.09
33.10 MISCELLANEOUS INCOME	B	-1,031	0	SURGICAL INTENSIVE CARE UNIT	34.00	33.10
33.11 MISCELLANEOUS INCOME	B	-363,536	0	OPERATING ROOM	50.00	33.11
33.12 MISCELLANEOUS INCOME	B	-2,901,957	0	RADIOLOGY-DIAGNOSTIC	54.00	33.12
33.13 MISCELLANEOUS INCOME	B	-112,051	0	RADIOLOGY - THERAPEUTIC	55.00	33.13
33.14 MISCELLANEOUS INCOME	B	1,300	0	CARDIAC CATHETERIZATION	59.00	33.14
33.15 MISCELLANEOUS INCOME	B	-29,039	0	LABORATORY	60.00	33.15
33.16 MISCELLANEOUS INCOME	B	-27,258	0	RESPIRATORY THERAPY	65.00	33.16
33.17 MISCELLANEOUS INCOME	B	-6,620	0	OCCUPATIONAL THERAPY	67.00	33.17
33.18 MISCELLANEOUS INCOME	B	-4,500	0	ELECTROENCEPHALOGRAPHY	70.00	33.18
33.19 MISCELLANEOUS INCOME	B	-334,279	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	33.19
33.20 MISCELLANEOUS INCOME	B	-28,043	0	CARDIAC REHABILITATION	76.97	33.20
33.21 MISCELLANEOUS INCOME	B	-693,188	0	CLINIC	90.00	33.21
33.22 MISCELLANEOUS INCOME	B	-1,087	0	IBMT JOINT VENTURE	90.01	33.22
33.23 MISCELLANEOUS INCOME	B	-15,259	0	PSYCHIATRIC COUNSELING CENTER	90.02	33.23
33.24 MISCELLANEOUS INCOME	B	-3,790	0	SOUTH INDY MRI & REHAB	90.03	33.24
33.25 MISCELLANEOUS INCOME	B	-209,667	0	CV DIAGNOSTIC SERVICES	90.05	33.25
33.26 MISCELLANEOUS INCOME	B	-248,084	0	EMERGENCY	91.00	33.26
33.27 ADVERTISING	A	-21,891	0	CLINIC	90.00	33.27
33.28 ADVERTISING	A	-120	0	OCCUPATIONAL THERAPY	67.00	33.28
33.29 MISCELLANEOUS EXPENSE	A	-154	0	HOSPICE	116.00	33.29
33.30 NONALLOWABLE INTEREST	A	-2,043,458	11	NEW CAP REL COSTS-BLDG & FI XT	1.00	33.30
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		97,864,797				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 150162  
 Period: From 01/01/2014 To 12/31/2014  
 Worksheet A-8-1  
 Date/Time Prepared: 5/26/2015 12:47 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED SERVICE ALLOCATION	1,565,904	0
2.00	5.01	ADMINISTRATIVE	SHARED SERVICE ALLOCATION	2,770,802	0
3.00	5.02	CASHIERING/ACCOUNTS RECEIVABLE	SHARED SERVICE ALLOCATION	7,114,711	0
4.00	5.03	OTHER ADMIN & GENERAL	SHARED SERVICE ALLOCATION	30,449,464	0
4.01	16.00	MEDICAL RECORDS & LIBRARY	SHARED SERVICE ALLOCATION	1,333,293	0
4.02	1.00	NEW CAP REL COSTS-BLDG & FIX	SHARED SERVICE ALLOCATION	19,328,129	0
4.03	194.00	MARKETING & COMMUNITY RELATI	SHARED SERVICE ALLOCATION	5,034,750	0
4.04	194.04	OTHER NRCC	SHARED SERVICE ALLOCATION	1,119,930	0
4.05	5.03	OTHER ADMIN & GENERAL	FRANCISCAN HOME OFFICE	6,123,102	0
4.06	1.00	NEW CAP REL COSTS-BLDG & FIX	FRANCISCAN HOME OFFICE	11,333,342	555,406
4.07	5.03	OTHER ADMIN & GENERAL	FRANCISCAN HOME OFFICE	33,151,956	0
4.08	15.00	PHARMACY	FRANCISCAN HOME OFFICE	894,763	960,535
4.09	21.00	I&R SERVICES-SALARY & FRINGE	MOORESVILLE INTERN & RESIDEN	0	32,433
4.10	22.00	I&R SERVICES-OTHER PRGM COST	MOORESVILLE INTERN & RESIDEN	0	29,971
4.11	60.00	LABORATORY	APHL - LAB SERVICES	15,652,781	15,726,680
4.12	0.00			0	0
4.13	0.00			0	0
5.00	0	0	0	135,872,927	17,305,025

\* 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	SISTERS OF STF	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				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: 150162

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

Worksheet A-8-1

Date/Time Prepared:  
5/26/2015 12:47 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	1,565,904	0		1.00
2.00	2,770,802	0		2.00
3.00	7,114,711	0		3.00
4.00	30,449,464	0		4.00
4.01	1,333,293	0		4.01
4.02	19,328,129	11		4.02
4.03	5,034,750	0		4.03
4.04	1,119,930	0		4.04
4.05	6,123,102	0		4.05
4.06	10,777,936	11		4.06
4.07	33,151,956	0		4.07
4.08	-65,772	0		4.08
4.09	-32,433	0		4.09
4.10	-29,971	0		4.10
4.11	-73,899	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
5.00	118,567,902			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
		6.00	

**B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT			Provi der CCN: 150162		Peri od: From 01/01/2014 To 12/31/2014		Worksheet A-8-2	
							Date/Time Prepared: 5/26/2015 12:47 pm	
1.00	2.00	3.00	4.00	5.00	6.00	7.00		
1.00	5.03 OTHER ADMIN & GENERAL	4,072,537	4,052,681	19,856	177,200	1,205	1.00	
2.00	13.00 NURSING ADMINISTRATION	276,880	272,340	4,540	177,200	30	2.00	
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,320,342	0	1,320,342	177,200	11,066	3.00	
4.00	30.00 ADULTS & PEDIATRICS	5,000	5,000	0	0	0	4.00	
5.00	31.01 NEONATAL INTENSIVE CARE UNIT	183,263	183,263	0	0	0	5.00	
6.00	41.00 SUBPROVIDER - IRF	55,000	5,000	50,000	177,200	886	6.00	
7.00	50.00 OPERATING ROOM	2,247,922	2,205,722	42,200	208,000	295	7.00	
8.00	54.00 RADIOLOGY-DIAGNOSTIC	758,706	599,459	159,247	225,300	722	8.00	
9.00	55.00 RADIOLOGY - THERAPEUTIC	13,313	0	13,313	225,300	133	9.00	
10.00	60.00 LABORATORY	176,234	104,415	71,819	177,200	494	10.00	
11.00	65.00 RESPIRATORY THERAPY	42,338	12,563	29,775	177,200	203	11.00	
12.00	70.00 ELECTROENCEPHALOGRAPHY	33,996	4,841	29,155	177,200	160	12.00	
13.00	74.00 RENAL DIALYSIS	7,658	608	7,050	177,200	47	13.00	
14.00	90.00 CLINIC	954,339	622,243	332,096	177,200	3,005	14.00	
15.00	90.01 IBMT JOINT VENTURE	167,983	0	167,983	177,200	1,227	15.00	
16.00	90.02 PSYCHIATRIC COUNSELING CENTER	31,144	31,144	0	0	0	16.00	
17.00	90.03 SOUTH INDY MRI & REHAB	800	800	0	0	0	17.00	
18.00	91.00 EMERGENCY	73,742	20,492	53,250	177,200	419	18.00	
200.00		10,421,197	8,120,571	2,300,626		19,892	200.00	
1.00	2.00	8.00	9.00	12.00	13.00	14.00		
1.00	5.03 OTHER ADMIN & GENERAL	102,657	5,133	0	0	0	1.00	
2.00	13.00 NURSING ADMINISTRATION	2,556	128	0	0	0	2.00	
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	942,738	47,137	0	0	0	3.00	
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	4.00	
5.00	31.01 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00	
6.00	41.00 SUBPROVIDER - IRF	75,480	3,774	0	0	0	6.00	
7.00	50.00 OPERATING ROOM	29,500	1,475	0	0	0	7.00	
8.00	54.00 RADIOLOGY-DIAGNOSTIC	78,205	3,910	0	0	0	8.00	
9.00	55.00 RADIOLOGY - THERAPEUTIC	14,406	720	0	0	0	9.00	
10.00	60.00 LABORATORY	42,085	2,104	0	0	0	10.00	
11.00	65.00 RESPIRATORY THERAPY	17,294	865	0	0	0	11.00	
12.00	70.00 ELECTROENCEPHALOGRAPHY	13,631	682	0	0	0	12.00	
13.00	74.00 RENAL DIALYSIS	4,004	200	0	0	0	13.00	
14.00	90.00 CLINIC	256,003	12,800	0	0	0	14.00	
15.00	90.01 IBMT JOINT VENTURE	104,531	5,227	0	0	0	15.00	
16.00	90.02 PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	16.00	
17.00	90.03 SOUTH INDY MRI & REHAB	0	0	0	0	0	17.00	
18.00	91.00 EMERGENCY	35,696	1,785	0	0	0	18.00	
200.00		1,718,786	85,940	0	0	0	200.00	
1.00	2.00	15.00	16.00	17.00	18.00			
1.00	5.03 OTHER ADMIN & GENERAL	0	102,657	0	4,052,681		1.00	
2.00	13.00 NURSING ADMINISTRATION	0	2,556	1,984	274,324		2.00	
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	942,738	377,604	377,604		3.00	
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	5,000		4.00	
5.00	31.01 NEONATAL INTENSIVE CARE UNIT	0	0	0	183,263		5.00	
6.00	41.00 SUBPROVIDER - IRF	0	75,480	0	5,000		6.00	
7.00	50.00 OPERATING ROOM	0	29,500	12,700	2,218,422		7.00	
8.00	54.00 RADIOLOGY-DIAGNOSTIC	0	78,205	81,042	680,501		8.00	
9.00	55.00 RADIOLOGY - THERAPEUTIC	0	14,406	0	0		9.00	
10.00	60.00 LABORATORY	0	42,085	29,734	134,149		10.00	
11.00	65.00 RESPIRATORY THERAPY	0	17,294	12,481	25,044		11.00	
12.00	70.00 ELECTROENCEPHALOGRAPHY	0	13,631	15,524	20,365		12.00	
13.00	74.00 RENAL DIALYSIS	0	4,004	3,046	3,654		13.00	
14.00	90.00 CLINIC	0	256,003	76,093	698,336		14.00	
15.00	90.01 IBMT JOINT VENTURE	0	104,531	63,452	63,452		15.00	
16.00	90.02 PSYCHIATRIC COUNSELING CENTER	0	0	0	31,144		16.00	
17.00	90.03 SOUTH INDY MRI & REHAB	0	0	0	800		17.00	
18.00	91.00 EMERGENCY	0	35,696	17,554	38,046		18.00	
200.00		0	1,718,786	691,214	8,811,785		200.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				4.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	45,377,598	45,377,598				1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	17,078,620		17,078,620			2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	35,526,691	13,011	4,897	35,544,599		4.00	
5.01 00570 ADMITTING	4,562,406	223,004	83,931	453,966	5,323,307	5.01	
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE	7,114,711	172,155	64,794	0	0	5.02	
5.03 00590 OTHER ADMIN & GENERAL	92,470,203	1,412,629	531,667	1,130,063	0	5.03	
7.00 00700 OPERATION OF PLANT	19,009,135	4,538,200	1,708,028	1,234,664	0	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	1,308,646	333,123	125,376	55,171	0	8.00	
9.00 00900 HOUSEKEEPING	4,130,747	367,126	138,174	833,660	0	9.00	
10.00 01000 DIETARY	309,711	681,519	256,501	159,719	0	10.00	
11.00 01100 CAFETERIA	1,845,630	662,977	249,523	441,087	0	11.00	
13.00 01300 NURSING ADMINISTRATION	5,216,867	1,089,186	409,933	1,218,857	0	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	3,047,913	536,642	201,974	505,545	0	14.00	
15.00 01500 PHARMACY	5,303,265	697,546	262,533	1,185,007	0	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,333,293	302,136	113,714	0	0	16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,826,800	0	0	476,656	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,314,874	0	0	336,721	0	22.00	
23.00 02300 PARAMED ED PRGM	206,482	0	0	51,377	0	23.00	
23.01 02302 EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	20,135,112	5,340,711	2,010,067	5,090,572	542,480	30.00	
31.00 03100 INTENSIVE CARE UNIT	6,406,887	885,101	333,123	1,597,014	149,420	31.00	
31.01 02060 NEONATAL INTENSIVE CARE UNIT	3,091,142	302,827	113,974	615,530	102,799	31.01	
32.00 03200 CORONARY CARE UNIT	7,063,131	1,950,339	734,043	1,782,369	140,318	32.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	3,383,630	1,078,752	406,006	855,853	97,303	34.00	
41.00 04100 SUBPROVIDER - IRF	1,570,153	670,959	252,527	381,102	52,411	41.00	
43.00 04300 NURSERY	647,658	128,032	48,187	162,990	37,103	43.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	19,799,234	4,319,784	1,625,823	2,673,931	564,983	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,293,645	756,943	284,888	572,014	165,624	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,512,233	3,994,896	1,503,546	2,427,994	433,268	54.00	
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	876,401	0	0	2,816	1,513	54.01	
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02	
54.03 03630 ULTRA SOUND	832,439	131,175	49,370	211,443	39,273	54.03	
55.00 05500 RADIOLOGY - THERAPEUTIC	2,736,523	0	0	7,058	283	55.00	
56.00 05600 RADIOISOTOPE	1,099,131	3,143	1,183	59,279	8,487	56.00	
59.00 05900 CARDIAC CATHETERIZATION	1,514,720	1,229,286	462,662	378,356	209,236	59.00	
60.00 06000 LABORATORY	18,665,782	1,400,624	527,148	192,549	532,183	60.00	
64.00 06400 INTRAVENOUS THERAPY	294,429	25,141	9,462	74,501	12,537	64.00	
65.00 06500 RESPIRATORY THERAPY	5,942,966	287,868	108,344	1,463,513	295,275	65.00	
66.00 06600 PHYSICAL THERAPY	4,251,926	514,329	193,576	868,328	100,680	66.00	
66.01 06601 SPORTS MEDICINE	0	0	0	0	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	1,246,967	0	0	313,693	34,841	67.00	
68.00 06800 SPEECH PATHOLOGY	707,997	34,129	12,845	180,054	16,122	68.00	
69.00 06900 ELECTROCARDIOLOGY	934,392	663,040	249,546	226,983	83,716	69.00	
69.01 06901 CARDIAC CATH LAB	0	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	2,731,210	0	0	311,776	10,030	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	27,053,531	0	0	0	405,207	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	18,926,330	0	0	0	157,818	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	35,940,101	0	0	0	812,009	73.00	
74.00 07400 RENAL DIALYSIS	517,697	272,846	102,690	129,658	34,957	74.00	
76.97 07697 CARDIAC REHABILITATION	462,922	0	0	105,082	12	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	6,311,231	1,643,866	618,697	1,215,263	1,603	90.00	
90.01 09001 IBMT JOINT VENTURE	3,803,629	126,838	47,738	233,970	1,842	90.01	
90.02 09002 PSYCHIATRIC COUNSELING CENTER	1,364,849	784,535	295,273	291,588	6	90.02	
90.03 09003 SOUTH INDY MRI & REHAB	71,619	0	0	64	1	90.03	
90.04 09004 BARIATRICS	0	0	0	0	0	90.04	
90.05 09005 CV DIAGNOSTIC SERVICES	8,489,392	0	0	1,169,068	1,294	90.05	
90.06 09006 CARDIAC REHAB	0	0	0	0	0	90.06	
91.00 09100 EMERGENCY	7,859,731	2,246,190	845,391	1,893,394	278,673	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 10100 HOME HEALTH AGENCY	4,615,742	0	0	651,781	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE						113.00	
116.00 11600 HOSPICE	5,013,128	258,956	97,462	679,003	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	490,151,202	40,079,564	15,084,616	34,901,082	5,323,307	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	349,771	190,446	71,677	30,619	0
190.01 19001	MEDICAL OFFICE & PARKING	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	12,303,228	3,441,975	1,295,445	477,751	0
194.00 07955	MARKETING & COMMUNITY RELATIONS	5,122,297	21,244	7,996	18,570	0
194.01 07952	WOMEN'S CENTER	2,156,744	395,159	148,725	12,636	0
194.02 07950	SOUTH EMERSON SURGERY CENTER	201,095	0	0	0	0
194.03 07951	SOUTHEAST SURGERY CENTER	409,564	0	0	0	0
194.04 07954	OTHER NRCC	1,307,652	423,380	159,346	43,894	0
194.05 07956	FOUNDATION	840,670	0	0	45,088	0
194.06 07953	FRANCISCAN SURGERY CENTER	20,265,837	825,830	310,815	14,959	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	533,108,060	45,377,598	17,078,620	35,544,599	5,323,307

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 12:47 pm	
Cost Center	Description	Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT		
		5A.01	5.02	5A.02	5.03	7.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINITTING						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	7,351,660	7,351,660				5.02
5.03	00590	OTHER ADMIN & GENERAL	95,544,562	1,336,008	96,880,570	96,880,570		5.03
7.00	00700	OPERATION OF PLANT	26,490,027	370,410	26,860,437	5,965,354	32,825,791	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,822,316	25,481	1,847,797	410,372	280,251	8.00
9.00	00900	HOUSEKEEPING	5,469,707	76,483	5,546,190	1,231,737	308,858	9.00
10.00	01000	DIETARY	1,407,450	19,680	1,427,130	316,947	573,352	10.00
11.00	01100	CAFETERIA	3,199,217	44,735	3,243,952	720,440	557,753	11.00
13.00	01300	NURSING ADMINISTRATION	7,934,843	110,953	8,045,796	1,786,867	916,316	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,292,074	60,016	4,352,090	966,543	451,469	14.00
15.00	01500	PHARMACY	7,448,351	104,150	7,552,501	1,677,312	586,836	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,749,143	24,458	1,773,601	393,894	254,183	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,303,456	32,209	2,335,665	518,721	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,651,595	23,094	1,674,689	371,927	0	22.00
23.00	02300	PARAMED ED PRGM	257,859	3,606	261,465	58,068	0	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	33,118,942	463,102	33,582,044	7,458,135	4,493,063	30.00
31.00	03100	INTENSIVE CARE UNIT	9,371,545	131,042	9,502,587	2,110,401	744,623	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,226,272	59,096	4,285,368	951,725	254,764	31.01
32.00	03200	CORONARY CARE UNIT	11,670,200	163,184	11,833,384	2,628,041	1,640,792	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,821,544	81,403	5,902,947	1,310,968	907,539	34.00
41.00	04100	SUBPROVIDER - IRF	2,927,152	40,930	2,968,082	659,172	564,469	41.00
43.00	04300	NURSERY	1,023,970	14,318	1,038,288	230,590	107,712	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	28,983,755	405,280	29,389,035	6,526,923	3,634,173	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,073,114	56,954	4,130,068	917,234	636,805	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,871,937	347,784	25,219,721	5,600,972	3,360,849	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	880,730	12,315	893,045	198,334	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	1,263,700	17,670	1,281,370	284,576	110,356	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	2,743,864	38,367	2,782,231	617,897	0	55.00
56.00	05600	RADIOISOTOPE	1,171,223	16,377	1,187,600	263,751	2,644	56.00
59.00	05900	CARDIAC CATHETERIZATION	3,794,260	53,055	3,847,315	854,439	1,034,180	59.00
60.00	06000	LABORATORY	21,318,286	298,094	21,616,380	4,800,717	1,178,325	60.00
64.00	06400	INTRAVENOUS THERAPY	416,070	5,818	421,888	93,696	21,151	64.00
65.00	06500	RESPIRATORY THERAPY	8,097,966	113,234	8,211,200	1,823,601	242,179	65.00
66.00	06600	PHYSICAL THERAPY	5,928,839	82,903	6,011,742	1,335,130	432,698	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,595,501	22,310	1,617,811	359,295	0	67.00
68.00	06800	SPEECH PATHOLOGY	951,147	13,300	964,447	214,191	28,713	68.00
69.00	06900	ELECTROCARDIOLOGY	2,157,677	30,171	2,187,848	485,893	557,806	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,053,016	42,690	3,095,706	687,516	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,458,738	383,956	27,842,694	6,183,500	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,084,148	266,854	19,351,002	4,297,606	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,752,110	513,905	37,266,015	8,276,408	0	73.00
74.00	07400	RENAL DIALYSIS	1,057,848	14,792	1,072,640	238,219	229,542	74.00
76.97	07697	CARDIAC REHABILITATION	568,016	7,943	575,959	127,913	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	9,790,660	136,903	9,927,563	2,204,783	1,382,961	90.00
90.01	09001	IBMT JOINT VENTURE	4,214,017	58,925	4,272,942	948,965	106,707	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	2,736,251	38,261	2,774,512	616,183	660,018	90.02
90.03	09003	SOUTH INDY MRI & REHAB	71,684	1,002	72,686	16,143	0	90.03
90.04	09004	BARITRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	9,659,754	135,072	9,794,826	2,175,304	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	13,123,379	183,504	13,306,883	2,955,286	1,889,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	5,267,523	73,656	5,341,179	1,186,206	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	6,048,549	84,577	6,133,126	1,362,088	217,856	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	482,215,647	6,640,030	481,504,017	85,419,983	28,368,630	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	642,513	8,984	651,497	144,689	160,219	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,518,399	244,960	17,763,359	3,945,011	2,895,684	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

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

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5/26/2015 12:47 pm

Cost Center Description	Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	
	5A.01	5.02	5A.02	5.03	7.00	
194.00 07955 MARKETING & COMMUNITY RELATIONS	5,170,107	72,294	5,242,401	1,164,269	17,873	194.00
194.01 07952 WOMEN'S CENTER	2,713,264	37,940	2,751,204	611,007	332,442	194.01
194.02 07950 SOUTH EMERSON SURGERY CENTER	201,095	2,812	203,907	45,285	0	194.02
194.03 07951 SOUTHEAST SURGERY CENTER	409,564	5,727	415,291	92,231	0	194.03
194.04 07954 OTHER NRCC	1,934,272	27,047	1,961,319	435,583	356,184	194.04
194.05 07956 FOUNDATION	885,758	12,386	898,144	199,466	0	194.05
194.06 07953 FRANCISCAN SURGERY CENTER	21,417,441	299,480	21,716,921	4,823,046	694,759	194.06
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)	533,108,060	7,351,660	533,108,060	96,880,570	32,825,791	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/26/2015 12:47 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATIVE	
			8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00570	ADMINISTRATIVE						5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03	00590	OTHER ADMIN & GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,538,420					8.00
9.00	00900	HOUSEKEEPING	0	7,086,785				9.00
10.00	01000	DIETARY	0	126,043	2,443,472			10.00
11.00	01100	CAFETERIA	0	122,614	0	4,644,759		11.00
13.00	01300	NURSING ADMINISTRATION	516	201,439	0	168,258	11,119,192	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,386	99,249	0	104,481	0	14.00
15.00	01500	PHARMACY	0	129,008	0	174,835	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	55,879	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	64,386	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	14,073	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	7,899	0	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	634,032	987,736	1,322,213	860,965	6,016,822	30.00
31.00	03100	INTENSIVE CARE UNIT	169,759	163,695	262,133	251,778	1,192,856	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	15,619	56,006	125,320	79,917	570,278	31.01
32.00	03200	CORONARY CARE UNIT	189,933	360,705	324,793	289,058	1,477,994	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	100,226	199,510	179,609	146,414	817,325	34.00
41.00	04100	SUBPROVIDER - IIRF	180,255	124,091	110,463	59,340	502,668	41.00
43.00	04300	NURSERY	11,924	23,679	118,941	26,116	541,249	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	246,965	798,922	0	405,973	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	174,038	139,993	0	92,236	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,819	738,836	0	344,095	0	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	76,965	24,260	0	29,460	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	1,312	0	55.00
56.00	05600	RADIOISOTOPE	6,769	581	0	7,548	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	73,698	227,350	0	54,008	0	59.00
60.00	06000	LABORATORY	477	259,038	0	25,888	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,650	0	10,586	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	53,240	0	246,270	0	65.00
66.00	06600	PHYSICAL THERAPY	36,297	95,123	0	139,431	0	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	51,486	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,312	0	26,869	0	68.00
69.00	06900	ELECTROCARDIOLOGY	8,268	122,626	0	40,972	0	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,955	0	0	55,001	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	35,488	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,617	50,462	0	15,701	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	21,426	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	18,049	304,025	0	202,611	0	90.00
90.01	09001	IBMT JOINT VENTURE	15,577	23,458	0	81,700	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	145,096	0	50,697	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	0	0	9	0	90.03
90.04	09004	BARITRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	3,062	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	450,403	415,421	0	338,055	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	47,893	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,515,547	6,106,940	2,443,472	4,527,404	11,119,192	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,222	0	11,631	0	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	636,576	0	76,998	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

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

Worksheet B  
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	3,929	0	3,866	0	194.00
194.01	07952	WOMEN'S CENTER	15,142	73,083	0	3,306	0	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0	194.03
194.04	07954	OTHER NRCC	7,727	78,302	0	8,774	0	194.04
194.05	07956	FOUNDATION	4	0	0	10,607	0	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	152,733	0	2,173	0	194.06
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)	2,538,420	7,086,785	2,443,472	4,644,759	11,119,192	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 12:47 pm	
Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS
	14.00	15.00	16.00	21.00	22.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00570	ADMITTING				5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03 00590	OTHER ADMIN & GENERAL				5.03
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	5,983,218			14.00
15.00 01500	PHARMACY	11,415	10,131,907		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	2,477,557	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,737	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00 02300	PARAMED ED PRGM	48	0	0	23.00
23.01 02302	EMERGENCY MEDICAL SERVICES	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	14,817	0	124,088	30.00
31.00 03100	INTENSIVE CARE UNIT	5,040	0	30,372	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	1,373	0	20,896	31.01
32.00 03200	CORONARY CARE UNIT	4,356	0	28,522	32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	2,953	0	19,779	34.00
41.00 04100	SUBPROVIDER - IRF	1,007	0	10,653	41.00
43.00 04300	NURSERY	657	0	7,542	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	37,721	0	212,365	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	4,496	0	33,756	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,464	0	357,723	54.00
54.01 05402	CARDIAC NUCLEAR DIAGNOSTIC	31,265	0	28,286	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.02
54.03 03630	ULTRA SOUND	179	0	27,801	54.03
55.00 05500	RADIOLOGY - THERAPEUTIC	10,986	0	30,519	55.00
56.00 05600	RADIOISOTOPE	30	0	7,472	56.00
59.00 05900	CARDIAC CATHETERIZATION	402	0	91,730	59.00
60.00 06000	LABORATORY	2,761	0	260,865	60.00
64.00 06400	INTRAVENOUS THERAPY	51	0	2,799	64.00
65.00 06500	RESPIRATORY THERAPY	12,707	0	67,053	65.00
66.00 06600	PHYSICAL THERAPY	2,782	0	39,958	66.00
66.01 06601	SPORTS MEDICINE	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	517	0	11,717	67.00
68.00 06800	SPEECH PATHOLOGY	132	0	7,459	68.00
69.00 06900	ELECTROCARDIOLOGY	395	0	25,271	69.00
69.01 06901	CARDIAC CATH LAB	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,702	0	26,524	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,383,802	0	122,184	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	2,338,367	0	97,006	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	10,131,907	441,170	73.00
74.00 07400	RENAL DIALYSIS	218	0	7,466	74.00
76.97 07697	CARDIAC REHABILITATION	577	0	2,036	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	3,545	0	26,395	90.00
90.01 09001	IBMT JOINT VENTURE	1,320	0	6,860	90.01
90.02 09002	PSYCHIATRIC COUNSELING CENTER	3,014	0	8,226	90.02
90.03 09003	SOUTH INDY MRI & REHAB	949	0	202	90.03
90.04 09004	BARITRICS	0	0	0	90.04
90.05 09005	CV DIAGNOSTIC SERVICES	4,325	0	36,781	90.05
90.06 09006	CARDIAC REHAB	0	0	0	90.06
91.00 09100	EMERGENCY	8,913	0	234,435	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100	HOME HEALTH AGENCY	14,441	0	11,834	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 11300	INTEREST EXPENSE				113.00
116.00 11600	HOSPICE	6,038	0	9,812	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,926,502	10,131,907	2,477,557	2,921,509
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	285	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

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

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS			
						SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			14.00	15.00	16.00	21.00	22.00		
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,204	0	0	0	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	62	0	0	0	0	0	194.00
194.01	07952	WOMEN'S CENTER	1,362	0	0	0	0	0	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	61	0	0	0	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0	0	194.03
194.04	07954	OTHER NRCC	265	0	0	0	0	0	194.04
194.05	07956	FOUNDATION	44,477	0	0	0	0	0	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,983,218	10,131,907	2,477,557	2,921,509	2,060,689		202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/26/2015 12:47 pm		
Cost Center	Description	PARAMED PRGM	EMERGENCY MEDICAL SERVICES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	23.01	24.00	25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	00570	ADMITTING				5.01		
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02		
5.03	00590	OTHER ADMIN & GENERAL				5.03		
7.00	00700	OPERATION OF PLANT				7.00		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION				13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00		
15.00	01500	PHARMACY				15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00		
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00		
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00		
23.00	02300	PARAMED PRGM	327,480			23.00		
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0		23.01		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	58,951,637	-3,457,722	55,493,915	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	14,608,775	-175,531	14,433,244	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	6,491,111	-129,845	6,361,266	31.01
32.00	03200	CORONARY CARE UNIT	0	0	18,777,578	0	18,777,578	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	9,587,270	0	9,587,270	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	5,180,200	0	5,180,200	41.00
43.00	04300	NURSERY	0	0	2,106,698	0	2,106,698	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	41,641,612	-389,535	41,252,077	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,128,626	0	6,128,626	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	35,719,479	0	35,719,479	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	1,150,930	0	1,150,930	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	0	0	1,834,967	0	1,834,967	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	3,442,945	0	3,442,945	55.00
56.00	05600	RADIOISOTOPE	0	0	1,476,395	0	1,476,395	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	6,183,122	0	6,183,122	59.00
60.00	06000	LABORATORY	327,480	0	28,471,931	0	28,471,931	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	554,821	0	554,821	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	10,759,645	-103,395	10,656,250	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,196,556	-103,395	8,093,161	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,040,826	0	2,040,826	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,248,123	0	1,248,123	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,683,959	-254,880	3,429,079	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,027,104	-158,700	3,868,404	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	37,567,668	0	37,567,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	26,083,981	0	26,083,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	56,115,500	0	56,115,500	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,679,574	-57,709	1,621,865	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	727,911	0	727,911	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	14,069,932	0	14,069,932	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	5,457,529	0	5,457,529	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	0	4,257,746	0	4,257,746	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	0	89,989	0	89,989	90.03
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	12,014,298	0	12,014,298	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	19,750,569	-151,486	19,599,083	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	0	6,553,660	0	6,553,660	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	7,776,813	0	7,776,813	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	327,480	0	464,409,480	-4,982,198	459,427,282	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,003,543	0	1,003,543	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:  
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Cost Center Description			PARAMED ED PRGM	EMERGENCY MEDICAL SERVICES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	25,327,832	0	25,327,832	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	6,432,400	0	6,432,400	194.00
194.01	07952	WOMEN'S CENTER	0	0	3,787,546	0	3,787,546	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	249,253	0	249,253	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	507,522	0	507,522	194.03
194.04	07954	OTHER NRCC	0	0	2,848,154	0	2,848,154	194.04
194.05	07956	FOUNDATION	0	0	1,152,698	0	1,152,698	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	0	27,389,632	0	27,389,632	194.06
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)	327,480	0	533,108,060	-4,982,198	528,125,862	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 12:47 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,011	4,897	17,908	17,908 4.00
5.01 00570	ADMINISTRATIVE	0	223,004	83,931	306,935	229 5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	172,155	64,794	236,949	0 5.02
5.03 00590	OTHER ADMIN & GENERAL	6,123,102	1,412,629	531,667	8,067,398	570 5.03
7.00 00700	OPERATION OF PLANT	0	4,538,200	1,708,028	6,246,228	623 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	333,123	125,376	458,499	28 8.00
9.00 00900	HOUSEKEEPING	0	367,126	138,174	505,300	421 9.00
10.00 01000	DIETARY	0	681,519	256,501	938,020	81 10.00
11.00 01100	CAFETERIA	0	662,977	249,523	912,500	223 11.00
13.00 01300	NURSING ADMINISTRATION	0	1,089,186	409,933	1,499,119	615 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	536,642	201,974	738,616	255 14.00
15.00 01500	PHARMACY	0	697,546	262,533	960,079	598 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	302,136	113,714	415,850	0 16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	240 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	170 22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	26 23.00
23.01 02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0 23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	5,340,711	2,010,067	7,350,778	2,542 30.00
31.00 03100	INTENSIVE CARE UNIT	0	885,101	333,123	1,218,224	806 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	302,827	113,974	416,801	311 31.01
32.00 03200	CORONARY CARE UNIT	0	1,950,339	734,043	2,684,382	899 32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	1,078,752	406,006	1,484,758	432 34.00
41.00 04100	SUBPROVIDER - IRF	0	670,959	252,527	923,486	192 41.00
43.00 04300	NURSERY	0	128,032	48,187	176,219	82 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	4,319,784	1,625,823	5,945,607	1,349 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	756,943	284,888	1,041,831	289 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	3,994,896	1,503,546	5,498,442	1,225 54.00
54.01 05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	1 54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0 54.02
54.03 03630	ULTRA SOUND	0	131,175	49,370	180,545	107 54.03
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	4 55.00
56.00 05600	RADIOISOTOPE	0	3,143	1,183	4,326	30 56.00
59.00 05900	CARDIAC CATHETERIZATION	0	1,229,286	462,662	1,691,948	191 59.00
60.00 06000	LABORATORY	0	1,400,624	527,148	1,927,772	97 60.00
64.00 06400	INTRAVENOUS THERAPY	0	25,141	9,462	34,603	38 64.00
65.00 06500	RESPIRATORY THERAPY	0	287,868	108,344	396,212	738 65.00
66.00 06600	PHYSICAL THERAPY	0	514,329	193,576	707,905	438 66.00
66.01 06601	SPORTS MEDICINE	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	158 67.00
68.00 06800	SPEECH PATHOLOGY	0	34,129	12,845	46,974	91 68.00
69.00 06900	ELECTROCARDIOLOGY	0	663,040	249,546	912,586	115 69.00
69.01 06901	CARDIAC CATH LAB	0	0	0	0	0 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	157 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	272,846	102,690	375,536	65 74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	53 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	1,643,866	618,697	2,262,563	613 90.00
90.01 09001	IBMT JOINT VENTURE	0	126,838	47,738	174,576	118 90.01
90.02 09002	PSYCHIATRIC COUNSELING CENTER	0	784,535	295,273	1,079,808	147 90.02
90.03 09003	SOUTH INDY MRI & REHAB	0	0	0	0	0 90.03
90.04 09004	BARITRICS	0	0	0	0	0 90.04
90.05 09005	CV DIAGNOSTIC SERVICES	0	0	0	0	590 90.05
90.06 09006	CARDIAC REHAB	0	0	0	0	0 90.06
91.00 09100	EMERGENCY	0	2,246,190	845,391	3,091,581	955 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	329 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	258,956	97,462	356,418	343 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,123,102	40,079,564	15,084,616	61,287,282	17,584 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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

Worksheet B  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190,446	71,677	262,123	15 190.00
190.01 19001	MEDICAL OFFICE & PARKING	0	0	0	0	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	3,441,975	1,295,445	4,737,420	241 192.00
194.00 07955	MARKETING & COMMUNITY RELATIONS	0	21,244	7,996	29,240	9 194.00
194.01 07952	WOMEN'S CENTER	0	395,159	148,725	543,884	6 194.01
194.02 07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	0 194.02
194.03 07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0 194.03
194.04 07954	OTHER NRCC	0	423,380	159,346	582,726	22 194.04
194.05 07956	FOUNDATION	0	0	0	0	23 194.05
194.06 07953	FRANCISCAN SURGERY CENTER	0	825,830	310,815	1,136,645	8 194.06
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers				0	0 201.00
202.00	TOTAL (sum lines 118-201)	6,123,102	45,377,598	17,078,620	68,579,320	17,908 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 12:47 pm		
Cost Center Description	ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5.01	5.02	5.03	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00570	ADMITTING	307,164				5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	236,949			5.02
5.03 00590	OTHER ADMIN & GENERAL	0	42,919	8,110,887		5.03
7.00 00700	OPERATION OF PLANT	0	11,947	499,416	6,758,214	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	822	34,356	57,698	551,403
9.00 00900	HOUSEKEEPING	0	2,467	103,120	63,588	0
10.00 01000	DIETARY	0	635	26,535	118,042	0
11.00 01100	CAFETERIA	0	1,443	60,315	114,831	0
13.00 01300	NURSING ADMINISTRATION	0	3,579	149,595	188,652	112
14.00 01400	CENTRAL SERVICES & SUPPLY	0	1,936	80,918	92,949	2,039
15.00 01500	PHARMACY	0	3,359	140,424	120,818	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	789	32,977	52,331	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,039	43,427	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	745	31,137	0	0
23.00 02300	PARAMED ED PRGM	0	116	4,861	0	0
23.01 02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	31,341	14,937	624,391	925,042	137,725
31.00 03100	INTENSIVE CARE UNIT	8,633	4,227	176,682	153,304	36,876
31.01 02060	NEONATAL INTENSIVE CARE UNIT	5,939	1,906	79,678	52,451	3,393
32.00 03200	CORONARY CARE UNIT	8,107	5,263	220,018	337,808	41,258
34.00 03400	SURGICAL INTENSIVE CARE UNIT	5,622	2,626	109,753	186,845	21,771
41.00 04100	SUBPROVIDER - IRF	3,028	1,320	55,186	116,213	39,155
43.00 04300	NURSERY	2,144	462	19,305	22,176	2,590
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	32,641	13,072	546,430	748,208	53,646
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,569	1,837	76,790	131,106	37,805
54.00 05400	RADIOLOGY-DIAGNOSTIC	25,031	11,217	468,910	691,936	18,859
54.01 05402	CARDIAC NUCLEAR DIAGNOSTIC	87	397	16,604	0	0
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
54.03 03630	ULTRA SOUND	2,269	570	23,825	22,720	16,719
55.00 05500	RADIOLOGY - THERAPEUTIC	16	1,237	51,730	0	0
56.00 05600	RADIOISOTOPE	490	528	22,081	544	1,470
59.00 05900	CARDIAC CATHETERIZATION	12,088	1,711	71,533	212,918	16,009
60.00 06000	LABORATORY	30,746	9,615	401,913	242,595	104
64.00 06400	INTRAVENOUS THERAPY	724	188	7,844	4,355	0
65.00 06500	RESPIRATORY THERAPY	17,059	3,652	152,671	49,860	0
66.00 06600	PHYSICAL THERAPY	5,817	2,674	111,776	89,084	7,885
66.01 06601	SPORTS MEDICINE	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	2,013	720	30,080	0	0
68.00 06800	SPEECH PATHOLOGY	931	429	17,932	5,911	0
69.00 06900	ELECTROCARDIOLOGY	4,837	973	40,679	114,842	1,796
69.01 06901	CARDIAC CATH LAB	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	579	1,377	57,558	0	425
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,410	12,384	517,679	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	9,118	8,607	359,793	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	46,530	16,575	692,998	0	0
74.00 07400	RENAL DIALYSIS	2,020	477	19,944	47,258	1,654
76.97 07697	CARDIAC REHABILITATION	1	256	10,709	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	93	4,416	184,583	284,726	3,921
90.01 09001	IBMT JOINT VENTURE	106	1,901	79,447	21,969	3,384
90.02 09002	PSYCHIATRIC COUNSELING CENTER	0	1,234	51,587	135,885	0
90.03 09003	SOUTH INDY MRI & REHAB	0	32	1,351	0	0
90.04 09004	BARITRICS	0	0	0	0	0
90.05 09005	CV DIAGNOSTIC SERVICES	75	4,357	182,115	0	0
90.06 09006	CARDIAC REHAB	0	0	0	0	0
91.00 09100	EMERGENCY	16,100	5,919	247,415	389,051	97,838
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	2,376	99,309	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	2,728	114,033	44,852	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	307,164	213,996	7,151,413	5,840,568	546,434
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	290	12,113	32,986	0
190.01 19001	MEDICAL OFFICE & PARKING	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	7,901	330,274	596,167	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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Cost Center Description		ADMITTING	CASHIERING/AC COUNTS RECEIVABLE	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5.01	5.02	5.03	7.00	8.00		
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	2,332	97,472	3,680	0	194.00
194.01	07952	WOMEN'S CENTER	0	1,224	51,153	68,443	3,289	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	91	3,791	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	185	7,722	0	0	194.03
194.04	07954	OTHER NRCC	0	872	36,467	73,332	1,679	194.04
194.05	07956	FOUNDATION	0	399	16,699	0	1	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	9,659	403,783	143,038	0	194.06
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)	307,164	236,949	8,110,887	6,758,214	551,403	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 12:47 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
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATIVE					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.02
5.03	00590	OTHER ADMIN & GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	674,896				9.00
10.00	01000	DIETARY	12,004	1,095,317			10.00
11.00	01100	CAFETERIA	11,677	0	1,100,989		11.00
13.00	01300	NURSING ADMINISTRATION	19,184	0	39,884	1,900,740	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,452	0	24,766	950,931	14.00
15.00	01500	PHARMACY	12,286	0	41,443	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,321	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	15,262	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,336	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	1,872	0	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	94,064	592,699	204,079	1,028,530	2,355
31.00	03100	INTENSIVE CARE UNIT	15,589	117,504	59,681	203,909	801
31.01	02060	NEONATAL INTENSIVE CARE UNIT	5,334	56,176	18,944	97,485	218
32.00	03200	CORONARY CARE UNIT	34,351	145,593	68,518	252,652	692
34.00	03400	SURGICAL INTENSIVE CARE UNIT	19,000	80,512	34,706	139,715	469
41.00	04100	SUBPROVIDER - I&R	11,818	49,516	14,066	85,927	160
43.00	04300	NURSERY	2,255	53,317	6,191	92,522	104
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	76,084	0	96,232	0	5,995
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,332	0	21,864	0	714
54.00	05400	RADIOLOGY-DIAGNOSTIC	70,362	0	81,564	0	1,663
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	4,969
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
54.03	03630	ULTRA SOUND	2,310	0	6,983	0	28
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	311	0	1,746
56.00	05600	RADIOISOTOPE	55	0	1,789	0	5
59.00	05900	CARDIAC CATHETERIZATION	21,651	0	12,802	0	64
60.00	06000	LABORATORY	24,669	0	6,137	0	439
64.00	06400	INTRAVENOUS THERAPY	443	0	2,509	0	8
65.00	06500	RESPIRATORY THERAPY	5,070	0	58,376	0	2,020
66.00	06600	PHYSICAL THERAPY	9,059	0	33,051	0	442
66.01	06601	SPORTS MEDICINE	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,204	0	82
68.00	06800	SPEECH PATHOLOGY	601	0	6,369	0	21
69.00	06900	ELECTROCARDIOLOGY	11,678	0	9,712	0	63
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	13,037	0	271
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	8,412	0	537,805
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	371,637
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,806	0	3,722	0	35
76.97	07697	CARDIAC REHABILITATION	0	0	5,079	0	92
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	28,953	0	48,027	0	563
90.01	09001	IBMT JOINT VENTURE	2,234	0	19,366	0	210
90.02	09002	PSYCHIATRIC COUNSELING CENTER	13,818	0	12,017	0	479
90.03	09003	SOUTH INDY MRI & REHAB	0	0	2	0	151
90.04	09004	BARITRICS	0	0	0	0	0
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	726	0	687
90.06	09006	CARDIAC REHAB	0	0	0	0	0
91.00	09100	EMERGENCY	39,562	0	80,132	0	1,417
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	2,295
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	4,561	0	0	0	960
118.00		SUBTOTALS (SUM OF LINES 1-117)	581,583	1,095,317	1,073,171	1,900,740	941,917
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,354	0	2,757	0	45
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	60,623	0	18,252	0	1,622

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

Period:  
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To 12/31/2014

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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
194.00 07955 MARKETING & COMMUNITY RELATIONS	374	0	916	0	10	194.00
194.01 07952 WOMEN'S CENTER	6,960	0	784	0	216	194.01
194.02 07950 SOUTH EMERSON SURGERY CENTER	0	0	0	0	10	194.02
194.03 07951 SOUTHEAST SURGERY CENTER	0	0	0	0	0	194.03
194.04 07954 OTHER NRCC	7,457	0	2,080	0	42	194.04
194.05 07956 FOUNDATION	0	0	2,514	0	7,069	194.05
194.06 07953 FRANCISCAN SURGERY CENTER	14,545	0	515	0	0	194.06
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)	674,896	1,095,317	1,100,989	1,900,740	950,931	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/26/2015 12:47 pm	
Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		PARAMED PRGM			
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	15.00	16.00	21.00	22.00	23.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00570	ADMITTING							5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE							5.02
5.03 00590	OTHER ADMIN & GENERAL							5.03
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	1,280,821						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	507,268					16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	60,403				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	35,388			22.00
23.00 02300	PARAMED PRGM	0	0	0	0	6,883		23.00
23.01 02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 03000	ADULTS & PEDIATRICS	0	25,390					30.00
31.00 03100	INTENSIVE CARE UNIT	0	6,215					31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	4,276					31.01
32.00 03200	CORONARY CARE UNIT	0	5,836					32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	4,047					34.00
41.00 04100	SUBPROVIDER - IRF	0	2,180					41.00
43.00 04300	NURSERY	0	1,543					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000	OPERATING ROOM	0	43,453					50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,907					52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	73,195					54.00
54.01 05402	CARDIAC NUCLEAR DIAGNOSTIC	0	5,788					54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0					54.02
54.03 03630	ULTRA SOUND	0	5,688					54.03
55.00 05500	RADIOLOGY - THERAPEUTIC	0	6,245					55.00
56.00 05600	RADIOISOTOPE	0	1,529					56.00
59.00 05900	CARDIAC CATHETERIZATION	0	18,769					59.00
60.00 06000	LABORATORY	0	53,376					60.00
64.00 06400	INTRAVENOUS THERAPY	0	573					64.00
65.00 06500	RESPIRATORY THERAPY	0	13,720					65.00
66.00 06600	PHYSICAL THERAPY	0	8,176					66.00
66.01 06601	SPORTS MEDICINE	0	0					66.01
67.00 06700	OCCUPATIONAL THERAPY	0	2,398					67.00
68.00 06800	SPEECH PATHOLOGY	0	1,526					68.00
69.00 06900	ELECTROCARDIOLOGY	0	5,171					69.00
69.01 06901	CARDIAC CATH LAB	0	0					69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	5,427					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25,000					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	19,849					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,280,821	90,594					73.00
74.00 07400	RENAL DIALYSIS	0	1,528					74.00
76.97 07697	CARDIAC REHABILITATION	0	417					76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 09000	CLINIC	0	5,401					90.00
90.01 09001	IBMT JOINT VENTURE	0	1,404					90.01
90.02 09002	PSYCHIATRIC COUNSELING CENTER	0	1,683					90.02
90.03 09003	SOUTH INDY MRI & REHAB	0	41					90.03
90.04 09004	BARITRICS	0	0					90.04
90.05 09005	CV DIAGNOSTIC SERVICES	0	7,526					90.05
90.06 09006	CARDIAC REHAB	0	0					90.06
91.00 09100	EMERGENCY	0	47,968					91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00 10100	HOME HEALTH AGENCY	0	2,421					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00 11300	INTEREST EXPENSE	0	0					113.00
116.00 11600	HOSPICE	0	2,008					116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	1,280,821	507,268	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0					190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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

Worksheet B  
Part II  
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		PARAMED PRGM	
					SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			15.00	16.00	21.00	22.00	23.00	
190.01	19001	MEDICAL OFFICE & PARKING	0	0				190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0				194.00
194.01	07952	WOMEN'S CENTER	0	0				194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0				194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0				194.03
194.04	07954	OTHER NRCC	0	0				194.04
194.05	07956	FOUNDATION	0	0				194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	0				194.06
200.00		Cross Foot Adjustments			60,403	35,388	6,883	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,280,821	507,268	60,403	35,388	6,883	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/26/2015 12:47 pm		
Cost Center Description		EMERGENCY MEDICAL SERVICES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00570	ADMITTING				5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.02
5.03	00590	OTHER ADMIN & GENERAL				5.03
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM				23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	11,033,873	0	11,033,873	30.00
31.00	03100	INTENSIVE CARE UNIT	2,002,451	0	2,002,451	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	742,912	0	742,912	31.01
32.00	03200	CORONARY CARE UNIT	3,805,377	0	3,805,377	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,090,256	0	2,090,256	34.00
41.00	04100	SUBPROVIDER - IRF	1,302,247	0	1,302,247	41.00
43.00	04300	NURSERY	378,910	0	378,910	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	7,562,717	0	7,562,717	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,342,044	0	1,342,044	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,942,404	0	6,942,404	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	27,846	0	27,846	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.02
54.03	03630	ULTRA SOUND	261,764	0	261,764	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	61,289	0	61,289	55.00
56.00	05600	RADIOISOTOPE	32,847	0	32,847	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,059,684	0	2,059,684	59.00
60.00	06000	LABORATORY	2,697,463	0	2,697,463	60.00
64.00	06400	INTRAVENOUS THERAPY	51,285	0	51,285	64.00
65.00	06500	RESPIRATORY THERAPY	699,378	0	699,378	65.00
66.00	06600	PHYSICAL THERAPY	976,307	0	976,307	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	47,655	0	47,655	67.00
68.00	06800	SPEECH PATHOLOGY	80,785	0	80,785	68.00
69.00	06900	ELECTROCARDIOLOGY	1,102,452	0	1,102,452	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	78,831	0	78,831	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,124,690	0	1,124,690	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	769,004	0	769,004	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,127,518	0	2,127,518	73.00
74.00	07400	RENAL DIALYSIS	457,045	0	457,045	74.00
76.97	07697	CARDIAC REHABILITATION	16,607	0	16,607	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	2,823,859	0	2,823,859	90.00
90.01	09001	IBMT JOINT VENTURE	304,715	0	304,715	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	1,296,658	0	1,296,658	90.02
90.03	09003	SOUTH INDY MRI & REHAB	1,577	0	1,577	90.03
90.04	09004	BARITRICS	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	196,076	0	196,076	90.05
90.06	09006	CARDIAC REHAB	0	0	0	90.06
91.00	09100	EMERGENCY	4,017,938	0	4,017,938	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	HOME HEALTH AGENCY	106,730	0	106,730	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	525,903	0	525,903	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0 59,149,097	0	59,149,097	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	313,683	0	313,683	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

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

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Cost Center Description			EMERGENCY MEDICAL SERVICES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
190.01	19001	MEDICAL OFFICE & PARKING		0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		5,752,500	0	5,752,500	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS		134,033	0	134,033	194.00
194.01	07952	WOMEN'S CENTER		675,959	0	675,959	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER		3,892	0	3,892	194.02
194.03	07951	SOUTHEAST SURGERY CENTER		7,907	0	7,907	194.03
194.04	07954	OTHER NRCC		704,677	0	704,677	194.04
194.05	07956	FOUNDATION		26,705	0	26,705	194.05
194.06	07953	FRANCISCAN SURGERY CENTER		1,708,193	0	1,708,193	194.06
200.00		Cross Foot Adjustments	0	102,674	0	102,674	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	68,579,320	0	68,579,320	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	721,960				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		721,960			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	207	207	138,998,121		4.00
5.01 00570	ADMITTING	3,548	3,548	1,775,247	805,129,492	5.01
5.02 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,739	2,739	0	0	-7,351,660
5.03 00590	OTHER ADMIN & GENERAL	22,475	22,475	4,419,142	0	0
7.00 00700	OPERATION OF PLANT	72,203	72,203	4,828,186	0	0
8.00 00800	LAUNDRY & LINEN SERVICE	5,300	5,300	215,747	0	0
9.00 00900	HOUSEKEEPING	5,841	5,841	3,260,052	0	0
10.00 01000	DIETARY	10,843	10,843	624,584	0	0
11.00 01100	CAFETERIA	10,548	10,548	1,724,882	0	0
13.00 01300	NURSING ADMINISTRATION	17,329	17,329	4,766,372	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	8,538	8,538	1,976,949	0	0
15.00 01500	PHARMACY	11,098	11,098	4,634,001	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	4,807	4,807	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,863,977	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,316,758	0	0
23.00 02300	PARAMED ED PRGM	0	0	200,913	0	0
23.01 02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	84,971	84,971	19,906,824	82,044,824	0
31.00 03100	INTENSIVE CARE UNIT	14,082	14,082	6,245,166	22,598,300	0
31.01 02060	NEONATAL INTENSIVE CARE UNIT	4,818	4,818	2,407,045	15,547,341	0
32.00 03200	CORONARY CARE UNIT	31,030	31,030	6,970,004	21,221,676	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	17,163	17,163	3,346,837	14,716,168	0
41.00 04100	SUBPROVIDER - IRF	10,675	10,675	1,490,309	7,926,619	0
43.00 04300	NURSERY	2,037	2,037	637,376	5,611,391	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	68,728	68,728	10,456,480	85,448,175	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,043	12,043	2,236,877	25,049,062	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	63,559	63,559	9,494,736	65,527,468	0
54.01 05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	11,012	228,884	0
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
54.03 03630	ULTRA SOUND	2,087	2,087	826,852	5,939,588	0
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	27,600	42,790	0
56.00 05600	RADIOISOTOPE	50	50	231,811	1,283,550	0
59.00 05900	CARDIAC CATHETERIZATION	19,558	19,558	1,479,570	31,644,912	0
60.00 06000	LABORATORY	22,284	22,284	752,969	80,487,459	0
64.00 06400	INTRAVENOUS THERAPY	400	400	291,337	1,896,035	0
65.00 06500	RESPIRATORY THERAPY	4,580	4,580	5,723,107	44,657,475	0
66.00 06600	PHYSICAL THERAPY	8,183	8,183	3,395,622	15,226,886	0
66.01 06601	SPORTS MEDICINE	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	0	0	1,226,705	5,269,354	0
68.00 06800	SPEECH PATHOLOGY	543	543	704,107	2,438,277	0
69.00 06900	ELECTROCARDIOLOGY	10,549	10,549	887,624	12,661,174	0
69.01 06901	CARDIAC CATH LAB	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	1,219,209	1,516,926	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	61,283,556	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,868,371	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	122,839,990	0
74.00 07400	RENAL DIALYSIS	4,341	4,341	507,031	5,286,911	0
76.97 07697	CARDIAC REHABILITATION	0	0	410,926	1,806	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	26,154	26,154	4,752,318	242,486	0
90.01 09001	IBMT JOINT VENTURE	2,018	2,018	914,945	278,636	0
90.02 09002	PSYCHIATRIC COUNSELING CENTER	12,482	12,482	1,140,261	969	0
90.03 09003	SOUTH INDY MRI & REHAB	0	0	252	108	0
90.04 09004	BARITRICS	0	0	0	0	0
90.05 09005	CV DIAGNOSTIC SERVICES	0	0	4,571,672	195,749	0
90.06 09006	CARDIAC REHAB	0	0	0	0	0
91.00 09100	EMERGENCY	35,737	35,737	7,404,168	42,146,576	0
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	0	2,548,808	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	4,120	4,120	2,655,259	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	637,668	637,668	136,481,629	805,129,492	-7,351,660

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:  
From 01/01/2014  
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)	ADMITTING (INPATIENT CHARGES)	Reconciliation			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5.01
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,030	3,030	119,735	0	0	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,762	54,762	1,868,258	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	338	338	72,619	0	0	194.00
194.01	07952	WOMEN'S CENTER	6,287	6,287	49,415	0	0	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0	194.03
194.04	07954	OTHER NRCC	6,736	6,736	171,649	0	0	194.04
194.05	07956	FOUNDATION	0	0	176,318	0	0	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	13,139	13,139	58,498	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	45,377,598	17,078,620	35,544,599	5,323,307		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	62.853341	23.655909	0.255720	0.006612		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			17,908	307,164		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000129	0.000382		205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet B-1	
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Cost Center	Description	CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.02	5A.03	5.03	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00570	ADMINISTRATION					5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	525,756,400				5.02
5.03	00590	OTHER ADMIN & GENERAL	95,544,562	-96,880,570	436,227,490		5.03
7.00	00700	OPERATION OF PLANT	26,490,027	0	26,860,437	620,788	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,822,316	0	1,847,797	5,300	2,065,989
9.00	00900	HOUSEKEEPING	5,469,707	0	5,546,190	5,841	0
10.00	01000	DIETARY	1,407,450	0	1,427,130	10,843	0
11.00	01100	CAFETERIA	3,199,217	0	3,243,952	10,548	0
13.00	01300	NURSING ADMINISTRATION	7,934,843	0	8,045,796	17,329	420
14.00	01400	CENTRAL SERVICES & SUPPLY	4,292,074	0	4,352,090	8,538	7,639
15.00	01500	PHARMACY	7,448,351	0	7,552,501	11,098	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,749,143	0	1,773,601	4,807	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,303,456	0	2,335,665	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,651,595	0	1,674,689	0	0
23.00	02300	PARAMED PRGM	257,859	0	261,465	0	0
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	33,118,942	0	33,582,044	84,971	516,032
31.00	03100	INTENSIVE CARE UNIT	9,371,545	0	9,502,587	14,082	138,165
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,226,272	0	4,285,368	4,818	12,712
32.00	03200	CORONARY CARE UNIT	11,670,200	0	11,833,384	31,030	154,584
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,821,544	0	5,902,947	17,163	81,573
41.00	04100	SUBPROVIDER - IRF	2,927,152	0	2,968,082	10,675	146,707
43.00	04300	NURSERY	1,023,970	0	1,038,288	2,037	9,705
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	28,983,755	0	29,389,035	68,728	201,002
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,073,114	0	4,130,068	12,043	141,647
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,871,937	0	25,219,721	63,559	70,661
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	880,730	0	893,045	0	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
54.03	03630	ULTRA SOUND	1,263,700	0	1,281,370	2,087	62,641
55.00	05500	RADIOLOGY - THERAPEUTIC	2,743,864	0	2,782,231	0	0
56.00	05600	RADIOISOTOPE	1,171,223	0	1,187,600	50	5,509
59.00	05900	CARDIAC CATHETERIZATION	3,794,260	0	3,847,315	19,558	59,982
60.00	06000	LABORATORY	21,318,286	0	21,616,380	22,284	388
64.00	06400	INTRAVENOUS THERAPY	416,070	0	421,888	400	0
65.00	06500	RESPIRATORY THERAPY	8,097,966	0	8,211,200	4,580	0
66.00	06600	PHYSICAL THERAPY	5,928,839	0	6,011,742	8,183	29,542
66.01	06601	SPORTS MEDICINE	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	1,595,501	0	1,617,811	0	0
68.00	06800	SPEECH PATHOLOGY	951,147	0	964,447	543	0
69.00	06900	ELECTROCARDIOLOGY	2,157,677	0	2,187,848	10,549	6,729
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3,053,016	0	3,095,706	0	1,591
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,458,738	0	27,842,694	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,084,148	0	19,351,002	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	36,752,110	0	37,266,015	0	0
74.00	07400	RENAL DIALYSIS	1,057,848	0	1,072,640	4,341	6,199
76.97	07697	CARDIAC REHABILITATION	568,016	0	575,959	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	9,790,660	0	9,927,563	26,154	14,690
90.01	09001	IBMT JOINT VENTURE	4,214,017	0	4,272,942	2,018	12,678
90.02	09002	PSYCHIATRIC COUNSELING CENTER	2,736,251	0	2,774,512	12,482	0
90.03	09003	SOUTH INDY MRI & REHAB	71,684	0	72,686	0	0
90.04	09004	BARITRICS	0	0	0	0	0
90.05	09005	CV DIAGNOSTIC SERVICES	9,659,754	0	9,794,826	0	0
90.06	09006	CARDIAC REHAB	0	0	0	0	0
91.00	09100	EMERGENCY	13,123,379	0	13,306,883	35,737	366,577
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	5,267,523	0	5,341,179	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	6,048,549	0	6,133,126	4,120	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	474,863,987	-96,880,570	384,623,447	536,496	2,047,373
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	642,513	0	651,497	3,030	0
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5.02	5A.03	5.03	7.00	8.00	
192.00	19200	17,518,399	0	17,763,359	54,762	0	192.00
194.00	07955	5,170,107	0	5,242,401	338	0	194.00
194.01	07952	2,713,264	0	2,751,204	6,287	12,324	194.01
194.02	07950	201,095	0	203,907	0	0	194.02
194.03	07951	409,564	0	415,291	0	0	194.03
194.04	07954	1,934,272	0	1,961,319	6,736	6,289	194.04
194.05	07956	885,758	0	898,144	0	3	194.05
194.06	07953	21,417,441	0	21,716,921	13,139	0	194.06
200.00							200.00
201.00							201.00
202.00		7,351,660		96,880,570	32,825,791	2,538,420	202.00
203.00		0.013983		0.222087	52.877618	1.228671	203.00
204.00		236,949		8,110,887	6,758,214	551,403	204.00
205.00		0.000451		0.018593	10.886509	0.266895	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet B-1	
Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00570						5.01
5.02	00580						5.02
5.03	00590						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	609,647					9.00
10.00	01000	10,843	90,782				10.00
11.00	01100	10,548	0	3,769,689			11.00
13.00	01300	17,329	0	136,558	90,782		13.00
14.00	01400	8,538	0	84,797	0	48,427,039	14.00
15.00	01500	11,098	0	141,896	0	92,393	15.00
16.00	01600	4,807	0	0	0	0	16.00
21.00	02100	0	0	52,256	0	22,154	21.00
22.00	02200	0	0	11,422	0	0	22.00
23.00	02300	0	0	6,411	0	386	23.00
23.01	02302	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	84,971	49,124	698,755	49,124	119,925	30.00
31.00	03100	14,082	9,739	204,343	9,739	40,795	31.00
31.01	02060	4,818	4,656	64,861	4,656	11,116	31.01
32.00	03200	31,030	12,067	234,600	12,067	35,260	32.00
34.00	03400	17,163	6,673	118,830	6,673	23,901	34.00
41.00	04100	10,675	4,104	48,160	4,104	8,153	41.00
43.00	04300	2,037	4,419	21,196	4,419	5,320	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	68,728	0	329,488	0	305,311	50.00
52.00	05200	12,043	0	74,859	0	36,386	52.00
54.00	05400	63,559	0	279,268	0	84,690	54.00
54.01	05402	0	0	0	0	253,053	54.01
54.02	03450	0	0	0	0	0	54.02
54.03	03630	2,087	0	23,910	0	1,448	54.03
55.00	05500	0	0	1,065	0	88,918	55.00
56.00	05600	50	0	6,126	0	246	56.00
59.00	05900	19,558	0	43,833	0	3,256	59.00
60.00	06000	22,284	0	21,011	0	22,346	60.00
64.00	06400	400	0	8,592	0	412	64.00
65.00	06500	4,580	0	199,873	0	102,848	65.00
66.00	06600	8,183	0	113,162	0	22,515	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	0	0	41,786	0	4,187	67.00
68.00	06800	543	0	21,807	0	1,072	68.00
69.00	06900	10,549	0	33,253	0	3,201	69.00
69.01	06901	0	0	0	0	0	69.01
70.00	07000	0	0	44,639	0	13,777	70.00
71.00	07100	0	0	28,802	0	27,387,810	71.00
72.00	07200	0	0	0	0	18,926,330	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	4,341	0	12,743	0	1,761	74.00
76.97	07697	0	0	17,389	0	4,670	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	26,154	0	164,439	0	28,694	90.00
90.01	09001	2,018	0	66,308	0	10,681	90.01
90.02	09002	12,482	0	41,146	0	24,398	90.02
90.03	09003	0	0	7	0	7,677	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	2,485	0	35,005	90.05
90.06	09006	0	0	0	0	0	90.06
91.00	09100	35,737	0	274,366	0	72,138	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	0	116,884	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
116.00	11600	4,120	0	0	0	48,874	116.00
118.00		525,355	90,782	3,674,442	90,782	47,967,991	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	3,030	0	9,440	0	2,308	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,762	0	62,492	0	82,589	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	338	0	3,138	0	500	194.00
194.01	07952	WOMEN'S CENTER	6,287	0	2,683	0	11,024	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	497	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0	194.03
194.04	07954	OTHER NRCC	6,736	0	7,121	0	2,143	194.04
194.05	07956	FOUNDATION	0	0	8,609	0	359,987	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	13,139	0	1,764	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,086,785	2,443,472	4,644,759	11,119,192	5,983,218	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.624407	26.915820	1.232133	122.482342	0.123551	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	674,896	1,095,317	1,100,989	1,900,740	950,931	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.107028	12.065354	0.292064	20.937410	0.019636	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet B-1 Date/Time Prepared: 5/26/2015 12:47 pm	
Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00570 ADMITTING						5.01
5.02 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.02
5.03 00590 OTHER ADMIN & GENERAL						5.03
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	100					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,842,736,340				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,072			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		2,072		22.00
23.00 02300 PARAMED PRGM	0	0			100	23.00
23.01 02302 EMERGENCY MEDICAL SERVICES	0	0			0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	92,327,389	1,438	1,438	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	22,598,300	73	73	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	15,547,341	54	54	0	31.01
32.00 03200 CORONARY CARE UNIT	0	21,221,676	0	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	14,716,168	0	0	0	34.00
41.00 04100 SUBPROVIDER - IRF	0	7,926,619	0	0	0	41.00
43.00 04300 NURSERY	0	5,611,391	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	158,009,384	162	162	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	25,115,804	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	266,162,844	0	0	0	54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	21,045,898	0	0	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03 03630 ULTRA SOUND	0	20,685,446	0	0	0	54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	22,707,647	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	5,559,787	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	68,251,478	0	0	0	59.00
60.00 06000 LABORATORY	0	194,096,047	0	0	100	60.00
64.00 06400 INTRAVENOUS THERAPY	0	2,082,896	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	49,890,678	43	43	0	65.00
66.00 06600 PHYSICAL THERAPY	0	29,730,769	43	43	0	66.00
66.01 06601 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	8,718,361	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	5,550,146	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	18,802,925	106	106	0	69.00
69.01 06901 CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	19,734,764	66	66	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,910,450	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	72,177,363	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	100	327,568,031	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	5,555,055	24	24	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	1,514,747	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	19,639,045	0	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	5,104,463	0	0	0	90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	6,120,329	0	0	0	90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	149,986	0	0	0	90.03
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	27,366,690	0	0	0	90.05
90.06 09006 CARDIAC REHAB	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	174,430,576	63	63	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	0	8,805,179	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	7,300,668	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	1,842,736,340	2,072	2,072	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)			
			SERVICES-SALA RY & FRINGES (ASSIGNED TIME)	SERVICES-OTHE R PRGM COSTS (ASSIGNED TIME)				
	15.00	16.00	21.00	22.00	23.00			
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	190.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	194.00	
194.01	07952	WOMEN'S CENTER	0	0	0	0	194.01	
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	194.02	
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	194.03	
194.04	07954	OTHER NRCC	0	0	0	0	194.04	
194.05	07956	FOUNDATION	0	0	0	0	194.05	
194.06	07953	FRANCIS SCAN SURGERY CENTER	0	0	0	0	194.06	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	10,131,907	2,477,557	2,921,509	2,060,689	327,480	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	101,319.07000	0.001344	1,409.994691	994.541023	3,274.800000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,280,821	507,268	60,403	35,388	6,883	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	12,808.210000	0.000275	29.152027	17.079151	68.830000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1  
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Cost Center Description		EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	
		23.01	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00570	ADMITTING	5.01
5.02	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.02
5.03	00590	OTHER ADMIN & GENERAL	5.03
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMEDICAL PRGM	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
54.03	03630	ULTRA SOUND	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	SPORTS MEDICINE	66.01
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIAC CATH LAB	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00	09000	CLINIC	90.00
90.01	09001	IBMT JOINT VENTURE	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	90.02
90.03	09003	SOUTH INDY MRI & REHAB	90.03
90.04	09004	BARIATRICS	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	90.05
90.06	09006	CARDIAC REHAB	90.06
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
101.00	10100	HOME HEALTH AGENCY	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet B-1

Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description			EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	
			23.01	
190.01	19001	MEDICAL OFFICE & PARKING	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	194.00
194.01	07952	WOMEN'S CENTER	0	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	194.03
194.04	07954	OTHER NRCC	0	194.04
194.05	07956	FOUNDATION	0	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	194.06
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150162

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

		Title XVII I		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS		55,493,915	0	55,493,915	30.00
31.00	03100	INTENSIVE CARE UNIT		14,433,244	0	14,433,244	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		6,361,266	0	6,361,266	31.01
32.00	03200	CORONARY CARE UNIT		18,777,578	0	18,777,578	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		9,587,270	0	9,587,270	34.00
41.00	04100	SUBPROVIDER - IRF		5,180,200	0	5,180,200	41.00
43.00	04300	NURSERY		2,106,698	0	2,106,698	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		41,252,077	12,700	41,264,777	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,128,626	0	6,128,626	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		35,719,479	81,042	35,800,521	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC		1,150,930	0	1,150,930	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	54.02
54.03	03630	ULTRA SOUND		1,834,967	0	1,834,967	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC		3,442,945	0	3,442,945	55.00
56.00	05600	RADIOISOTOPE		1,476,395	0	1,476,395	56.00
59.00	05900	CARDIAC CATHETERIZATION		6,183,122	0	6,183,122	59.00
60.00	06000	LABORATORY		28,471,931	29,734	28,501,665	60.00
64.00	06400	INTRAVENOUS THERAPY		554,821	0	554,821	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,656,250	12,481	10,668,731	65.00
66.00	06600	PHYSICAL THERAPY	0	8,093,161	0	8,093,161	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	2,040,826	0	2,040,826	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,248,123	0	1,248,123	68.00
69.00	06900	ELECTROCARDIOLOGY		3,429,079	0	3,429,079	69.00
69.01	06901	CARDIAC CATH LAB		0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		3,868,404	15,524	3,883,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		37,567,668	0	37,567,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		26,083,981	0	26,083,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		56,115,500	0	56,115,500	73.00
74.00	07400	RENAL DIALYSIS		1,621,865	3,046	1,624,911	74.00
76.97	07697	CARDIAC REHABILITATION		727,911	0	727,911	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		14,069,932	76,093	14,146,025	90.00
90.01	09001	IBMT JOINT VENTURE		5,457,529	63,452	5,520,981	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER		4,257,746	0	4,257,746	90.02
90.03	09003	SOUTH INDY MRI & REHAB		89,989	0	89,989	90.03
90.04	09004	BARIATRICS		0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES		12,014,298	0	12,014,298	90.05
90.06	09006	CARDIAC REHAB		0	0	0	90.06
91.00	09100	EMERGENCY		19,599,083	17,554	19,616,637	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		7,344,339	0	7,344,339	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY		6,553,660	0	6,553,660	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		7,776,813		7,776,813	116.00
200.00		Subtotal (see instructions)	0	466,771,621	311,626	467,083,247	200.00
201.00		Less Observation Beds		7,344,339		7,344,339	201.00
202.00		Total (see instructions)	0	459,427,282	311,626	459,738,908	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150162

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

		Title XVII			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	79,112,009		79,112,009		30.00
31.00	03100	INTENSIVE CARE UNIT	22,598,300		22,598,300		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	15,547,341		15,547,341		31.01
32.00	03200	CORONARY CARE UNIT	21,221,676		21,221,676		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,716,168		14,716,168		34.00
41.00	04100	SUBPROVIDER - IRF	7,926,619		7,926,619		41.00
43.00	04300	NURSERY	5,611,391		5,611,391		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	85,448,175	72,561,209	158,009,384	0.261074	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,049,062	66,742	25,115,804	0.244015	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,527,468	200,635,376	266,162,844	0.134202	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	228,884	20,817,014	21,045,898	0.054687	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	54.02
54.03	03630	ULTRA SOUND	5,939,588	14,745,858	20,685,446	0.088708	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	42,790	22,664,857	22,707,647	0.151621	55.00
56.00	05600	RADIOISOTOPE	1,283,550	4,276,237	5,559,787	0.265549	56.00
59.00	05900	CARDIAC CATHETERIZATION	31,644,912	36,606,566	68,251,478	0.090593	59.00
60.00	06000	LABORATORY	80,487,459	113,608,588	194,096,047	0.146690	60.00
64.00	06400	INTRAVENOUS THERAPY	1,896,035	186,861	2,082,896	0.266370	64.00
65.00	06500	RESPIRATORY THERAPY	44,657,475	5,233,203	49,890,678	0.213592	65.00
66.00	06600	PHYSICAL THERAPY	15,226,886	14,503,883	29,730,769	0.272215	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,269,354	3,449,007	8,718,361	0.234084	67.00
68.00	06800	SPEECH PATHOLOGY	2,438,277	3,111,869	5,550,146	0.224881	68.00
69.00	06900	ELECTROCARDIOLOGY	12,661,174	6,141,751	18,802,925	0.182369	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,516,926	18,217,838	19,734,764	0.196020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	61,283,556	29,626,894	90,910,450	0.413238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,868,371	48,308,992	72,177,363	0.361387	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	122,839,990	204,728,041	327,568,031	0.171309	73.00
74.00	07400	RENAL DIALYSIS	5,286,911	268,144	5,555,055	0.291962	74.00
76.97	07697	CARDIAC REHABILITATION	1,806	1,512,941	1,514,747	0.480550	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	242,486	19,396,559	19,639,045	0.716426	90.00
90.01	09001	IBMT JOINT VENTURE	278,636	4,825,827	5,104,463	1.069168	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	969	6,119,360	6,120,329	0.695673	90.02
90.03	09003	SOUTH INDY MRI & REHAB	108	149,878	149,986	0.599983	90.03
90.04	09004	BARITRICS	0	0	0	0.000000	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	195,749	27,170,941	27,366,690	0.439012	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0.000000	90.06
91.00	09100	EMERGENCY	42,146,576	132,284,000	174,430,576	0.112360	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,932,815	10,282,565	13,215,380	0.555742	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	8,805,179	8,805,179		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	7,300,668	7,300,668		116.00
200.00		Subtotal (see instructions)	805,129,492	1,037,606,848	1,842,736,340		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	805,129,492	1,037,606,848	1,842,736,340		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 12:47 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
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.261154		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.244015		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.134506		54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0.054687		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.03	03630 ULTRA SOUND	0.088708		54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0.151621		55.00
56.00	05600 RADIOISOTOPE	0.265549		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.090593		59.00
60.00	06000 LABORATORY	0.146843		60.00
64.00	06400 INTRAVENOUS THERAPY	0.266370		64.00
65.00	06500 RESPIRATORY THERAPY	0.213842		65.00
66.00	06600 PHYSICAL THERAPY	0.272215		66.00
66.01	06601 SPORTS MEDICINE	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.234084		67.00
68.00	06800 SPEECH PATHOLOGY	0.224881		68.00
69.00	06900 ELECTROCARDIOLOGY	0.182369		69.00
69.01	06901 CARDIAC CATH LAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.196806		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413238		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.361387		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171309		73.00
74.00	07400 RENAL DIALYSIS	0.292510		74.00
76.97	07697 CARDIAC REHABILITATION	0.480550		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.720301		90.00
90.01	09001 IBMT JOINT VENTURE	1.081599		90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0.695673		90.02
90.03	09003 SOUTH INDY MRI & REHAB	0.599983		90.03
90.04	09004 BARIATRICS	0.000000		90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0.439012		90.05
90.06	09006 CARDIAC REHAB	0.000000		90.06
91.00	09100 EMERGENCY	0.112461		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.555742		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
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: 150162

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 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		55,493,915	0	55,493,915	30.00
31.00	03100	INTENSIVE CARE UNIT		14,433,244	0	14,433,244	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		6,361,266	0	6,361,266	31.01
32.00	03200	CORONARY CARE UNIT		18,777,578	0	18,777,578	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		9,587,270	0	9,587,270	34.00
41.00	04100	SUBPROVIDER - IRF		5,180,200	0	5,180,200	41.00
43.00	04300	NURSERY		2,106,698	0	2,106,698	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM		41,252,077	12,700	41,264,777	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		6,128,626	0	6,128,626	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		35,719,479	81,042	35,800,521	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC		1,150,930	0	1,150,930	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0	54.02
54.03	03630	ULTRA SOUND		1,834,967	0	1,834,967	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC		3,442,945	0	3,442,945	55.00
56.00	05600	RADIOISOTOPE		1,476,395	0	1,476,395	56.00
59.00	05900	CARDIAC CATHETERIZATION		6,183,122	0	6,183,122	59.00
60.00	06000	LABORATORY		28,471,931	29,734	28,501,665	60.00
64.00	06400	INTRAVENOUS THERAPY		554,821	0	554,821	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,656,250	12,481	10,668,731	65.00
66.00	06600	PHYSICAL THERAPY	0	8,093,161	0	8,093,161	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	2,040,826	0	2,040,826	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,248,123	0	1,248,123	68.00
69.00	06900	ELECTROCARDIOLOGY		3,429,079	0	3,429,079	69.00
69.01	06901	CARDIAC CATH LAB		0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY		3,868,404	15,524	3,883,928	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		37,567,668	0	37,567,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		26,083,981	0	26,083,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		56,115,500	0	56,115,500	73.00
74.00	07400	RENAL DIALYSIS		1,621,865	3,046	1,624,911	74.00
76.97	07697	CARDIAC REHABILITATION		727,911	0	727,911	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC		14,069,932	76,093	14,146,025	90.00
90.01	09001	IBMT JOINT VENTURE		5,457,529	63,452	5,520,981	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER		4,257,746	0	4,257,746	90.02
90.03	09003	SOUTH INDY MRI & REHAB		89,989	0	89,989	90.03
90.04	09004	BARIATRICS		0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES		12,014,298	0	12,014,298	90.05
90.06	09006	CARDIAC REHAB		0	0	0	90.06
91.00	09100	EMERGENCY		19,599,083	17,554	19,616,637	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		7,344,339	0	7,344,339	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY		6,553,660	0	6,553,660	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE		7,776,813		7,776,813	116.00
200.00		Subtotal (see instructions)	0	466,771,621	311,626	467,083,247	200.00
201.00		Less Observation Beds		7,344,339		7,344,339	201.00
202.00		Total (see instructions)	0	459,427,282	311,626	459,738,908	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/26/2015 12:47 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	79,112,009		79,112,009			30.00
31.00	03100	INTENSIVE CARE UNIT	22,598,300		22,598,300			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	15,547,341		15,547,341			31.01
32.00	03200	CORONARY CARE UNIT	21,221,676		21,221,676			32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	14,716,168		14,716,168			34.00
41.00	04100	SUBPROVIDER - IRF	7,926,619		7,926,619			41.00
43.00	04300	NURSERY	5,611,391		5,611,391			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	85,448,175	72,561,209	158,009,384	0.261074	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,049,062	66,742	25,115,804	0.244015	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,527,468	200,635,376	266,162,844	0.134202	0.000000	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	228,884	20,817,014	21,045,898	0.054687	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	0.000000	54.02
54.03	03630	ULTRA SOUND	5,939,588	14,745,858	20,685,446	0.088708	0.000000	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	42,790	22,664,857	22,707,647	0.151621	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,283,550	4,276,237	5,559,787	0.265549	0.000000	56.00
59.00	05900	CARDIAC CATHETERIZATION	31,644,912	36,606,566	68,251,478	0.090593	0.000000	59.00
60.00	06000	LABORATORY	80,487,459	113,608,588	194,096,047	0.146690	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,896,035	186,861	2,082,896	0.266370	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	44,657,475	5,233,203	49,890,678	0.213592	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	15,226,886	14,503,883	29,730,769	0.272215	0.000000	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,269,354	3,449,007	8,718,361	0.234084	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,438,277	3,111,869	5,550,146	0.224881	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,661,174	6,141,751	18,802,925	0.182369	0.000000	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0.000000	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,516,926	18,217,838	19,734,764	0.196020	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	61,283,556	29,626,894	90,910,450	0.413238	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,868,371	48,308,992	72,177,363	0.361387	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	122,839,990	204,728,041	327,568,031	0.171309	0.000000	73.00
74.00	07400	RENAL DIALYSIS	5,286,911	268,144	5,555,055	0.291962	0.000000	74.00
76.97	07697	CARDIAC REHABILITATION	1,806	1,512,941	1,514,747	0.480550	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	242,486	19,396,559	19,639,045	0.716426	0.000000	90.00
90.01	09001	IBMT JOINT VENTURE	278,636	4,825,827	5,104,463	1.069168	0.000000	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	969	6,119,360	6,120,329	0.695673	0.000000	90.02
90.03	09003	SOUTH INDY MRI & REHAB	108	149,878	149,986	0.599983	0.000000	90.03
90.04	09004	BARITRICS	0	0	0	0.000000	0.000000	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	195,749	27,170,941	27,366,690	0.439012	0.000000	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0.000000	0.000000	90.06
91.00	09100	EMERGENCY	42,146,576	132,284,000	174,430,576	0.112360	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,932,815	10,282,565	13,215,380	0.555742	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	0	8,805,179	8,805,179			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,300,668	7,300,668			116.00
200.00		Subtotal (see instructions)	805,129,492	1,037,606,848	1,842,736,340			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	805,129,492	1,037,606,848	1,842,736,340			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/26/2015 12:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		31.01
32.00	03200	CORONARY CARE UNIT		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.261154	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.244015	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134506	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0.054687	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	54.02
54.03	03630	ULTRA SOUND	0.088708	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0.151621	55.00
56.00	05600	RADIOISOTOPE	0.265549	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.090593	59.00
60.00	06000	LABORATORY	0.146843	60.00
64.00	06400	INTRAVENOUS THERAPY	0.266370	64.00
65.00	06500	RESPIRATORY THERAPY	0.213842	65.00
66.00	06600	PHYSICAL THERAPY	0.272215	66.00
66.01	06601	SPORTS MEDICINE	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.234084	67.00
68.00	06800	SPEECH PATHOLOGY	0.224881	68.00
69.00	06900	ELECTROCARDIOLOGY	0.182369	69.00
69.01	06901	CARDIAC CATH LAB	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196806	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.361387	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171309	73.00
74.00	07400	RENAL DIALYSIS	0.292510	74.00
76.97	07697	CARDIAC REHABILITATION	0.480550	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.720301	90.00
90.01	09001	IBMT JOINT VENTURE	1.081599	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0.695673	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0.599983	90.03
90.04	09004	BARITRICS	0.000000	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.439012	90.05
90.06	09006	CARDIAC REHAB	0.000000	90.06
91.00	09100	EMERGENCY	0.112461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.555742	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
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: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/26/2015 12:47 pm
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Cost Center Description		Title XIX					Hospital	PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	41,252,077	7,562,717	33,689,360	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,128,626	1,342,044	4,786,582	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,719,479	6,942,404	28,777,075	0	0	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	1,150,930	27,846	1,123,084	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	1,834,967	261,764	1,573,203	0	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	3,442,945	61,289	3,381,656	0	0	55.00
56.00	05600	RADIOISOTOPE	1,476,395	32,847	1,443,548	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,183,122	2,059,684	4,123,438	0	0	59.00
60.00	06000	LABORATORY	28,471,931	2,697,463	25,774,468	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	554,821	51,285	503,536	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,656,250	699,378	9,956,872	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,093,161	976,307	7,116,854	0	0	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,040,826	47,655	1,993,171	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,248,123	80,785	1,167,338	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,429,079	1,102,452	2,326,627	0	0	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,868,404	78,831	3,789,573	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,567,668	1,124,690	36,442,978	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,083,981	769,004	25,314,977	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	56,115,500	2,127,518	53,987,982	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,621,865	457,045	1,164,820	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	727,911	16,607	711,304	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	14,069,932	2,823,859	11,246,073	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	5,457,529	304,715	5,152,814	0	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	4,257,746	1,296,658	2,961,088	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	89,989	1,577	88,412	0	0	90.03
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	12,014,298	196,076	11,818,222	0	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	19,599,083	4,017,938	15,581,145	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,344,339	1,460,275	5,884,064	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	6,553,660	106,730	6,446,930	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	7,776,813	525,903	7,250,910	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	354,831,450	39,253,346	315,578,104	0	0	200.00
201.00		Less Observation Beds	7,344,339	1,460,275	5,884,064	0	0	201.00
202.00		Total (line 200 minus line 201)	347,487,111	37,793,071	309,694,040	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/26/2015 12:47 pm
		Title XIX		Hospital
				PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	41,252,077	158,009,384	0.261074	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,128,626	25,115,804	0.244015	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	35,719,479	266,162,844	0.134202	54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	1,150,930	21,045,898	0.054687	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	54.02
54.03 03630 ULTRA SOUND	1,834,967	20,685,446	0.088708	54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	3,442,945	22,707,647	0.151621	55.00
56.00 05600 RADIOISOTOPE	1,476,395	5,559,787	0.265549	56.00
59.00 05900 CARDIAC CATHETERIZATION	6,183,122	68,251,478	0.090593	59.00
60.00 06000 LABORATORY	28,471,931	194,096,047	0.146690	60.00
64.00 06400 INTRAVENOUS THERAPY	554,821	2,082,896	0.266370	64.00
65.00 06500 RESPIRATORY THERAPY	10,656,250	49,890,678	0.213592	65.00
66.00 06600 PHYSICAL THERAPY	8,093,161	29,730,769	0.272215	66.00
66.01 06601 SPORTS MEDICINE	0	0	0.000000	66.01
67.00 06700 OCCUPATIONAL THERAPY	2,040,826	8,718,361	0.234084	67.00
68.00 06800 SPEECH PATHOLOGY	1,248,123	5,550,146	0.224881	68.00
69.00 06900 ELECTROCARDIOLOGY	3,429,079	18,802,925	0.182369	69.00
69.01 06901 CARDIAC CATH LAB	0	0	0.000000	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	3,868,404	19,734,764	0.196020	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	37,567,668	90,910,450	0.413238	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	26,083,981	72,177,363	0.361387	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	56,115,500	327,568,031	0.171309	73.00
74.00 07400 RENAL DIALYSIS	1,621,865	5,555,055	0.291962	74.00
76.97 07697 CARDIAC REHABILITATION	727,911	1,514,747	0.480550	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	14,069,932	19,639,045	0.716426	90.00
90.01 09001 IBMT JOINT VENTURE	5,457,529	5,104,463	1.069168	90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	4,257,746	6,120,329	0.695673	90.02
90.03 09003 SOUTH INDY MRI & REHAB	89,989	149,986	0.599983	90.03
90.04 09004 BARIATRICS	0	0	0.000000	90.04
90.05 09005 CV DIAGNOSTIC SERVICES	12,014,298	27,366,690	0.439012	90.05
90.06 09006 CARDIAC REHAB	0	0	0.000000	90.06
91.00 09100 EMERGENCY	19,599,083	174,430,576	0.112360	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,344,339	13,215,380	0.555742	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00 10100 HOME HEALTH AGENCY	6,553,660	8,805,179	0.744296	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 11300 INTEREST EXPENSE				113.00
116.00 11600 HOSPICE	7,776,813	7,300,668	1.065219	116.00
200.00	Subtotal (sum of lines 50 thru 199)	354,831,450	1,676,002,836	200.00
201.00	Less Observation Beds	7,344,339	0	201.00
202.00	Total (line 200 minus line 201)	347,487,111	1,676,002,836	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 12:47 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	11,033,873	0	11,033,873	56,617	194.89	30.00
31.00	INTENSIVE CARE UNIT	2,002,451		2,002,451	9,739	205.61	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	742,912		742,912	4,656	159.56	31.01
32.00	CORONARY CARE UNIT	3,805,377		3,805,377	12,067	315.35	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,090,256		2,090,256	6,673	313.24	34.00
41.00	SUBPROVIDER - IRF	1,302,247	0	1,302,247	4,104	317.31	41.00
43.00	NURSERY	378,910		378,910	4,419	85.75	43.00
200.00	Total (lines 30-199)	21,356,026		21,356,026	98,275		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	19,302	3,761,767				30.00
31.00	INTENSIVE CARE UNIT	5,265	1,082,537				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	6,835	2,155,417				32.00
34.00	SURGICAL INTENSIVE CARE UNIT	3,757	1,176,843				34.00
41.00	SUBPROVIDER - IRF	2,251	714,265				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	37,410	8,890,829				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 12:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	7,562,717	158,009,384	0.047862	25,665,567	1,228,405 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,342,044	25,115,804	0.053434	70,747	3,780 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,942,404	266,162,844	0.026083	29,688,713	774,371 54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	27,846	21,045,898	0.001323	134,514	178 54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0	0 54.02
54.03	03630 ULTRA SOUND	261,764	20,685,446	0.012655	2,776,594	35,138 54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	61,289	22,707,647	0.002699	40,184	108 55.00
56.00	05600 RADIOISOTOPE	32,847	5,559,787	0.005908	617,582	3,649 56.00
59.00	05900 CARDIAC CATHETERIZATION	2,059,684	68,251,478	0.030178	10,663,188	321,794 59.00
60.00	06000 LABORATORY	2,697,463	194,096,047	0.013898	33,922,467	471,454 60.00
64.00	06400 INTRAVENOUS THERAPY	51,285	2,082,896	0.024622	786,316	19,361 64.00
65.00	06500 RESPIRATORY THERAPY	699,378	49,890,678	0.014018	18,109,533	253,859 65.00
66.00	06600 PHYSICAL THERAPY	976,307	29,730,769	0.032838	6,421,819	210,880 66.00
66.01	06601 SPORTS MEDICINE	0	0	0.000000	0	0 66.01
67.00	06700 OCCUPATIONAL THERAPY	47,655	8,718,361	0.005466	1,988,727	10,870 67.00
68.00	06800 SPEECH PATHOLOGY	80,785	5,550,146	0.014555	704,327	10,251 68.00
69.00	06900 ELECTROCARDIOLOGY	1,102,452	18,802,925	0.058632	6,647,137	389,735 69.00
69.01	06901 CARDIAC CATH LAB	0	0	0.000000	0	0 69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	78,831	19,734,764	0.003995	588,347	2,350 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,124,690	90,910,450	0.012371	40,909,341	506,089 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	769,004	72,177,363	0.010654	17,944,918	191,185 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,127,518	327,568,031	0.006495	50,774,961	329,783 73.00
74.00	07400 RENAL DIALYSIS	457,045	5,555,055	0.082276	3,057,323	251,544 74.00
76.97	07697 CARDIAC REHABILITATION	16,607	1,514,747	0.010964	258	3 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	2,823,859	19,639,045	0.143788	80,347	11,553 90.00
90.01	09001 IBMT JOINT VENTURE	304,715	5,104,463	0.059696	49,766	2,971 90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	1,296,658	6,120,329	0.211861	0	0 90.02
90.03	09003 SOUTH INDY MRI & REHAB	1,577	149,986	0.010514	0	0 90.03
90.04	09004 BARIATRICS	0	0	0.000000	0	0 90.04
90.05	09005 CV DIAGNOSTIC SERVICES	196,076	27,366,690	0.007165	25,525	183 90.05
90.06	09006 CARDIAC REHAB	0	0	0.000000	0	0 90.06
91.00	09100 EMERGENCY	4,017,938	174,430,576	0.023035	19,818,112	456,510 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,460,275	13,215,380	0.110498	1,499,382	165,679 92.00
200.00	Total (lines 50-199)	38,620,713	1,659,896,989		272,985,695	5,651,683 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 12:47 pm
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	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	56,617	0.00	19,302	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,739	0.00	5,265	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,656	0.00	0	0	31.01
32.00	03200	CORONARY CARE UNIT	12,067	0.00	6,835	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,673	0.00	3,757	0	34.00
41.00	04100	SUBPROVIDER - IRF	4,104	0.00	2,251	0	41.00
43.00	04300	NURSERY	4,419	0.00	0	0	43.00
200.00		Total (lines 30-199)	98,275		37,410	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150162

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	327,480	0	327,480	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	327,480	0	327,480	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:47 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	158,009,384	0.000000	0.000000	25,665,567	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	25,115,804	0.000000	0.000000	70,747	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	266,162,844	0.000000	0.000000	29,688,713	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	21,045,898	0.000000	0.000000	134,514	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0.000000	0	54.02
54.03	03630 ULTRA SOUND	0	20,685,446	0.000000	0.000000	2,776,594	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	22,707,647	0.000000	0.000000	40,184	55.00
56.00	05600 RADIOISOTOPE	0	5,559,787	0.000000	0.000000	617,582	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	68,251,478	0.000000	0.000000	10,663,188	59.00
60.00	06000 LABORATORY	327,480	194,096,047	0.001687	0.001687	33,922,467	60.00
64.00	06400 INTRAVENOUS THERAPY	0	2,082,896	0.000000	0.000000	786,316	64.00
65.00	06500 RESPIRATORY THERAPY	0	49,890,678	0.000000	0.000000	18,109,533	65.00
66.00	06600 PHYSICAL THERAPY	0	29,730,769	0.000000	0.000000	6,421,819	66.00
66.01	06601 SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	8,718,361	0.000000	0.000000	1,988,727	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,550,146	0.000000	0.000000	704,327	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,802,925	0.000000	0.000000	6,647,137	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	19,734,764	0.000000	0.000000	588,347	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,910,450	0.000000	0.000000	40,909,341	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72,177,363	0.000000	0.000000	17,944,918	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	327,568,031	0.000000	0.000000	50,774,961	73.00
74.00	07400 RENAL DIALYSIS	0	5,555,055	0.000000	0.000000	3,057,323	74.00
76.97	07697 CARDIAC REHABILITATION	0	1,514,747	0.000000	0.000000	258	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	19,639,045	0.000000	0.000000	80,347	90.00
90.01	09001 IBMT JOINT VENTURE	0	5,104,463	0.000000	0.000000	49,766	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	6,120,329	0.000000	0.000000	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	149,986	0.000000	0.000000	0	90.03
90.04	09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	27,366,690	0.000000	0.000000	25,525	90.05
90.06	09006 CARDIAC REHAB	0	0	0.000000	0.000000	0	90.06
91.00	09100 EMERGENCY	0	174,430,576	0.000000	0.000000	19,818,112	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,215,380	0.000000	0.000000	1,499,382	92.00
200.00	Total (lines 50-199)	327,480	1,659,896,989			272,985,695	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:47 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	15,889,247	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	65,869,023	0	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	8,819,565	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.02
54.03	03630 ULTRA SOUND	0	2,843,278	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	2,814,409	0	55.00
56.00	05600 RADIOISOTOPE	0	1,193,881	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	15,088,032	0	59.00
60.00	06000 LABORATORY	57,227	13,523,398	22,814	60.00
64.00	06400 INTRAVENOUS THERAPY	0	87,530	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,495,708	0	65.00
66.00	06600 PHYSICAL THERAPY	0	7,774	0	66.00
66.01	06601 SPORTS MEDICINE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	20,005	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,798,432	0	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,972,211	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,065,175	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	11,889,499	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	69,653,929	0	73.00
74.00	07400 RENAL DIALYSIS	0	117,381	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	622,828	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	5,113,308	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	238,618	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	1,420,994	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	0	0	90.03
90.04	09004 BARIATRICS	0	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	11,850,208	0	90.05
90.06	09006 CARDIAC REHAB	0	0	0	90.06
91.00	09100 EMERGENCY	0	25,153,878	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,169,082	0	92.00
200.00	Total (lines 50-199)	57,227	276,717,393	22,814	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 12:47 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	0.261074	15,889,247	0	0	4,148,269	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.244015	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134202	65,869,023	0	0	8,839,755	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0.054687	8,819,565	0	0	482,316	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	0.088708	2,843,278	0	0	252,222	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0.151621	2,814,409	0	0	426,724	55.00
56.00	05600	RADIOISOTOPE	0.265549	1,193,881	0	0	317,034	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.090593	15,088,032	0	0	1,366,870	59.00
60.00	06000	LABORATORY	0.146690	13,523,398	24,713	0	1,983,747	60.00
64.00	06400	INTRAVENOUS THERAPY	0.266370	87,530	0	0	23,315	64.00
65.00	06500	RESPIRATORY THERAPY	0.213592	1,495,708	0	0	319,471	65.00
66.00	06600	PHYSICAL THERAPY	0.272215	7,774	0	0	2,116	66.00
66.01	06601	SPORTS MEDICINE	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.234084	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.224881	20,005	0	0	4,499	68.00
69.00	06900	ELECTROCARDIOLOGY	0.182369	1,798,432	0	0	327,978	69.00
69.01	06901	CARDIAC CATH LAB	0.000000	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196020	3,972,211	0	0	778,633	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413238	15,065,175	4,310	0	6,225,503	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.361387	11,889,499	0	0	4,296,710	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171309	69,653,929	169,644	0	11,932,345	73.00
74.00	07400	RENAL DIALYSIS	0.291962	117,381	0	0	34,271	74.00
76.97	07697	CARDIAC REHABILITATION	0.480550	622,828	0	0	299,300	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0.716426	5,113,308	0	0	3,663,307	90.00
90.01	09001	IBMT JOINT VENTURE	1.069168	238,618	0	0	255,123	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0.695673	1,420,994	0	0	988,547	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0.599983	0	0	0	0	90.03
90.04	09004	BARITRICS	0.000000	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.439012	11,850,208	0	0	5,202,384	90.05
90.06	09006	CARDIAC REHAB	0.000000	0	0	0	0	90.06
91.00	09100	EMERGENCY	0.112360	25,153,878	1,224	0	2,826,290	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.555742	2,169,082	0	0	1,205,450	92.00
200.00		Subtotal (see instructions)		276,717,393	199,891	0	56,202,179	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		276,717,393	199,891	0	56,202,179	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 12:47 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
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
54.03 03630 ULTRA SOUND	0	0		54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	3,625	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 SPORTS MEDICINE	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC CATH LAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,781	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	29,062	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 IBMT JOINT VENTURE	0	0		90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	0		90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	0		90.03
90.04 09004 BARIATRICS	0	0		90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	0		90.05
90.06 09006 CARDIAC REHAB	0	0		90.06
91.00 09100 EMERGENCY	138	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	34,606	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	34,606	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 12:47 pm	
		Component CCN: 15T162		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	7,562,717	158,009,384	0.047862	29,225	1,399	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,342,044	25,115,804	0.053434	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,942,404	266,162,844	0.026083	223,945	5,841	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	27,846	21,045,898	0.001323	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0	0	54.02
54.03	03630 ULTRA SOUND	261,764	20,685,446	0.012655	48,381	612	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	61,289	22,707,647	0.002699	2,156	6	55.00
56.00	05600 RADIOISOTOPE	32,847	5,559,787	0.005908	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	2,059,684	68,251,478	0.030178	0	0	59.00
60.00	06000 LABORATORY	2,697,463	194,096,047	0.013898	426,726	5,931	60.00
64.00	06400 INTRAVENOUS THERAPY	51,285	2,082,896	0.024622	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	699,378	49,890,678	0.014018	271,366	3,804	65.00
66.00	06600 PHYSICAL THERAPY	976,307	29,730,769	0.032838	1,348,853	44,294	66.00
66.01	06601 SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	47,655	8,718,361	0.005466	1,120,606	6,125	67.00
68.00	06800 SPEECH PATHOLOGY	80,785	5,550,146	0.014555	425,128	6,188	68.00
69.00	06900 ELECTROCARDIOLOGY	1,102,452	18,802,925	0.058632	22,814	1,338	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0.000000	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	78,831	19,734,764	0.003995	747	3	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,124,690	90,910,450	0.012371	521,363	6,450	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	769,004	72,177,363	0.010654	1,184	13	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,127,518	327,568,031	0.006495	638,382	4,146	73.00
74.00	07400 RENAL DIALYSIS	457,045	5,555,055	0.082276	86,159	7,089	74.00
76.97	07697 CARDIAC REHABILITATION	16,607	1,514,747	0.010964	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	2,823,859	19,639,045	0.143788	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	304,715	5,104,463	0.059696	0	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	1,296,658	6,120,329	0.211861	0	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	1,577	149,986	0.010514	0	0	90.03
90.04	09004 BARIATRICS	0	0	0.000000	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	196,076	27,366,690	0.007165	11,124	80	90.05
90.06	09006 CARDIAC REHAB	0	0	0.000000	0	0	90.06
91.00	09100 EMERGENCY	4,017,938	174,430,576	0.023035	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,215,380	0.000000	0	0	92.00
200.00	Total (lines 50-199)	37,160,438	1,659,896,989		5,178,159	93,319	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:47 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03 03630 ULTRA SOUND	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	327,480	0	327,480	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 06601 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 06901 CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
90.06 09006 CARDIAC REHAB	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	327,480	0	327,480	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:47 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	158,009,384	0.000000	0.000000	29,225	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	25,115,804	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	266,162,844	0.000000	0.000000	223,945	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	21,045,898	0.000000	0.000000	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0.000000	0	54.02
54.03	03630 ULTRA SOUND	0	20,685,446	0.000000	0.000000	48,381	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	22,707,647	0.000000	0.000000	2,156	55.00
56.00	05600 RADIOISOTOPE	0	5,559,787	0.000000	0.000000	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	68,251,478	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	327,480	194,096,047	0.001687	0.001687	426,726	60.00
64.00	06400 INTRAVENOUS THERAPY	0	2,082,896	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	49,890,678	0.000000	0.000000	271,366	65.00
66.00	06600 PHYSICAL THERAPY	0	29,730,769	0.000000	0.000000	1,348,853	66.00
66.01	06601 SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	8,718,361	0.000000	0.000000	1,120,606	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,550,146	0.000000	0.000000	425,128	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,802,925	0.000000	0.000000	22,814	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	19,734,764	0.000000	0.000000	747	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,910,450	0.000000	0.000000	521,363	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72,177,363	0.000000	0.000000	1,184	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	327,568,031	0.000000	0.000000	638,382	73.00
74.00	07400 RENAL DIALYSIS	0	5,555,055	0.000000	0.000000	86,159	74.00
76.97	07697 CARDIAC REHABILITATION	0	1,514,747	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	19,639,045	0.000000	0.000000	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	5,104,463	0.000000	0.000000	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	6,120,329	0.000000	0.000000	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	149,986	0.000000	0.000000	0	90.03
90.04	09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	27,366,690	0.000000	0.000000	11,124	90.05
90.06	09006 CARDIAC REHAB	0	0	0.000000	0.000000	0	90.06
91.00	09100 EMERGENCY	0	174,430,576	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,215,380	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	327,480	1,659,896,989			5,178,159	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:47 pm
	Component CCN: 15T162	Title XVIIII	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.02
54.03 03630 ULTRA SOUND	0	0	0	54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	720	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 SPORTS MEDICINE	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901 CARDIAC CATH LAB	0	0	0	69.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	0	90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	0	0	90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	0	0	90.03
90.04 09004 BARIATRICS	0	0	0	90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	0	90.05
90.06 09006 CARDIAC REHAB	0	0	0	90.06
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)	720	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/26/2015 12:47 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	11,033,873	0	11,033,873	56,617	194.89	30.00
31.00	INTENSIVE CARE UNIT	2,002,451		2,002,451	9,739	205.61	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	742,912		742,912	4,656	159.56	31.01
32.00	CORONARY CARE UNIT	3,805,377		3,805,377	12,067	315.35	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,090,256		2,090,256	6,673	313.24	34.00
41.00	SUBPROVIDER - IRF	1,302,247	0	1,302,247	4,104	317.31	41.00
43.00	NURSERY	378,910		378,910	4,419	85.75	43.00
200.00	Total (lines 30-199)	21,356,026		21,356,026	98,275		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,130	610,006				
31.00	INTENSIVE CARE UNIT	616	126,656				
31.01	NEONATAL INTENSIVE CARE UNIT	294	46,911				
32.00	CORONARY CARE UNIT	763	240,612				
34.00	SURGICAL INTENSIVE CARE UNIT	422	132,187				
41.00	SUBPROVIDER - IRF	152	48,231				
43.00	NURSERY	280	24,010				
200.00	Total (lines 30-199)	5,657	1,228,613				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/26/2015 12:47 pm
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Cost Center Description		Capital Related Cost (from Wkst. C, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	7,562,717	158,009,384	0.047862	3,728,315	178,445	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,342,044	25,115,804	0.053434	8,511,777	454,818	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,942,404	266,162,844	0.026083	4,692,924	122,406	54.00	
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	27,846	21,045,898	0.001323	15,200	20	54.01	
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0	0	54.02	
54.03	03630 ULTRA SOUND	261,764	20,685,446	0.012655	607,868	7,693	54.03	
55.00	05500 RADIOLOGY - THERAPEUTIC	61,289	22,707,647	0.002699	450	1	55.00	
56.00	05600 RADIOISOTOPE	32,847	5,559,787	0.005908	95,099	562	56.00	
59.00	05900 CARDIAC CATHETERIZATION	2,059,684	68,251,478	0.030178	1,072,462	32,365	59.00	
60.00	06000 LABORATORY	2,697,463	194,096,047	0.013898	7,929,960	110,211	60.00	
64.00	06400 INTRAVENOUS THERAPY	51,285	2,082,896	0.024622	128,269	3,158	64.00	
65.00	06500 RESPIRATORY THERAPY	699,378	49,890,678	0.014018	4,505,954	63,164	65.00	
66.00	06600 PHYSICAL THERAPY	976,307	29,730,769	0.032838	731,934	24,035	66.00	
66.01	06601 SPORTS MEDICINE	0	0	0.000000	0	0	66.01	
67.00	06700 OCCUPATIONAL THERAPY	47,655	8,718,361	0.005466	535,418	2,927	67.00	
68.00	06800 SPEECH PATHOLOGY	80,785	5,550,146	0.014555	126,100	1,835	68.00	
69.00	06900 ELECTROCARDIOLOGY	1,102,452	18,802,925	0.058632	783,094	45,914	69.00	
69.01	06901 CARDIAC CATH LAB	0	0	0.000000	0	0	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	78,831	19,734,764	0.003995	146,484	585	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,124,690	90,910,450	0.012371	7,464,944	92,349	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	769,004	72,177,363	0.010654	1,817,673	19,365	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	2,127,518	327,568,031	0.006495	11,515,626	74,794	73.00	
74.00	07400 RENAL DIALYSIS	457,045	5,555,055	0.082276	460,949	37,925	74.00	
76.97	07697 CARDIAC REHABILITATION	16,607	1,514,747	0.010964	0	0	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000 CLINIC	2,823,859	19,639,045	0.143788	7,419	1,067	90.00	
90.01	09001 IBMT JOINT VENTURE	304,715	5,104,463	0.059696	85,640	5,112	90.01	
90.02	09002 PSYCHIATRIC COUNSELING CENTER	1,296,658	6,120,329	0.211861	0	0	90.02	
90.03	09003 SOUTH INDY MRI & REHAB	1,577	149,986	0.010514	0	0	90.03	
90.04	09004 BARIATRICS	0	0	0.000000	0	0	90.04	
90.05	09005 CV DIAGNOSTIC SERVICES	196,076	27,366,690	0.007165	99	1	90.05	
90.06	09006 CARDIAC REHAB	0	0	0.000000	0	0	90.06	
91.00	09100 EMERGENCY	4,017,938	174,430,576	0.023035	3,713,900	85,550	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,460,275	13,215,380	0.110498	387,482	42,816	92.00	
200.00	Total (lines 50-199)	38,620,713	1,659,896,989		59,065,040	1,407,118	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/26/2015 12:47 pm
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,617	0.00	3,130	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,739	0.00	616	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,656	0.00	294	0		31.01
32.00	03200	CORONARY CARE UNIT	12,067	0.00	763	0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,673	0.00	422	0		34.00
41.00	04100	SUBPROVIDER - IRF	4,104	0.00	152	0		41.00
43.00	04300	NURSERY	4,419	0.00	280	0		43.00
200.00		Total (lines 30-199)	98,275		5,657	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150162

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/26/2015 12:47 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	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	54.01	
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02	
54.03	03630	ULTRA SOUND	0	0	0	0	0	54.03	
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	327,480	0	327,480	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	90.01	
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	90.02	
90.03	09003	SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03	
90.04	09004	BARIATRICS	0	0	0	0	0	90.04	
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05	
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
200.00		Total (lines 50-199)	0	0	327,480	0	327,480	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:47 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	158,009,384	0.000000	0.000000	3,728,315	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,115,804	0.000000	0.000000	8,511,777	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	266,162,844	0.000000	0.000000	4,692,924	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	21,045,898	0.000000	0.000000	15,200	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0.000000	0	54.02
54.03	03630	ULTRA SOUND	0	20,685,446	0.000000	0.000000	607,868	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	22,707,647	0.000000	0.000000	450	55.00
56.00	05600	RADIOISOTOPE	0	5,559,787	0.000000	0.000000	95,099	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,251,478	0.000000	0.000000	1,072,462	59.00
60.00	06000	LABORATORY	327,480	194,096,047	0.001687	0.001687	7,929,960	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,082,896	0.000000	0.000000	128,269	64.00
65.00	06500	RESPIRATORY THERAPY	0	49,890,678	0.000000	0.000000	4,505,954	65.00
66.00	06600	PHYSICAL THERAPY	0	29,730,769	0.000000	0.000000	731,934	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	8,718,361	0.000000	0.000000	535,418	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,550,146	0.000000	0.000000	126,100	68.00
69.00	06900	ELECTROCARDIOLOGY	0	18,802,925	0.000000	0.000000	783,094	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,734,764	0.000000	0.000000	146,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,910,450	0.000000	0.000000	7,464,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72,177,363	0.000000	0.000000	1,817,673	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	327,568,031	0.000000	0.000000	11,515,626	73.00
74.00	07400	RENAL DIALYSIS	0	5,555,055	0.000000	0.000000	460,949	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,514,747	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	19,639,045	0.000000	0.000000	7,419	90.00
90.01	09001	IBMT JOINT VENTURE	0	5,104,463	0.000000	0.000000	85,640	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	6,120,329	0.000000	0.000000	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	149,986	0.000000	0.000000	0	90.03
90.04	09004	BARIATRICS	0	0	0.000000	0.000000	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	27,366,690	0.000000	0.000000	99	90.05
90.06	09006	CARDIAC REHAB	0	0	0.000000	0.000000	0	90.06
91.00	09100	EMERGENCY	0	174,430,576	0.000000	0.000000	3,713,900	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,215,380	0.000000	0.000000	387,482	92.00
200.00		Total (lines 50-199)	327,480	1,659,896,989			59,065,040	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150162

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

Worksheet D  
Part IV  
Date/Time Prepared:  
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Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		54.02
54.03	03630 ULTRA SOUND	0	0	0		54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	13,378	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 SPORTS MEDICINE	0	0	0		66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
69.01	06901 CARDIAC CATH LAB	0	0	0		69.01
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
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 IBMT JOINT VENTURE	0	0	0		90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	0	0		90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	0	0		90.03
90.04	09004 BARIATRICS	0	0	0		90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	0	0		90.05
90.06	09006 CARDIAC REHAB	0	0	0		90.06
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)	13,378	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 12:47 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	0.261074	0	5,779,242	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.244015	0	24,242	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.134202	0	22,490,324	0	0
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0.054687	0	788,030	0	0
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0
54.03 03630 ULTRA SOUND	0.088708	0	3,341,171	0	0
55.00 05500 RADIOLOGY - THERAPEUTIC	0.151621	0	713,889	0	0
56.00 05600 RADIOISOTOPE	0.265549	0	351,795	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.090593	0	1,884,551	0	0
60.00 06000 LABORATORY	0.146690	0	15,604,316	0	0
64.00 06400 INTRAVENOUS THERAPY	0.266370	0	7,838	0	0
65.00 06500 RESPIRATORY THERAPY	0.213592	0	783,617	0	0
66.00 06600 PHYSICAL THERAPY	0.272215	0	2,253,851	0	0
66.01 06601 SPORTS MEDICINE	0.000000	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.234084	0	1,301,025	0	0
68.00 06800 SPEECH PATHOLOGY	0.224881	0	1,547,144	0	0
69.00 06900 ELECTROCARDIOLOGY	0.182369	0	771,206	0	0
69.01 06901 CARDIAC CATH LAB	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.196020	0	2,700,481	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413238	0	4,698,420	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.361387	0	1,779,512	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.171309	0	17,253,973	0	0
74.00 07400 RENAL DIALYSIS	0.291962	0	59,890	0	0
76.97 07697 CARDIAC REHABILITATION	0.480550	0	42,621	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000 CLINIC	0.716426	0	1,788,129	0	0
90.01 09001 IBMT JOINT VENTURE	1.069168	0	125,665	0	0
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0.695673	0	1,907,270	0	0
90.03 09003 SOUTH INDY MRI & REHAB	0.599983	0	0	0	0
90.04 09004 BARIATRICS	0.000000	0	0	0	0
90.05 09005 CV DIAGNOSTIC SERVICES	0.439012	0	1,191,551	0	0
90.06 09006 CARDIAC REHAB	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.112360	0	31,621,792	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.555742	0	2,238,487	0	0
200.00	Subtotal (see instructions)	0	123,050,032	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)	0	123,050,032	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/26/2015 12:47 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	1,508,810	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,915	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,018,246	0	54.00
54.01 05402	CARDIAC NUCLEAR DIAGNOSTIC	43,095	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
54.03 03630	ULTRA SOUND	296,389	0	54.03
55.00 05500	RADIOLOGY - THERAPEUTIC	108,241	0	55.00
56.00 05600	RADIOISOTOPE	93,419	0	56.00
59.00 05900	CARDIAC CATHETERIZATION	170,727	0	59.00
60.00 06000	LABORATORY	2,288,997	0	60.00
64.00 06400	INTRAVENOUS THERAPY	2,088	0	64.00
65.00 06500	RESPIRATORY THERAPY	167,374	0	65.00
66.00 06600	PHYSICAL THERAPY	613,532	0	66.00
66.01 06601	SPORTS MEDICINE	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	304,549	0	67.00
68.00 06800	SPEECH PATHOLOGY	347,923	0	68.00
69.00 06900	ELECTROCARDIOLOGY	140,644	0	69.00
69.01 06901	CARDIAC CATH LAB	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	529,348	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,941,566	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	643,093	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,955,761	0	73.00
74.00 07400	RENAL DIALYSIS	17,486	0	74.00
76.97 07697	CARDIAC REHABILITATION	20,482	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000	CLINIC	1,281,062	0	90.00
90.01 09001	IBMT JOINT VENTURE	134,357	0	90.01
90.02 09002	PSYCHIATRIC COUNSELING CENTER	1,326,836	0	90.02
90.03 09003	SOUTH INDY MRI & REHAB	0	0	90.03
90.04 09004	BARITRICS	0	0	90.04
90.05 09005	CV DIAGNOSTIC SERVICES	523,105	0	90.05
90.06 09006	CARDIAC REHAB	0	0	90.06
91.00 09100	EMERGENCY	3,553,025	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,244,021	0	92.00
200.00	Subtotal (see instructions)	23,280,091	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	23,280,091	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/26/2015 12:47 pm		
		Component CCN: 15T162		Title XIX		Subprovider - IRF PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,562,717	158,009,384	0.047862	47,513	2,274	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,342,044	25,115,804	0.053434	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,942,404	266,162,844	0.026083	30,327	791	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	27,846	21,045,898	0.001323	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0	0	54.02
54.03	03630	ULTRA SOUND	261,764	20,685,446	0.012655	0	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	61,289	22,707,647	0.002699	0	0	55.00
56.00	05600	RADIOISOTOPE	32,847	5,559,787	0.005908	3,807	22	56.00
59.00	05900	CARDIAC CATHETERIZATION	2,059,684	68,251,478	0.030178	0	0	59.00
60.00	06000	LABORATORY	2,697,463	194,096,047	0.013898	67,446	937	60.00
64.00	06400	INTRAVENOUS THERAPY	51,285	2,082,896	0.024622	4,749	117	64.00
65.00	06500	RESPIRATORY THERAPY	699,378	49,890,678	0.014018	17,565	246	65.00
66.00	06600	PHYSICAL THERAPY	976,307	29,730,769	0.032838	231,311	7,596	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	47,655	8,718,361	0.005466	2,887	16	67.00
68.00	06800	SPEECH PATHOLOGY	80,785	5,550,146	0.014555	2,957	43	68.00
69.00	06900	ELECTROCARDIOLOGY	1,102,452	18,802,925	0.058632	4,784	280	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0.000000	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	78,831	19,734,764	0.003995	10,303	41	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,124,690	90,910,450	0.012371	16,405	203	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	769,004	72,177,363	0.010654	59,901	638	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,127,518	327,568,031	0.006495	97,959	636	73.00
74.00	07400	RENAL DIALYSIS	457,045	5,555,055	0.082276	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	16,607	1,514,747	0.010964	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	2,823,859	19,639,045	0.143788	4,447	639	90.00
90.01	09001	IBMT JOINT VENTURE	304,715	5,104,463	0.059696	0	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	1,296,658	6,120,329	0.211861	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	1,577	149,986	0.010514	0	0	90.03
90.04	09004	BARIATRICS	0	0	0.000000	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	196,076	27,366,690	0.007165	0	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0.000000	0	0	90.06
91.00	09100	EMERGENCY	4,017,938	174,430,576	0.023035	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,215,380	0.000000	0	0	92.00
200.00		Total (lines 50-199)	37,160,438	1,659,896,989		602,361	14,479	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:47 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630 ULTRA SOUND	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	327,480	0	327,480	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
90.06	09006 CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	327,480	0	327,480	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:47 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	158,009,384	0.000000	0.000000	47,513	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	25,115,804	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	266,162,844	0.000000	0.000000	30,327	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	21,045,898	0.000000	0.000000	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0.000000	0	54.02
54.03	03630 ULTRA SOUND	0	20,685,446	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	22,707,647	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,559,787	0.000000	0.000000	3,807	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	68,251,478	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	327,480	194,096,047	0.001687	0.001687	67,446	60.00
64.00	06400 INTRAVENOUS THERAPY	0	2,082,896	0.000000	0.000000	4,749	64.00
65.00	06500 RESPIRATORY THERAPY	0	49,890,678	0.000000	0.000000	17,565	65.00
66.00	06600 PHYSICAL THERAPY	0	29,730,769	0.000000	0.000000	231,311	66.00
66.01	06601 SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	8,718,361	0.000000	0.000000	2,887	67.00
68.00	06800 SPEECH PATHOLOGY	0	5,550,146	0.000000	0.000000	2,957	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,802,925	0.000000	0.000000	4,784	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	19,734,764	0.000000	0.000000	10,303	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	90,910,450	0.000000	0.000000	16,405	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72,177,363	0.000000	0.000000	59,901	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	327,568,031	0.000000	0.000000	97,959	73.00
74.00	07400 RENAL DIALYSIS	0	5,555,055	0.000000	0.000000	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	1,514,747	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	0	19,639,045	0.000000	0.000000	4,447	90.00
90.01	09001 IBMT JOINT VENTURE	0	5,104,463	0.000000	0.000000	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	6,120,329	0.000000	0.000000	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	149,986	0.000000	0.000000	0	90.03
90.04	09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	27,366,690	0.000000	0.000000	0	90.05
90.06	09006 CARDIAC REHAB	0	0	0.000000	0.000000	0	90.06
91.00	09100 EMERGENCY	0	174,430,576	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,215,380	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	327,480	1,659,896,989			602,361	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/26/2015 12:47 pm
	Component CCN: 15T162	Title XIX	Subprovider - IRF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.02
54.03 03630 ULTRA SOUND	0	0	0	54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	114	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 SPORTS MEDICINE	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901 CARDIAC CATH LAB	0	0	0	69.01
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
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	0	0	90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	0	0	90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	0	0	90.03
90.04 09004 BARIATRICS	0	0	0	90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	0	90.05
90.06 09006 CARDIAC REHAB	0	0	0	90.06
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)	114	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/26/2015 12:47 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)		56,617	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,617	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)		49,124	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		19,302	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)		55,493,915	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)		55,493,915	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)		55,493,915	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)		980.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,919,048	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)		18,919,048	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 12:47 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,433,244	9,739	1,482.00	5,265	7,802,730	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	6,361,266	4,656	1,366.25	0	0	43.01
44.00	CORONARY CARE UNIT	18,777,578	12,067	1,556.11	6,835	10,636,012	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	9,587,270	6,673	1,436.73	3,757	5,397,795	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				61,034,290		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				103,789,875		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)				8,176,564		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				5,708,910		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				13,885,474		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				89,904,401		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)				7,493		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				980.16		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				7,344,339		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 12:47 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	11,033,873	55,493,915	0.198830	7,344,339	1,460,275	90.00
91.00	Nursing School cost	0	55,493,915	0.000000	7,344,339	0	91.00
92.00	Allied health cost	0	55,493,915	0.000000	7,344,339	0	92.00
93.00	All other Medical Education	0	55,493,915	0.000000	7,344,339	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T162		Date/Time Prepared: 5/26/2015 12:47 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,104	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,104	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,104	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,251	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)		5,180,200	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)		5,180,200	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)		5,180,200	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)		1,262.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,841,280	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)		2,841,280	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T162		Date/Time Prepared: 5/26/2015 12:47 pm			
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
<b>Cost Center Description</b>							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,247,791		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,089,071		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					714,265		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					94,039		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					808,304		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,280,767		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162 Component CCN: 15T162		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 12:47 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,302,247	5,180,200	0.251389	0	0	90.00
91.00	Nursing School cost	0	5,180,200	0.000000	0	0	91.00
92.00	Allied health cost	0	5,180,200	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,180,200	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/26/2015 12:47 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)		56,617	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,617	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)		49,124	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,130	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)		4,419	15.00
16.00	Nursery days (title V or XIX only)		280	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)		55,493,915	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)		55,493,915	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)		55,493,915	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)		980.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,067,901	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,067,901	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/26/2015 12:47 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)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	2,106,698	4,419	476.74	280	133,487	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,433,244	9,739	1,482.00	616	912,912	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	6,361,266	4,656	1,366.25	294	401,678	43.01
44.00	CORONARY CARE UNIT	18,777,578	12,067	1,556.11	763	1,187,312	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	9,587,270	6,673	1,436.73	422	606,300	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,126,154	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,435,744	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,180,382	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,420,496	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,600,878	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					16,834,866	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)					7,493	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					980.16	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,344,339	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 12:47 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	11,033,873	55,493,915	0.198830	7,344,339	1,460,275	90.00
91.00	Nursing School cost	0	55,493,915	0.000000	7,344,339	0	91.00
92.00	Allied health cost	0	55,493,915	0.000000	7,344,339	0	92.00
93.00	All other Medical Education	0	55,493,915	0.000000	7,344,339	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T162		Date/Time Prepared: 5/26/2015 12:47 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,104	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,104	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,104	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)		152	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)		4,419	15.00
16.00	Nursery days (title V or XIX only)		280	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)		5,180,200	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)		5,180,200	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)		5,180,200	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)		1,262.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		191,859	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)		191,859	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T162				Date/Time Prepared: 5/26/2015 12:47 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					148,040	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					339,899	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					48,231	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					14,593	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					62,824	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					277,075	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162 Component CCN: 15T162		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/26/2015 12:47 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,302,247	5,180,200	0.251389	0	0	90.00
91.00	Nursing School cost	0	5,180,200	0.000000	0	0	91.00
92.00	Allied health cost	0	5,180,200	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,180,200	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 12:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		32,312,855	30.00
31.00	03100	INTENSIVE CARE UNIT		12,300,087	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		11,356,214	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		6,706,947	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.261154	25,665,567	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.244015	70,747	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134506	29,688,713	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0.054687	134,514	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	54.02
54.03	03630	ULTRA SOUND	0.088708	2,776,594	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0.151621	40,184	55.00
56.00	05600	RADIOISOTOPE	0.265549	617,582	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.090593	10,663,188	59.00
60.00	06000	LABORATORY	0.146843	33,922,467	60.00
64.00	06400	INTRAVENOUS THERAPY	0.266370	786,316	64.00
65.00	06500	RESPIRATORY THERAPY	0.213842	18,109,533	65.00
66.00	06600	PHYSICAL THERAPY	0.272215	6,421,819	66.00
66.01	06601	SPORTS MEDICINE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.234084	1,988,727	67.00
68.00	06800	SPEECH PATHOLOGY	0.224881	704,327	68.00
69.00	06900	ELECTROCARDIOLOGY	0.182369	6,647,137	69.00
69.01	06901	CARDIAC CATH LAB	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196806	588,347	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413238	40,909,341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.361387	17,944,918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171309	50,774,961	73.00
74.00	07400	RENAL DIALYSIS	0.292510	3,057,323	74.00
76.97	07697	CARDIAC REHABILITATION	0.480550	258	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.720301	80,347	90.00
90.01	09001	IBMT JOINT VENTURE	1.081599	49,766	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0.695673	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0.599983	0	90.03
90.04	09004	BARITRICS	0.000000	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.439012	25,525	90.05
90.06	09006	CARDIAC REHAB	0.000000	0	90.06
91.00	09100	EMERGENCY	0.112461	19,818,112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.555742	1,499,382	92.00
200.00		Total (sum of lines 50-94 and 96-98)		272,985,695	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)		272,985,695	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T162		Date/Time Prepared: 5/26/2015 12:47 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		4,346,182	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.261154	29,225	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.244015	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134506	223,945	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0.054687	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	54.02
54.03	03630	ULTRA SOUND	0.088708	48,381	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0.151621	2,156	55.00
56.00	05600	RADIOISOTOPE	0.265549	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.090593	0	59.00
60.00	06000	LABORATORY	0.146843	426,726	60.00
64.00	06400	INTRAVENOUS THERAPY	0.266370	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.213842	271,366	65.00
66.00	06600	PHYSICAL THERAPY	0.272215	1,348,853	66.00
66.01	06601	SPORTS MEDICINE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.234084	1,120,606	67.00
68.00	06800	SPEECH PATHOLOGY	0.224881	425,128	68.00
69.00	06900	ELECTROCARDIOLOGY	0.182369	22,814	69.00
69.01	06901	CARDIAC CATH LAB	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196806	747	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413238	521,363	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.361387	1,184	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171309	638,382	73.00
74.00	07400	RENAL DIALYSIS	0.292510	86,159	74.00
76.97	07697	CARDIAC REHABILITATION	0.480550	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.720301	0	90.00
90.01	09001	IBMT JOINT VENTURE	1.081599	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0.695673	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0.599983	0	90.03
90.04	09004	BARIATRICS	0.000000	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.439012	11,124	90.05
90.06	09006	CARDIAC REHAB	0.000000	0	90.06
91.00	09100	EMERGENCY	0.112461	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.555742	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,178,159	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)		5,178,159	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/26/2015 12:47 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		9,395,332	30.00
31.00	03100	INTENSIVE CARE UNIT		2,318,212	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		8,798,663	31.01
32.00	03200	CORONARY CARE UNIT		1,252,430	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		979,190	34.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		3,388,833	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.261154	3,728,315	973,664 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.244015	8,511,777	2,077,001 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.134506	4,692,924	631,226 54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0.054687	15,200	831 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0 54.02
54.03	03630	ULTRA SOUND	0.088708	607,868	53,923 54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0.151621	450	68 55.00
56.00	05600	RADIOISOTOPE	0.265549	95,099	25,253 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.090593	1,072,462	97,158 59.00
60.00	06000	LABORATORY	0.146843	7,929,960	1,164,459 60.00
64.00	06400	INTRAVENOUS THERAPY	0.266370	128,269	34,167 64.00
65.00	06500	RESPIRATORY THERAPY	0.213842	4,505,954	963,562 65.00
66.00	06600	PHYSICAL THERAPY	0.272215	731,934	199,243 66.00
66.01	06601	SPORTS MEDICINE	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.234084	535,418	125,333 67.00
68.00	06800	SPEECH PATHOLOGY	0.224881	126,100	28,357 68.00
69.00	06900	ELECTROCARDIOLOGY	0.182369	783,094	142,812 69.00
69.01	06901	CARDIAC CATH LAB	0.000000	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.196806	146,484	28,829 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413238	7,464,944	3,084,799 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.361387	1,817,673	656,883 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.171309	11,515,626	1,972,730 73.00
74.00	07400	RENAL DIALYSIS	0.292510	460,949	134,832 74.00
76.97	07697	CARDIAC REHABILITATION	0.480550	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	0.720301	7,419	5,344 90.00
90.01	09001	IBMT JOINT VENTURE	1.081599	85,640	92,628 90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0.695673	0	0 90.02
90.03	09003	SOUTH INDY MRI & REHAB	0.599983	0	0 90.03
90.04	09004	BARITRICS	0.000000	0	0 90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.439012	99	43 90.05
90.06	09006	CARDIAC REHAB	0.000000	0	0 90.06
91.00	09100	EMERGENCY	0.112461	3,713,900	417,669 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.555742	387,482	215,340 92.00
200.00		Total (sum of lines 50-94 and 96-98)		59,065,040	13,126,154 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		59,065,040	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T162		Date/Time Prepared: 5/26/2015 12:47 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100 SUBPROVIDER - IRF		342,097		41.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.261154	47,513	12,408	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.244015	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.134506	30,327	4,079	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0.054687	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	54.02
54.03	03630 ULTRA SOUND	0.088708	0	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0.151621	0	0	55.00
56.00	05600 RADIOISOTOPE	0.265549	3,807	1,011	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.090593	0	0	59.00
60.00	06000 LABORATORY	0.146843	67,446	9,904	60.00
64.00	06400 INTRAVENOUS THERAPY	0.266370	4,749	1,265	64.00
65.00	06500 RESPIRATORY THERAPY	0.213842	17,565	3,756	65.00
66.00	06600 PHYSICAL THERAPY	0.272215	231,311	62,966	66.00
66.01	06601 SPORTS MEDICINE	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.234084	2,887	676	67.00
68.00	06800 SPEECH PATHOLOGY	0.224881	2,957	665	68.00
69.00	06900 ELECTROCARDIOLOGY	0.182369	4,784	872	69.00
69.01	06901 CARDIAC CATH LAB	0.000000	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.196806	10,303	2,028	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.413238	16,405	6,779	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.361387	59,901	21,647	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.171309	97,959	16,781	73.00
74.00	07400 RENAL DIALYSIS	0.292510	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0.480550	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.720301	4,447	3,203	90.00
90.01	09001 IBMT JOINT VENTURE	1.081599	0	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0.695673	0	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0.599983	0	0	90.03
90.04	09004 BARIATRICS	0.000000	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0.439012	0	0	90.05
90.06	09006 CARDIAC REHAB	0.000000	0	0	90.06
91.00	09100 EMERGENCY	0.112461	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.555742	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		602,361	148,040	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		602,361		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 12:47 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)		52,464,473	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,867,737	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)		6,340,215	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		20,195,844	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		371.72	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)		15.30	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)		2.22	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).		-0.63	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)		16.89	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		20.31	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.26	11.00
12.00	Current year allowable FTE (see instructions)		17.15	12.00
13.00	Total allowable FTE count for the prior year.		17.08	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.		18.15	14.00
15.00	Sum of lines 12 through 14 divided by 3.		17.46	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		17.46	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.046971	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.042889	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.042889	21.00
22.00	IME payment adjustment (see instructions)		2,096,358	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)		3.42	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)		2,096,358	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.33	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.06	31.00
32.00	Sum of lines 30 and 31		20.39	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.04	33.00
34.00	Disproportionate share adjustment (see instructions)		1,062,017	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 12:47 pm	
		Title XVIII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000452432	0.000451752	35.01
35.02	Hospital uncompensated care payment (if line 34 is zero, enter zero on this line) (see instructions)		4,092,872	3,454,839	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,061,243	870,809	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		3,932,052		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)		83,762,852		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)		83,762,852		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,871,111		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).		679,703		52.00
53.00	Nursing and Allied Health Managed Care payment		41,162		53.00
54.00	Special add-on payments for new technologies		16,174		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)		57,227		58.00
59.00	Total (sum of amounts on lines 49 through 58)		91,428,229		59.00
60.00	Primary payer payments		34,742		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		91,393,487		61.00
62.00	Deductibles billed to program beneficiaries		6,177,312		62.00
63.00	Coinurance billed to program beneficiaries		269,344		63.00
64.00	Allowable bad debts (see instructions)		618,764		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		402,197		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		92,278		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		85,349,028		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		7,000		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)		139,527		70.93
70.94	HRR adjustment amount (see instructions)		-25,015		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/26/2015 12:47 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)		85,456,540		71.00
71.01	Sequestration adjustment (see instructions)		1,709,131		71.01
72.00	Interim payments		84,163,232		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)		-415,823		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)		326,341		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1 1.00	On/After 10/1 2.00	
100.00	HSP Bonus Payment Amount HSP bonus amount (see instructions)		0		100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0		101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0		102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0		104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/26/2015 12:47 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		34,606	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		56,179,365	2.00
3.00	PPS payments		44,732,601	3.00
4.00	Outlier payment (see instructions)		474,185	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		22,814	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		34,606	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		199,891	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)		199,891	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)		199,891	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		165,285	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)		34,606	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)		45,229,600	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		862	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		9,074,333	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)		36,189,011	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		354,392	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)		36,543,403	30.00
31.00	Primary payer payments		7,730	31.00
32.00	Subtotal (line 30 minus line 31)		36,535,673	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)		1,194,976	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		776,734	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		620,723	36.00
37.00	Subtotal (see instructions)		37,312,407	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-37	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)		37,312,444	40.00
40.01	Sequestration adjustment (see instructions)		746,249	40.01
41.00	Interim payments		36,197,972	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		368,223	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet E-1 Part I Date/Time Prepared: 5/26/2015 12:47 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		83,772,332		35,929,472	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	08/22/2014	390,900	08/22/2014	268,500		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)		390,900		268,500		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)		84,163,232		36,197,972		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		368,223		6.01
6.02	SETTLEMENT TO PROGRAM		415,823		0		6.02
7.00	Total Medicare program liability (see instructions)		83,747,409		36,566,195		7.00
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150162  
Component CCN: 15T162

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,008,638		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,008,638		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		6,375		0	6.02
7.00	Total Medicare program liability (see instructions)		4,002,263		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150162

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/26/2015 12:47 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			17,446 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			35,159 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			10,469 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			82,259 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,842,736,340 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			78,871,200 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,523,911 8.00
9.00	Sequestration adjustment amount (see instructions)			30,478 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,493,433 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,566,907 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)			-73,474 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/26/2015 12:47 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,473,157 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0019 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			53,487 3.00
4.00	Outlier Payments			573,266 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.243836 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,099,910 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,099,910 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,099,910 19.00
20.00	Deductibles			12,128 20.00
21.00	Subtotal (line 19 minus line 20)			4,087,782 21.00
22.00	Coinurance			4,560 22.00
23.00	Subtotal (line 21 minus line 22)			4,083,222 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,083,222 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			720 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,083,942 32.00
32.01	Sequestration adjustment (see instructions)			81,679 32.01
33.00	Interim payments			4,008,638 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			-6,375 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			573,266 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2015 12:47 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			23,280,091	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	23,280,091	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	23,280,091	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		59,065,040	123,050,032	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		59,065,040	123,050,032	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		59,065,040	123,050,032	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		59,065,040	99,769,941	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	23,280,091	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		13,378	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		13,378	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		13,378	23,280,091	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		13,378	23,280,091	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		13,378	23,280,091	36.00
37.00	OTHER ADJ - TO ZERO OUT MEDICAID PMT		-13,378	-23,280,091	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2015 12:47 pm
		Title XIX	Subprovider - IRF	PPS
			Inpatient 1.00	Outpatient 2.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital /SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges	602,361	0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	602,361	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	602,361	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	602,361	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs	114	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	114	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	114	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	114	0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	114	0	36.00
37.00	OTHER ADJ - TO ZERO OUT MEDICAID PMT	-114	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 12:47 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.40	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.63	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.97	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.81	6.00
7.00	Enter the lesser of line 5 or line 6			15.97	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	6.97	13.33	20.30	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	5.62	10.75	16.37	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.26		10.00
11.00	Total weighted FTE count	5.62	11.01		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.50	9.66		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	9.57	6.89		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	9.57	6.89		17.00
18.00	Per resident amount	116,785.24	116,785.24		18.00
19.00	Approved amount for resident costs	1,117,635	804,650	1,922,285	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.84	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,922,285	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	37,410	10,976		26.00
27.00	Total Inpatient Days (see instructions)	87,062	87,062		27.00
28.00	Ratio of inpatient days to total inpatient days	0.429694	0.126071		28.00
29.00	Program direct GME amount	825,994	242,344		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		34,243		30.00
31.00	Net Program direct GME amount			1,034,095	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/26/2015 12:47 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		5,555,055	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		107,878,946	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		34,742	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		107,844,204	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		56,236,785	42.00
43.00	Primary payer payments (see instructions)		7,730	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		56,229,055	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		164,073,259	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.657293	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.342707	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,034,095	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		679,703	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		354,392	50.00

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

Provider CCN: 150162

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

Worksheet G

Date/Time Prepared:  
5/26/2015 12:47 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	5,327,594	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	285,248,433	0	0	0	4.00
5.00	Other receivable	8,919,329	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-198,114,335	0	0	0	6.00
7.00	Inventory	8,423,474	0	0	0	7.00
8.00	Prepaid expenses	2,456,081	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	3,321,668	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	115,582,244	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	42,119,833	0	0	0	13.00
14.00	Accumulated depreciation	-15,459,663	0	0	0	14.00
15.00	Buildings	437,630,482	0	0	0	15.00
16.00	Accumulated depreciation	-160,627,886	0	0	0	16.00
17.00	Leasehold improvements	4,514,255	0	0	0	17.00
18.00	Accumulated depreciation	-1,656,912	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	145,549,389	0	0	0	23.00
24.00	Accumulated depreciation	-53,422,446	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)	398,647,052	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	28,880,811	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	36,009,352	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	64,890,163	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	579,119,459	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	28,152,152	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	17,668,487	0	0	0	39.00
40.00	Notes and loans payable (short term)	940,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	21,435,519	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	68,196,158	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-11,880,702	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-11,880,702	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	56,315,456	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	522,804,003				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)	522,804,003	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	579,119,459	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150162

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

Worksheet G-1

Date/Time Prepared:  
5/26/2015 12:47 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		558,105,512		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		269,344,701				2.00
3.00	Total (sum of line 1 and line 2)		827,450,213		0		3.00
4.00		0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		827,450,213		0		11.00
12.00	FUND EQUITY CHANGES	159,276,141		0		0	12.00
13.00	SHARED SERVICES	129,477,412		0		0	13.00
14.00	HHA & HOSPICE IMPACT	15,892,657		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		304,646,210		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		522,804,003		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			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	FUND EQUITY CHANGES		0				12.00
13.00	SHARED SERVICES		0				13.00
14.00	HHA & HOSPICE IMPACT		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: 150162

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/26/2015 12:47 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	98,744,920		98,744,920	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	7,927,709		7,927,709	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)	106,672,629		106,672,629	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	39,334,771		39,334,771	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	0		0	11.01
12.00	CORONARY CARE UNIT	25,843,583		25,843,583	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	15,900,612		15,900,612	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	81,078,966		81,078,966	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	187,751,595		187,751,595	17.00
18.00	Ancillary services	579,768,257	795,243,494	1,375,011,751	18.00
19.00	Outpatient services	46,821,325	206,391,346	253,212,671	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		8,805,179	8,805,179	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	0	7,300,668	7,300,668	26.00
27.00	OTHER	11,785,754	90,575,266	102,361,020	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	826,126,931	1,108,315,953	1,934,442,884	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		435,243,263		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)		435,243,263		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet G-3 Date/Time Prepared: 5/26/2015 12:47 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,934,442,884	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,261,657,286	2.00
3.00	Net patient revenues (line 1 minus line 2)	672,785,598	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	435,243,263	4.00
5.00	Net income from service to patients (line 3 minus line 4)	237,542,335	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	76,890	6.00
7.00	Income from investments	8	7.00
8.00	Revenues from telephone and other miscellaneous communication services	966,614	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	2,219,094	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	300	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,305,969	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	-25	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	448,385	20.00
21.00	Rental of vending machines	49,125	21.00
22.00	Rental of hospital space	2,368,066	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	23,367,940	24.00
25.00	Total other income (sum of lines 6-24)	31,802,366	25.00
26.00	Total (line 5 plus line 25)	269,344,701	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)	269,344,701	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150162

Period: From 01/01/2014

Worksheet H

HHA CCN: 157179

To 12/31/2014

Date/Time Prepared: 5/26/2015 12:47 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	13	13	3.00
4.00	Transportation	0	209,438	0	0	209,438	4.00
5.00	Administrative and General	465,571	109,346	0	29,182	1,657,440	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	760,010	188,105	0	595,195	1,543,310	6.00
7.00	Physical Therapy	793,026	194,385	0	0	987,411	7.00
8.00	Occupational Therapy	367,549	89,623	0	0	457,172	8.00
9.00	Speech Pathology	52,239	12,657	0	0	64,896	9.00
10.00	Medical Social Services	54,987	13,240	0	0	68,227	10.00
11.00	Home Health Aide	55,426	13,313	0	71,265	140,004	11.00
12.00	Supplies (see instructions)	0	0	0	108,500	108,500	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,548,808	620,669	209,438	1,719,801	137,695	5,236,411
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	13	0	13		3.00
4.00	Transportation	0	209,438	0	209,438		4.00
5.00	Administrative and General	0	1,657,440	-109,346	1,548,094		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	1,543,310	-188,105	1,355,205		6.00
7.00	Physical Therapy	0	987,411	-194,385	793,026		7.00
8.00	Occupational Therapy	0	457,172	-89,623	367,549		8.00
9.00	Speech Pathology	0	64,896	-12,657	52,239		9.00
10.00	Medical Social Services	0	68,227	-13,240	54,987		10.00
11.00	Home Health Aide	0	140,004	-13,313	126,691		11.00
12.00	Supplies (see instructions)	0	108,500	0	108,500		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	0	5,236,411	-620,669	4,615,742		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/26/2015 12:47 pm
		HHA CCN: 157179	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0		0		0	2.00
3.00	Plant Operation & Maintenance	13	0	0	13	0	3.00
4.00	Transportation	209,438	0	0	0	209,438	4.00
5.00	Administrative and General	1,548,094	0	0	13	209,438	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,355,205	0	0	0	1,355,205	6.00
7.00	Physical Therapy	793,026	0	0	0	793,026	7.00
8.00	Occupational Therapy	367,549	0	0	0	367,549	8.00
9.00	Speech Pathology	52,239	0	0	0	52,239	9.00
10.00	Medical Social Services	54,987	0	0	0	54,987	10.00
11.00	Home Health Aide	126,691	0	0	0	126,691	11.00
12.00	Supplies (see instructions)	108,500	0	0	0	108,500	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,615,742	0	0	13	209,438	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,757,545					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	833,335	2,188,540				6.00
7.00	Physical Therapy	487,643	1,280,669				7.00
8.00	Occupational Therapy	226,011	593,560				8.00
9.00	Speech Pathology	32,122	84,361				9.00
10.00	Medical Social Services	33,812	88,799				10.00
11.00	Home Health Aide	77,904	204,595				11.00
12.00	Supplies (see instructions)	66,718	175,218				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		4,615,742				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part II Date/Time Prepared: 5/26/2015 12:47 pm
		HHA CCN: 157179	Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	4,120			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	4,120	0		3.00
4.00	Transportation (see instructions)	0	0	0	1		4.00
5.00	Administrative and General	4,120	0	4,120	1	-1,757,545	2,858,197
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,355,205
7.00	Physical Therapy	0	0	0	0	0	793,026
8.00	Occupational Therapy	0	0	0	0	0	367,549
9.00	Speech Pathology	0	0	0	0	0	52,239
10.00	Medical Social Services	0	0	0	0	0	54,987
11.00	Home Health Aide	0	0	0	0	0	126,691
12.00	Supplies (see instructions)	0	0	0	0	0	108,500
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	4,120	0	4,120	1	-1,757,545	2,858,197
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	13	209,438		1,757,545
26.00	Unit Cost Multiplier	0.000000	0.000000	0.003155	209,438.00000		0.614914

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150162

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157179

To 12/31/2014

Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	0	0	119,056	0	119,056	1.00
2.00 Skilled Nursing Care	2,188,540	0	0	194,350	0	2,382,890	2.00
3.00 Physical Therapy	1,280,669	0	0	202,791	0	1,483,460	3.00
4.00 Occupational Therapy	593,560	0	0	93,990	0	687,550	4.00
5.00 Speech Pathology	84,361	0	0	13,359	0	97,720	5.00
6.00 Medical Social Services	88,799	0	0	14,061	0	102,860	6.00
7.00 Home Health Aide	204,595	0	0	14,174	0	218,769	7.00
8.00 Supplies (see instructions)	175,218	0	0	0	0	175,218	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	4,615,742	0	0	651,781	0	5,267,523	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00
Cost Center Description	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.02	5A.02	5.03	7.00	8.00	9.00	
1.00 Administrative and General	1,665	120,721	26,811	0	0	0	1.00
2.00 Skilled Nursing Care	33,321	2,416,211	536,608	0	0	0	2.00
3.00 Physical Therapy	20,743	1,504,203	334,064	0	0	0	3.00
4.00 Occupational Therapy	9,614	697,164	154,831	0	0	0	4.00
5.00 Speech Pathology	1,366	99,086	22,006	0	0	0	5.00
6.00 Medical Social Services	1,438	104,298	23,163	0	0	0	6.00
7.00 Home Health Aide	3,059	221,828	49,265	0	0	0	7.00
8.00 Supplies (see instructions)	2,450	177,668	39,458	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	73,656	5,341,179	1,186,206	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150162

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157179

To 12/31/2014

Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

Home Health Agency I

PPS

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	14,441	0	11,834	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	14,441	0	11,834	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	EMERGENCY MEDICAL SERVICES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
		21.00	22.00	23.00	23.01	24.00	25.00	
1.00	Administrative and General	0	0	0	0	173,807	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,952,819	0	2.00
3.00	Physical Therapy	0	0	0	0	1,838,267	0	3.00
4.00	Occupational Therapy	0	0	0	0	851,995	0	4.00
5.00	Speech Pathology	0	0	0	0	121,092	0	5.00
6.00	Medical Social Services	0	0	0	0	127,461	0	6.00
7.00	Home Health Aide	0	0	0	0	271,093	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	217,126	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	6,553,660	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150162  
HHA CCN: 157179

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm  
PPS

Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	Home Health Agency I	
		26.00	27.00	28.00		
1.00	Administrative and General	173,807				1.00
2.00	Skilled Nursing Care	2,952,819	80,445	3,033,264		2.00
3.00	Physical Therapy	1,838,267	50,080	1,888,347		3.00
4.00	Occupational Therapy	851,995	23,211	875,206		4.00
5.00	Speech Pathology	121,092	3,299	124,391		5.00
6.00	Medical Social Services	127,461	3,472	130,933		6.00
7.00	Home Health Aide	271,093	7,385	278,478		7.00
8.00	Supplies (see instructions)	217,126	5,915	223,041		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	6,553,660	173,807	6,553,660		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.027243			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150162

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

Worksheet H-2 Part II Date/Time Prepared: 5/26/2015 12:47 pm PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	CASHIERING/ACCOUNTS RECEIVABLE (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	0	0	465,571	0	0	119,056	1.00
2.00	Skilled Nursing Care	0	0	760,010	0	0	2,382,890	2.00
3.00	Physical Therapy	0	0	793,026	0	0	1,483,460	3.00
4.00	Occupational Therapy	0	0	367,549	0	0	687,550	4.00
5.00	Speech Pathology	0	0	52,239	0	0	97,720	5.00
6.00	Medical Social Services	0	0	54,987	0	0	102,860	6.00
7.00	Home Health Aide	0	0	55,426	0	0	218,769	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	175,218	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	2,548,808	0	0	5,267,523	20.00
21.00	Total cost to be allocated	0	0	651,781	0	0	73,656	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.255720	0.000000	0.000000	0.013983	22.00
Cost Center Description		Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		5A.03	5.03	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	120,721	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	2,416,211	0	0	0	0	2.00
3.00	Physical Therapy	0	1,504,203	0	0	0	0	3.00
4.00	Occupational Therapy	0	697,164	0	0	0	0	4.00
5.00	Speech Pathology	0	99,086	0	0	0	0	5.00
6.00	Medical Social Services	0	104,298	0	0	0	0	6.00
7.00	Home Health Aide	0	221,828	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	177,668	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	5,341,179	0	0	0	0	20.00
21.00	Total cost to be allocated	0	1,186,206	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.222087	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150162 HHA CCN: 157179	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/26/2015 12:47 pm PPS
			Home Health Agency I	

Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS	
						SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	11.00	13.00	14.00	15.00	16.00	21.00	
1.00 Administrative and General	0	0	116,884	0	8,805,179	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	116,884	0	8,805,179	0	20.00
21.00 Total cost to be allocated	0	0	14,441	0	11,834	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.123550	0.000000	0.001344	0.000000	22.00

Cost Center Description	INTERNS & RESIDENTS	PARAMEDIC PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	22.00	23.00	23.01	
1.00 Administrative and General	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	2.00
3.00 Physical Therapy	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	4.00
5.00 Speech Pathology	0	0	0	5.00
6.00 Medical Social Services	0	0	0	6.00
7.00 Home Health Aide	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	8.00
9.00 Drugs	0	0	0	9.00
10.00 DME	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	13.00
14.00 Clinic	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	15.00
16.00 Day Care Program	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	17.00
18.00 Homemaker Service	0	0	0	18.00
19.00 All Others (specify)	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 12:47 pm
		HHA CCN: 157179	Title XVII I	Home Health Agency I PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,033,264		3,033,264	5,593	542.33	1.00
2.00	Physical Therapy	3.00	1,888,347	0	1,888,347	8,474	222.84	2.00
3.00	Occupational Therapy	4.00	875,206	0	875,206	2,759	317.22	3.00
4.00	Speech Pathology	5.00	124,391	0	124,391	426	292.00	4.00
5.00	Medical Social Services	6.00	130,933		130,933	140	935.24	5.00
6.00	Home Health Aide	7.00	278,478		278,478	2,022	137.72	6.00
7.00	Total (sum of lines 1-6)		6,330,619	0	6,330,619	19,414		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits			Ratio (col. 3 + col. 4)
			Part A	Part B		
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
0	1.00	2.00	3.00	4.00	5.00	

Limitation Cost Computation							
8.00	Skilled Nursing Care		26900	0	0		8.00
9.00	Physical Therapy		26900	0	0		9.00
10.00	Occupational Therapy		26900	0	0		10.00
11.00	Speech Pathology		26900	0	0		11.00
12.00	Medical Social Services		26900	0	0		12.00
13.00	Home Health Aide		26900	0	0		13.00
14.00	Total (sum of lines 8-13)			0	0		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	223,041	0	223,041	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Part B		Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00		8.00	9.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	0		0	0	1.00
2.00	Physical Therapy	0	0		0	0	2.00
3.00	Occupational Therapy	0	0		0	0	3.00
4.00	Speech Pathology	0	0		0	0	4.00
5.00	Medical Social Services	0	0		0	0	5.00
6.00	Home Health Aide	0	0		0	0	6.00
7.00	Total (sum of lines 1-6)	0	0		0	0	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150162 HHA CCN: 157179		Period: From 01/01/2014 To 12/31/2014		Worksheet H-3 Part I Date/Time Prepared: 5/26/2015 12:47 pm	
		Title XVII		Home Health Agency I		PPS	
Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
<b>Limitation Cost Computation</b>							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B			Part A	Part B
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
<b>Supplies and Drugs Cost Computations</b>							
15.00	Cost of Medical Supplies	0	0	0			15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of cols. 9-10)					
		12.00					
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>							
<b>Cost Per Visit Computation</b>							
1.00	Skilled Nursing Care	0					1.00
2.00	Physical Therapy	0					2.00
3.00	Occupational Therapy	0					3.00
4.00	Speech Pathology	0					4.00
5.00	Medical Social Services	0					5.00
6.00	Home Health Aide	0					6.00
7.00	Total (sum of lines 1-6)	0					7.00
Cost Center Description							
		12.00					
<b>Limitation Cost Computation</b>							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150162 HHA CCN: 157179	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/26/2015 12:47 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00	Physical Therapy	66.00	0.272215	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.000000	0	0	col. 2, line 2.01	1.01
2.00	Occupational Therapy	67.00	0.234084	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.224881	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.413238	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.171309	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150162 HHA CCN: 157179	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/26/2015 12:47 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
<b>Customary Charges</b>				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	0
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		0	0
14.00	Total PPS Reimbursement - PEP Episodes		0	0
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	0
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	0
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	0
27.00	Reimbursable bad debts (from your records)			27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	0
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	0
31.01	Sequestration adjustment (see instructions)		0	0
32.00	Interim payments (see instructions)		0	0
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150162 HHA CCN: 157179	Period: From 01/01/2014 To 12/31/2014	Worksheet H-5 Date/Time Prepared: 5/26/2015 12:47 pm PPS
		Home Health Agency I	

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150162

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

Worksheet I-5

Date/Time Prepared:  
5/26/2015 12:47 pm

		1.00	2.00	
<b>PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B</b>				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
<b>PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE</b>				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150162

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151523

To 12/31/2014

Date/Time Prepared: 5/26/2015 12:47 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	775,247	186,935	0	29,267	1,997,411	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,332,032	321,193	0	24,561	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	451,308	108,824	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	96,673	23,311	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	261,777	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	39,460	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	5,547	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,655,260	640,263	0	53,828	2,304,195	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150162

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151523

To 12/31/2014

Date/Time Prepared: 5/26/2015 12:47 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	2,988,860	-585,332	2,403,528	-154	2,403,374	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	-54,932	-54,932	0	-54,932	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,677,786	0	1,677,786	0	1,677,786	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	560,132	0	560,132	0	560,132	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	119,984	0	119,984	0	119,984	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	261,777	0	261,777	0	261,777	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	39,460	0	39,460	0	39,460	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	5,547	0	5,547	0	5,547	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,653,546	-640,264	5,013,282	-154	5,013,128	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150162

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151523

To 12/31/2014

Date/Time Prepared: 5/26/2015 12:47 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	775,247	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,332,032	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	451,308	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	775,247	0	451,308	0	1,332,032	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150162

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151523

To 12/31/2014

Date/Time Prepared: 5/26/2015 12:47 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	775,247	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	1,332,032	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	451,308	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		96,673	0	96,673	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	96,673	0	2,655,260	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150162		Period: From 01/01/2014 To 12/31/2014		Worksheet K-2	
		Hospice CCN: 151523				Date/Time Prepared: 5/26/2015 12:47 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	186,935	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	321,193	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	108,824	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	186,935	0	108,824	0	321,193	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet K-2
		Hospice CCN: 151523		Date/Time Prepared: 5/26/2015 12:47 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	186,935	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	321,193	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	108,824	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		23,311	0	23,311	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	23,311	0	640,263	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 150162 Hospice CCN: 151523	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3 Date/Time Prepared: 5/26/2015 12:47 pm
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		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 150162 Hospice CCN: 151523	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3 Date/Time Prepared: 5/26/2015 12:47 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	29,267	29,267	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	24,561	24,561	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	53,828	53,828	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150162

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151523

To 12/31/2014

Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	2,403,374	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	-54,932	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,677,786	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	560,132	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	119,984	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	261,777	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	39,460	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	5,547	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,013,128	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150162

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151523

To 12/31/2014

Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

		Hospice I			
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
	5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	2,403,374	2,403,374	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care	0	-54,932	-50,588	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
<b>VISITING SERVICES</b>					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	1,677,786	1,545,105	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	560,132	515,837	14.00
15.00	Medical Social Services	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	119,984	110,496	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	261,777	241,076	20.00
21.00	Other	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	39,460	36,340	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	5,547	5,108	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	5,013,128		39.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 150162	Period:	Worksheet K-4
	Hospice CCN: 151523	From 01/01/2014 To 12/31/2014	Part II Date/Time Prepared: 5/26/2015 12:47 pm

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

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 150162	Period: From 01/01/2014	Worksheet K-4 Part II Date/Time Prepared: 5/26/2015 12:47 pm
	Hospice CCN: 151523	To 12/31/2014	

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-2,403,374	2,609,754	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	-54,932	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,677,786	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	560,132	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	119,984	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	261,777	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	39,460	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	5,547	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		2,403,374	39.00
40.00	Unit Cost Multiplier		0.920920	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150162

Period:

Worksheet K-5

Hospice CCN: 151523

From 01/01/2014

Part I

To 12/31/2014

Date/Time Prepared:  
5/26/2015 12:47 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General		258,956	97,462	198,246	0	1.00
2.00 Inpatient - General Care	-105,520	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	3,222,891	0	0	340,628	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	1,075,969	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	115,408	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	230,480	0	0	24,721	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	502,853	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specif y	75,800	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	10,655	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	5,013,128	258,956	97,462	679,003	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150162

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151523

To 12/31/2014

Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description		Hospice I		Hospice I			
		Subtotal	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMIN & GENERAL		OPERATION OF PLANT
		5A.01	5.02	5A.02	5.03	7.00	
1.00	Administrative and General	554,664	7,756	562,420	124,906	217,856	1.00
2.00	Inpatient - General Care	-105,520	-1,475	-106,995	-23,762	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	3,563,519	49,829	3,613,348	802,478	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	1,075,969	15,045	1,091,014	242,300	0	9.00
10.00	Medical Social Services	115,408	1,614	117,022	25,989	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	255,201	3,568	258,769	57,469	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	502,853	7,031	509,884	113,239	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	75,800	1,060	76,860	17,070	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	10,655	149	10,804	2,399	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,048,549	84,577	6,133,126	1,362,088	217,856	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000		0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part I Date/Time Prepared: 5/26/2015 12:47 pm
		Hospice CCN: 151523		

Cost Center Description	Hospice I					
	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	47,893	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	47,893	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150162

Period:

Worksheet K-5

Hospice CCN: 151523

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

Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		
					SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		14.00	15.00	16.00	21.00	22.00	
1.00	Administrative and General	6,038	0	9,812	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,038	0	9,812	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150162

Period: From 01/01/2014

Worksheet K-5

Hospice CCN: 151523

To 12/31/2014

Part I  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description		Hospice I					
		PARAMED ED PRGM	EMERGENCY MEDICAL SERVICES	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		23.00	23.01	24.00	25.00	26.00	
1.00	Administrative and General	0	0	968,925			1.00
2.00	Inpatient - General Care	0	0	-130,757	0	-130,757	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	4,415,826	0	4,415,826	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	1,333,314	0	1,333,314	9.00
10.00	Medical Social Services	0	0	143,011	0	143,011	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	316,238	0	316,238	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	623,123	0	623,123	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	93,930	0	93,930	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	13,203	0	13,203	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	7,776,813	0	7,776,813	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part I Date/Time Prepared: 5/26/2015 12:47 pm
		Hospice CCN: 151523	Hospice I	

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (col. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	-18,610	-149,367	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	0	0	4.00
5.00	Nursing Care	628,478	5,044,304	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	189,763	1,523,077	9.00
10.00	Medical Social Services	20,354	163,365	10.00
11.00	Spiritual Counseling	0	0	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	45,008	361,246	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	88,685	711,808	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	13,368	107,298	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	1,879	15,082	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	0	0	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		7,776,813	34.00
35.00	Unit Cost Multiplier (see instructions)	0.142324		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150162  
Hospice CCN: 151523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
1.00 Administrative and General	4,120	4,120	775,247	5.01	0	0	1.00
2.00 Inpatient - General Care	0	0	0		0	0	2.00
3.00 Inpatient - Respite Care	0	0	0		0	0	3.00
4.00 Physician Services	0	0	0		0	0	4.00
5.00 Nursing Care	0	0	1,332,031		0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0		0	0	6.00
7.00 Physical Therapy	0	0	0		0	0	7.00
8.00 Occupational Therapy	0	0	0		0	0	8.00
9.00 Speech/ Language Pathology	0	0	0		0	0	9.00
10.00 Medical Social Services	0	0	451,308		0	0	10.00
11.00 Spiritual Counseling	0	0	0		0	0	11.00
12.00 Dietary Counseling	0	0	0		0	0	12.00
13.00 Counseling - Other	0	0	0		0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	96,673		0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0		0	0	15.00
16.00 Other	0	0	0		0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0		0	0	17.00
18.00 Analgesics	0	0	0		0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0		0	0	19.00
20.00 Other - Specify	0	0	0		0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0		0	0	21.00
22.00 Patient Transportation	0	0	0		0	0	22.00
23.00 Imaging Services	0	0	0		0	0	23.00
24.00 Labs and Diagnostics	0	0	0		0	0	24.00
25.00 Medical Supplies	0	0	0		0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0		0	0	26.00
27.00 Radiation Therapy	0	0	0		0	0	27.00
28.00 Chemotherapy	0	0	0		0	0	28.00
29.00 Other	0	0	0		0	0	29.00
30.00 Bereavement Program Costs	0	0	0		0	0	30.00
31.00 Volunteer Program Costs	0	0	0		0	0	31.00
32.00 Fundraising	0	0	0		0	0	32.00
33.00 Other Program Costs	0	0	0		0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	4,120	4,120	2,655,259		0	0	34.00
35.00 Total cost to be allocated	258,956	97,462	679,003		0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	62.853398	23.655825	0.255720		0.000000	0	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150162  
Hospice CCN: 151523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description		Hospice I					
		CASHIERING/AC COUNTS RECEIVABLE (ACCUM. COST) 5.02	Reconciliation 5A.03	OTHER ADMIN & GENERAL (ACCUM. COST) 5.03	OPERATION OF PLANT (SQUARE FEET) 7.00	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8.00	
1.00	Administrative and General	554,664	0	562,420	4,120	0	1.00
2.00	Inpatient - General Care	-105,520	0	-106,995	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	3,563,519	0	3,613,348	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	1,075,969	0	1,091,014	0	0	9.00
10.00	Medical Social Services	115,408	0	117,022	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	255,201	0	258,769	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	502,853	0	509,884	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	75,800	0	76,860	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	10,655	0	10,804	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,048,549		6,133,126	4,120	0	34.00
35.00	Total cost to be allocated	84,577		1,362,088	217,856	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.013983		0.222087	52.877670	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150162  
Hospice CCN: 151523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description	Hospice I					
	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	4,120	0	0	0	48,874	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	4,120	0	0	0	48,874	34.00
35.00 Total cost to be allocated	47,893	0	0	0	6,038	35.00
36.00 Unit Cost Multiplier (see instructions)	11.624515	0.000000	0.000000	0.000000	0.123542	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150162  
Hospice CCN: 151523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMEDICAL PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			15.00	16.00		
1.00 Administrative and General	0	7,300,668	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	7,300,668	0	0	0	34.00
35.00 Total cost to be allocated	0	9,812	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.001344	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150162  
Hospice CCN: 151523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/26/2015 12:47 pm

Cost Center Description		EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	Hospice I
		23.01	
1.00	Administrative and General	0	1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	0	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	0	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	34.00
35.00	Total cost to be allocated	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150162	Period: From 01/01/2014	Worksheet K-5		
		Hospice CCN: 151523	To 12/31/2014	Part III		
				Date/Time Prepared: 5/26/2015 12:47 pm		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.272215	0	0	1.00
1.01	SPORTS MEDICINE	66.01	0.000000	0	0	1.01
2.00	OCCUPATIONAL THERAPY	67.00	0.234084	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.224881	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.171309	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.146843	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.413238	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.151621	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
10.97	CARDIAC REHABILITATION	76.97	0.480550	0	0	10.97
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150162

Period:

Worksheet K-6

Hospice CCN: 151523

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

Date/Time Prepared:  
5/26/2015 12:47 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				7,776,813	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				22,437	2.00
3.00	Average cost per diem (line 1 divided by line 2)				346.61	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	0				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	0				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		826			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		286,300			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			21,611		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			7,490,589		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150162	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/26/2015 12:47 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		5,622,765	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		887,926	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)		227.28	3.00
4.00	Number of interns & residents (see instructions)		17.46	4.00
5.00	Indirect medical education percentage (see instructions)		2.19	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		123,139	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.33	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.06	8.00
9.00	Sum of lines 7 and 8		20.39	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.22	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		237,281	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		6,871,111	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