

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/27/2016 9:44 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2016	Time: 9:44 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH NORTH HOSPITAL (150161) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
 Officer or Administrator of Provider(s)

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	217,845	36,892	12,560	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	217,845	36,892	12,560	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150161		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 9:38 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 11700 NORTH MERIDIAN ST			PO Box:							1.00	
2.00	City: CARMEL			State: IN		Zip Code: 46032-4656		County: HAMILTON			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						
3.00	Hospital and Hospital-Based Component Identification:											
	Hospital		IU HEALTH NORTH HOSPITAL		150161	26900	1	12/20/2005	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015		12/31/2015		20.00	
21.00	Type of Control (see instructions)								4		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								2		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,189	1,493	8	49	3,676	144		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 9:38 am		
		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 is in effect in the cost reporting period.	0				37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the 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	Y			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
				1.00	2.00	3.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
					1.00	
80.00	Long Term Care Hospital PPS 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
85.00	TEFRA Providers 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
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
90.00	Title V and XIX Services Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/IID 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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	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 is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	
						2.00	
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	331,637	0			0	118.01
						1.00	
						2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 9:38 am									
		1.00	2.00										
All Providers													
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00									
		1.00	2.00	3.00									
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.													
141.00	Name: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101									
142.00	Street: 340 W. 10TH STREET	PO Box:											
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202									
				1.00									
144.00	Are provider based physicians' costs included in Worksheet A?	Y			144.00								
				1.00 2.00									
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N			145.00								
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, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00								
				1.00									
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	N		N		N		N					
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		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)											0.00	
												1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y			167.00								
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0								
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01								
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)	0.25			169.00								
		Beginning		Ending									
		1.00		2.00									
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/03/2015		12/31/2015		170.00							

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 9:38 am	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 9:38 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
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		04/12/2016	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-2
Part II
Date/Time Prepared:
5/27/2016 9:38 am

	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	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			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
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STEVE		HOWELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1035		SHOWELL7@IUHEALTH.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/12/2016	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER, COST REPORTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 9:38 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,800	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		120	43,800	0.00	0	7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	6	2,190	0.00	0	11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	23	8,395	0.00	0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	54,385	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		149				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		12	4,380			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 9:38 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,896	749	21,458			1.00
2.00 HMO and other (see instructions)	2,321	4,199				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,896	749	21,458			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	133	1,241			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	420	5,015			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,914	4,584			13.00
14.00 Total (see instructions)	6,896	3,216	32,298	0.00	739.35	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	104			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	739.35	27.00
28.00 Observation Bed Days		73	2,168			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	144	1,456			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 9:38 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,498	175	8,916	1.00
2.00 HMO and other (see instructions)				442	782		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT							11.01
11.02 PREMATURE INTENSIVE CARE UNIT							11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,498	175	8,916	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part II Date/Time Prepared: 5/27/2016 9:38 am			
	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	50,847,319	-907,467	49,939,852	1,537,851.27	32.47	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		650,651	0	650,651	3,198.20	203.44	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		16,449,017	0	16,449,017	504,876.00	32.58	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		518,251	695,538	1,213,789	19,421.59	62.50	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		834,316	0	834,316	9,026.58	92.43	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		12,580,663	0	12,580,663			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		129,546	0	129,546			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	797,417	-646,661	150,756	7,015.18	21.49	26.00
27.00	Administrative & General	5.00	5,619,102	-9,958	5,609,144	117,520.21	47.73	27.00
28.00	Administrative & General under contract (see inst.)		36,366	0	36,366	398.32	91.30	28.00
29.00	Maintenance & Repairs	6.00	1,351,215	-138	1,351,077	45,032.65	30.00	29.00
30.00	Operation of Plant	7.00	197,418	0	197,418	2,720.00	72.58	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,273,220	-15,937	1,257,283	84,769.13	14.83	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	861,225	0	861,225	54,257.12	15.87	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	986,523	0	986,523	59,822.38	16.49	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,293,627	-523,672	1,769,955	72,806.60	24.31	38.00
39.00	Central Services and Supply	14.00	649,876	-7,343	642,533	30,366.38	21.16	39.00
40.00	Pharmacy	15.00	1,839,886	-14,004	1,825,882	43,523.53	41.95	40.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150161		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/27/2016 9:38 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	295,206	-3,618	291,588	8,357.30	42.00
43.00	Other General Service	18.00	141,304	0	141,304	10,150.03	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2016 9:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	34,434,668	-907,467	33,527,201	1,033,373.59	32.44	1.00
2.00	Excluded area salaries (see instructions)	518,251	695,538	1,213,789	19,421.59	62.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,916,417	-1,603,005	32,313,412	1,013,952.00	31.87	3.00
4.00	Subtotal other wages & related costs (see inst.)	834,316	0	834,316	9,026.58	92.43	4.00
5.00	Subtotal wage-related costs (see inst.)	12,580,663	0	12,580,663	0.00	38.93	5.00
6.00	Total (sum of lines 3 thru 5)	47,331,396	-1,603,005	45,728,391	1,022,978.58	44.70	6.00
7.00	Total overhead cost (see instructions)	16,342,385	-1,221,331	15,121,054	536,738.83	28.17	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2016 9:38 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,161,197 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			6,090,120 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			197,194 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			29,900 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)			69,711 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,870 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,606,648 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			186,242 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			78,421 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			12,422,303 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/27/2016 9:38 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		870,682	12,422,304
2.00	Hospital		870,682	12,422,304
3.00	Subprovider - IPF			
4.00	Subprovider - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA			
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis			
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/27/2016 9:38 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.260313		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		4,348,379		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		49,677,402		6.00	
7.00	Medicaid cost (line 1 times line 6)		12,931,674		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		8,583,295		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		2,323,431		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		19,672,674		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		5,121,053		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)		2,797,622		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		11,380,917		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		8,263,817	3,918,140	12,181,957	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,151,179	1,019,943	3,171,122	21.00
22.00	Partial payment by patients approved for charity care		13,983	10	13,993	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,137,196	1,019,933	3,157,129	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)		7,172,407			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		148,090			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		7,024,317			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,828,521			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,985,650			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,366,567			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet A

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	9,257,029	9,257,029	1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST		0	14,336,024	14,336,024	1.01	
1.02	00102	MOB LEASED SPACE		0	1,329,098	1,329,098	1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	4,278,424	4,278,424	2.00	
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	797,417	639,291	1,436,708	8,470,569	9,907,277	4.00
5.01	00540	NONPATIENT TELEPHONES	0	58,373	58,373	-58,011	362	5.01
5.02	00550	DATA PROCESSING	0	17,956	17,956	-26,958	-9,002	5.02
5.03	00580	PURCHASING	-4,688	231,755	227,067	-184,810	42,257	5.03
5.04	00570	ADMITTING	1,266,871	526,118	1,792,989	-256,815	1,536,174	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	4,356,919	53,927,201	58,284,120	-23,157,749	35,126,371	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,351,215	5,608,421	6,959,636	-542,203	6,417,433	6.00
7.00	00700	OPERATION OF PLANT	197,418	662,070	859,488	-605,016	254,472	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	71,614	71,614	0	71,614	8.00
9.00	00900	HOUSEKEEPING	1,273,220	4,409,911	5,683,131	-690,581	4,992,550	9.00
10.00	01000	DIETARY	861,225	571,429	1,432,654	-242,587	1,190,067	10.00
11.00	01100	CAFETERIA	986,523	1,740,002	2,726,525	-329,557	2,396,968	11.00
13.00	01300	NURSING ADMINISTRATION	2,293,627	1,277,259	3,570,886	-1,529,442	2,041,444	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	649,876	2,290,341	2,940,217	5,260,380	8,200,597	14.00
15.00	01500	PHARMACY	1,839,886	3,365,495	5,205,381	-3,074,157	2,131,224	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	285,642	285,642	-1,209	284,433	16.00
17.00	01700	SOCIAL SERVICE	295,206	89,271	384,477	-64,504	319,973	17.00
18.00	01850	PATIENT TRANSPORTATION	141,304	48,053	189,357	-35,729	153,628	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,823,845	6,302,585	18,126,430	-3,578,619	14,547,811	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	753,296	1,675,956	2,429,252	-215,617	2,213,635	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,755,866	1,857,289	4,613,155	-790,240	3,822,915	34.02
43.00	04300	NURSERY	0	0	0	1,107,868	1,107,868	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,480,655	21,016,940	24,497,595	-18,695,308	5,802,287	50.00
51.00	05100	RECOVERY ROOM	1,786,564	799,272	2,585,836	-586,036	1,999,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,487,807	1,695,696	4,183,503	-1,836,535	2,346,968	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,977,102	2,411,716	5,388,818	-1,654,452	3,734,366	54.00
56.00	05600	RADIOISOTOPE	207,571	274,621	482,192	-271,788	210,404	56.00
60.00	06000	LABORATORY	522,206	5,423,079	5,945,285	-91,699	5,853,586	60.00
65.00	06500	RESPIRATORY THERAPY	1,503,469	760,055	2,263,524	-561,402	1,702,122	65.00
66.00	06600	PHYSICAL THERAPY	2,160,305	813,846	2,974,151	-553,166	2,420,985	66.00
69.00	06900	ELECTROCARDIOLOGY	244,891	264,186	509,077	-69,044	440,033	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	120,766	350,630	471,396	-46,630	424,766	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,436,992	3,436,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,009,076	11,009,076	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,245,019	3,245,019	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,075,548	2,517,421	3,592,969	-2,150,754	1,442,215	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,123,158	2,550,386	4,673,544	-594,279	4,079,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,329,068	124,533,880	174,862,948	-764,418	174,098,530	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	258,192	1,390,062	1,648,254	-70,252	1,578,002	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	63,002	63,002	-60,991	2,011	192.04
192.05	19205	PHYSICIAN PRACTICE	260,059	391,551	651,610	895,661	1,547,271	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	50,847,319	126,378,495	177,225,814	0	177,225,814	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,072,279	8,184,750	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	-188,800	14,147,224	1.01
1.02	00102	MOB LEASED SPACE	-36,000	1,293,098	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	493,529	4,771,953	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-699,258	9,208,019	4.00
5.01	00540	NONPATIENT TELEPHONES	0	362	5.01
5.02	00550	DATA PROCESSING	5,093,878	5,084,876	5.02
5.03	00580	PURCHASING	289,060	331,317	5.03
5.04	00570	ADMITTING	5,576,429	7,112,603	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-14,271,394	20,854,977	5.05
6.00	00600	MAINTENANCE & REPAIRS	-537,125	5,880,308	6.00
7.00	00700	OPERATION OF PLANT	-237,386	17,086	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	71,614	8.00
9.00	00900	HOUSEKEEPING	0	4,992,550	9.00
10.00	01000	DIETARY	-29,313	1,160,754	10.00
11.00	01100	CAFETERIA	-1,464,953	932,015	11.00
13.00	01300	NURSING ADMINISTRATION	-182,718	1,858,726	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-46,670	8,153,927	14.00
15.00	01500	PHARMACY	-26,250	2,104,974	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	907,883	1,192,316	16.00
17.00	01700	SOCIAL SERVICE	-12,375	307,598	17.00
18.00	01850	PATIENT TRANSPORTATION	0	153,628	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,703,740	12,844,071	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-1,100,000	1,113,635	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-387,772	3,435,143	34.02
43.00	04300	NURSERY	0	1,107,868	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-599,882	5,202,405	50.00
51.00	05100	RECOVERY ROOM	0	1,999,800	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,346,968	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,082	3,733,284	54.00
56.00	05600	RADIOLOGY	0	210,404	56.00
60.00	06000	LABORATORY	-135,394	5,718,192	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,702,122	65.00
66.00	06600	PHYSICAL THERAPY	-8,440	2,412,545	66.00
69.00	06900	ELECTROCARDIOLOGY	-169,009	271,024	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	424,766	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,436,992	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,009,076	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,245,019	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-74,134	1,368,081	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	90.02
90.03	09003	IVF	0	0	90.03
91.00	09100	EMERGENCY	-925,024	3,154,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,548,219	162,550,311	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	-336,684	1,241,318	192.01
192.02	19202	PURCHASED SERVICES	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-599,073	-597,062	192.04
192.05	19205	PHYSICIAN PRACTICE	-332,375	1,214,896	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-12,816,351	164,409,463	200.00

RECLASSIFICATIONS

Provider CCN: 150161

Period:
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To 12/31/2015

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
			0	0	
C - BUILDING AND EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,754,628	1.00
2.00	MOB LEASED SPACE	1.02	0	1,329,098	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	343,938	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
	TOTALS		0	3,427,664	
D - DEPRECIATION AND OTHER CAPITAL COSTS					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	7,502,401	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	3,934,486	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	TOTALS		0	11,436,887	
E - EMPLOYEE BENEFITS					
1.00	PURCHASING	5.03	0	202	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,501,790	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
TOTALS					8,501,992
F - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-INTEREST	1.01	0	14,336,024	1.00
TOTALS					14,336,024
G - LABOR AND DELIVERY COSTS TO NURSERY					
1.00	NURSERY	43.00	21,757	2,488	1.00
TOTALS					21,757 2,488
H - LABOR AND DELIVERY TO ROUTINE					
1.00	ADULTS & PEDIATRICS	30.00	359,931	41,161	1.00
TOTALS					359,931 41,161
I - MARKETING					
1.00	OTHER NON-REIMBURSABLE	192.01	0	19,302	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS					0 19,302
J - PACU					
1.00	ADULTS & PEDIATRICS	30.00	2,773	257	1.00
TOTALS					2,773 257
K - POST PARTUM TO NURSERY					
1.00	NURSERY	43.00	979,923	103,700	1.00
TOTALS					979,923 103,700
L - NONBILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	86,360	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
TOTALS					0 86,360
M - BILLABLE DRUGS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	248	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	27,727	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,158,659	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
TOTALS					0 3,186,634
N - NONBILLABLE SUPPLIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	45,847	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,693,144	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

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

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Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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	
TOTALS				6,738,991		
O - BILLABLE SUPPLIES						
1.00	ADMITTING	5.04	291		1.00	
2.00	PHARMACY	15.00	4,303		2.00	
3.00	ADULTS & PEDIATRICS	30.00	3,531		3.00	
4.00	PREMATURE INTENSIVE CARE UNIT	34.02	1,609		4.00	
5.00	RECOVERY ROOM	51.00	1,465		5.00	
6.00	RADIOISOTOPE	56.00	1,160		6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	3,436,992		7.00	
8.00		0.00	0		8.00	
9.00		0.00	0		9.00	
10.00		0.00	0		10.00	
TOTALS				3,449,351		
P - IMPLANTS						
1.00	ADULTS & PEDIATRICS	30.00	3,629		1.00	
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	11,009,076		2.00	
3.00		0.00	0		3.00	
4.00		0.00	0		4.00	
5.00		0.00	0		5.00	
6.00		0.00	0		6.00	
7.00		0.00	0		7.00	
8.00		0.00	0		8.00	
TOTALS				11,012,705		
Q - COORDINATED BREAST CARE						
1.00	PHYSICIAN PRACTICE	192.05	515,990	203,725	1.00	
TOTALS				515,990	203,725	
R - MINIMALLY INVASIVE CENTER						
1.00	PHYSICIAN PRACTICE	192.05	182,045	181,015	1.00	
TOTALS				182,045	181,015	
S - FMLA						
1.00	ADMITTING	5.04	7,475		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	2,483		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	138		3.00	
4.00	HOUSEKEEPING	9.00	15,937		4.00	
5.00	NURSING ADMINISTRATION	13.00	7,682		5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	7,343		6.00	
7.00	PHARMACY	15.00	14,004		7.00	
8.00	SOCIAL SERVICE	17.00	3,618		8.00	
9.00	ADULTS & PEDIATRICS	30.00	110,592		9.00	
10.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	2,307		10.00	
11.00	PREMATURE INTENSIVE CARE UNIT	34.02	23,021		11.00	
12.00	OPERATING ROOM	50.00	5,484		12.00	
13.00	RECOVERY ROOM	51.00	6,117		13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	9,729		14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	17,679		15.00	
16.00	LABORATORY	60.00	584		16.00	
17.00	RESPIRATORY THERAPY	65.00	14,047		17.00	
18.00	PHYSICAL THERAPY	66.00	2,540		18.00	
19.00	ELECTROCARDIOLOGY	69.00	264		19.00	
20.00	CARDIAC CATHETERIZATION LABORATORY	75.01	2,622		20.00	

Provider CCN: 150161

Period:
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		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
21.00	EMERGENCY		91.00	0	4,643	21.00
22.00	PHYSICIAN PRACTICE		192.05	0	2,497	22.00
	TOTALS			0	260,806	
T - ACCRUED PTO						
1.00	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	646,661	1.00
	TOTALS			0	646,661	
500.00	Grand Total: Increases			2,062,419	63,635,723	500.00

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
C - BUILDING AND EQUIPMENT RENTAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,367,202	10	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	13,598	10	2.00
3.00	OPERATION OF PLANT	7.00	0	87,211	10	3.00
4.00	CAFETERIA	11.00	0	100	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	106,415	0	5.00
6.00	PHARMACY	15.00	0	196	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	86,961	0	7.00
8.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	365	0	8.00
9.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	11,563	0	9.00
10.00	OPERATING ROOM	50.00	0	277,024	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	226,991	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	17,474	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	89,509	0	13.00
14.00	EMERGENCY	91.00	0	69	0	14.00
15.00	OTHER NON-REIMBURSABLE	192.01	0	35,521	0	15.00
16.00	PHYSICIAN PRACTICE	192.05	0	107,465	0	16.00
TOTALS			0	3,427,664		
D - DEPRECIATION AND OTHER CAPITAL COSTS						
1.00	NONPATIENT TELEPHONES	5.01	0	58,011	9	1.00
2.00	DATA PROCESSING	5.02	0	26,958	9	2.00
3.00	PURCHASING	5.03	0	101,568	0	3.00
4.00	ADMINISTRATIVE	5.04	0	20,144	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	6,000,990	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	237,590	0	6.00
7.00	OPERATION OF PLANT	7.00	0	499,354	0	7.00
8.00	HOUSEKEEPING	9.00	0	239,013	0	8.00
9.00	DIETARY	10.00	0	1,793	0	9.00
10.00	CAFETERIA	11.00	0	28,848	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	82,194	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	671,277	0	12.00
13.00	PHARMACY	15.00	0	30,557	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,207	0	14.00
15.00	SOCIAL SERVICE	17.00	0	508	0	15.00
16.00	ADULTS & PEDIATRICS	30.00	0	238,287	0	16.00
17.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	24,725	0	17.00
18.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	186,580	0	18.00
19.00	OPERATING ROOM	50.00	0	1,475,846	0	19.00
20.00	RECOVERY ROOM	51.00	0	62,814	0	20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	191,767	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	467,422	0	22.00
23.00	RADIOISOTOPE	56.00	0	375	0	23.00
24.00	LABORATORY	60.00	0	18,389	0	24.00
25.00	RESPIRATORY THERAPY	65.00	0	58,717	0	25.00
26.00	PHYSICAL THERAPY	66.00	0	25,891	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0	30,610	0	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,109	0	28.00
29.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	466,611	0	29.00
30.00	EMERGENCY	91.00	0	84,727	0	30.00
31.00	OTHER NON-REIMBURSABLE	192.01	0	2,928	0	31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	58,983	0	32.00
33.00	PHYSICIAN PRACTICE	192.05	0	24,094	0	33.00
TOTALS			0	11,436,887		
E - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE	5.04	0	216,892	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	512,857	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	234,175	0	3.00
4.00	OPERATION OF PLANT	7.00	0	18,447	0	4.00
5.00	HOUSEKEEPING	9.00	0	434,072	0	5.00
6.00	DIETARY	10.00	0	234,273	0	6.00
7.00	CAFETERIA	11.00	0	300,101	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	619,565	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	135,858	0	9.00
10.00	PHARMACY	15.00	0	256,891	0	10.00
11.00	SOCIAL SERVICE	17.00	0	56,999	0	11.00

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		
12.00	PATIENT TRANSPORTATION	18.00	0	35,729	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	1,773,857	0	13.00	
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	133,284	0	14.00	
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	350,520	0	15.00	
16.00	OPERATING ROOM	50.00	0	563,186	0	16.00	
17.00	RECOVERY ROOM	51.00	0	290,889	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	529,638	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	517,529	0	19.00	
20.00	RADIOISOTOPE	56.00	0	28,507	0	20.00	
21.00	LABORATORY	60.00	0	67,346	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	244,571	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	353,483	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	32,871	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	13,816	0	25.00	
26.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	170,263	0	26.00	
27.00	EMERGENCY	91.00	0	270,417	0	27.00	
28.00	OTHER NON-REIMBURSABLE	192.01	0	51,021	0	28.00	
29.00	PHYSICIAN PRACTICE	192.05	0	54,935	0	29.00	
	TOTALS		0	8,501,992			
F - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	14,336,024	11	1.00	
	TOTALS		0	14,336,024			
G - LABOR AND DELIVERY COSTS TO NURSERY							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	21,757	2,488	0	1.00	
	TOTALS		21,757	2,488			
H - LABOR AND DELIVERY TO ROUTINE							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	359,931	41,161	0	1.00	
	TOTALS		359,931	41,161			
I - MARKETING							
1.00	ADMINISTRATIVE	5.04		3,552	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05		14,250	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00		1,500	0	3.00	
	TOTALS		0	19,302			
J - PACU							
1.00	RECOVERY ROOM	51.00	2,773	257	0	1.00	
	TOTALS		2,773	257			
K - POST PARTUM TO NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	979,923	103,700	0	1.00	
	TOTALS		979,923	103,700			
L - NONBILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		26,808	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00		5	0	2.00	
3.00	OPERATING ROOM	50.00		24	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00		11,339	0	4.00	
5.00	RADIOISOTOPE	56.00		47,600	0	5.00	
6.00	RESPIRATORY THERAPY	65.00		548	0	6.00	
7.00	PHYSICAL THERAPY	66.00		36	0	7.00	
	TOTALS		0	86,360			
M - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	2,689,736	0	1.00	
2.00	SOCIAL SERVICE	17.00	0	6,997	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	7	0	3.00	
4.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	120	0	4.00	
5.00	OPERATING ROOM	50.00	0	107,192	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	0	141	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	117,223	0	7.00	
8.00	RADIOISOTOPE	56.00	0	193,663	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	47,473	0	9.00	
10.00	ELECTROCARDIOLOGY	69.00	0	2,190	0	10.00	
11.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	21,886	0	11.00	
12.00	EMERGENCY	91.00	0	6	0	12.00	
	TOTALS		0	3,186,634			
N - NONBILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		4,661	0	1.00	
2.00	PURCHASING	5.03		31,468	0	2.00	
3.00	ADMINISTRATIVE	5.04		16,518	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00		56,840	0	4.00	

RECLASSIFICATIONS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
5.00	OPERATION OF PLANT	7.00	4		0	5.00	
6.00	HOUSEKEEPING	9.00	17,496		0	6.00	
7.00	DIETARY	10.00	6,521		0	7.00	
8.00	CAFETERIA	11.00	508		0	8.00	
9.00	NURSING ADMINISTRATION	13.00	1,501		0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	457,226		0	10.00	
11.00	PHARMACY	15.00	101,080		0	11.00	
12.00	MEDICAL RECORDS & LIBRARY	16.00	2		0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	807,161		0	13.00	
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	57,243		0	14.00	
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	243,066		0	15.00	
16.00	OPERATING ROOM	50.00	3,337,190		0	16.00	
17.00	RECOVERY ROOM	51.00	230,768		0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	447,040		0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	272,284		0	19.00	
20.00	RADIOISOTOPE	56.00	2,803		0	20.00	
21.00	LABORATORY	60.00	5,964		0	21.00	
22.00	RESPIRATORY THERAPY	65.00	189,862		0	22.00	
23.00	PHYSICAL THERAPY	66.00	48,195		0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	3,373		0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	12,574		0	25.00	
26.00	CARDIAC CATHETERIZATION LABORATORY	75.01	156,124		0	26.00	
27.00	EMERGENCY	91.00	228,807		0	27.00	
28.00	OTHER NON-REIMBURSABLE	192.01	84		0	28.00	
29.00	PHYSICIANS' PRIVATE OFFICES	192.04	2,008		0	29.00	
30.00	PHYSICIAN PRACTICE	192.05	620		0	30.00	
TOTALS			0	6,738,991			
O - BILLABLE SUPPLIES							
1.00	PURCHASING	5.03	51,976		0	1.00	
2.00	NURSING ADMINISTRATION	13.00	52		0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	132,256		0	3.00	
4.00	OPERATING ROOM	50.00	2,285,127		0	4.00	
5.00	DELIVERY ROOM & LABOR ROOM	52.00	240,812		0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	39,491		0	6.00	
7.00	RESPIRATORY THERAPY	65.00	2,757		0	7.00	
8.00	PHYSICAL THERAPY	66.00	11,573		0	8.00	
9.00	CARDIAC CATHETERIZATION LABORATORY	75.01	675,943		0	9.00	
10.00	EMERGENCY	91.00	9,364		0	10.00	
TOTALS			0	3,449,351			
P - IMPLANTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,147	0	1.00	
2.00	OPERATING ROOM	50.00	0	10,286,659	0	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,800	0	3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	673	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	24,479	0	5.00	
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,131	0	6.00	
7.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	659,927	0	7.00	
8.00	EMERGENCY	91.00	0	889	0	8.00	
TOTALS			0	11,012,705			
Q - COORDINATED BREAST CARE							
1.00	NURSING ADMINISTRATION	13.00	515,990	203,725	0	1.00	
TOTALS			515,990	203,725			
R - MINIMALLY INVASIVE CENTER							
1.00	OPERATING ROOM	50.00	182,045	181,015	0	1.00	
TOTALS			182,045	181,015			
S - FMLA							
1.00	ADMINISTRATIVE	5.04	7,475	0	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	2,483	0	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	138	0	0	3.00	
4.00	HOUSEKEEPING	9.00	15,937	0	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	7,682	0	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	7,343	0	0	6.00	
7.00	PHARMACY	15.00	14,004	0	0	7.00	
8.00	SOCIAL SERVICE	17.00	3,618	0	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	110,592	0	0	9.00	
10.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	2,307	0	0	10.00	

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
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Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
11.00	PREMATURE INTENSIVE CARE UNIT	34.02	23,021	0	0	0		11.00
12.00	OPERATING ROOM	50.00	5,484	0	0	0		12.00
13.00	RECOVERY ROOM	51.00	6,117	0	0	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	9,729	0	0	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	17,679	0	0	0		15.00
16.00	LABORATORY	60.00	584	0	0	0		16.00
17.00	RESPIRATORY THERAPY	65.00	14,047	0	0	0		17.00
18.00	PHYSICAL THERAPY	66.00	2,540	0	0	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	264	0	0	0		19.00
20.00	CARDIAC CATHETERIZATION LABORATORY	75.01	2,622	0	0	0		20.00
21.00	EMERGENCY	91.00	4,643	0	0	0		21.00
22.00	PHYSICIAN PRACTICE	192.05	2,497	0	0	0		22.00
	TOTALS		260,806	0	0	0		
	T - ACCRUED PTO							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	646,661	0	0	0		1.00
	TOTALS		646,661	0	0	0		
500.00	Grand Total: Decreases		2,969,886	62,728,256				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2016 9:38 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	11,942,223	0	0	0	2.00
3.00	Buildings and Fixtures	148,754,672	0	0	0	3.00
4.00	Building Improvements	9,688,243	388,840	0	388,840	4.00
5.00	Fixed Equipment	30,189,401	1,127,840	0	1,127,840	5.00
6.00	Movable Equipment	69,456,605	21,474	0	21,474	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	270,031,144	1,538,154	0	1,538,154	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	270,031,144	1,538,154	0	1,538,154	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	11,942,223	0			2.00
3.00	Buildings and Fixtures	148,754,672	0			3.00
4.00	Building Improvements	9,962,999	0			4.00
5.00	Fixed Equipment	31,317,241	0			5.00
6.00	Movable Equipment	67,264,492	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	269,241,627	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	269,241,627	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

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	201,977,135	0	201,977,135	0.750171	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	67,264,492	0	67,264,492	0.249829	0	2.00
3.00	Total (sum of lines 1-2)	269,241,627	0	269,241,627	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	6,430,122	1,754,628	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	-188,800	0	1.01
1.02	MOB LEASED SPACE	0	0	0	-36,000	1,329,098	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,428,015	343,938	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,633,337	3,427,664	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	8,184,750	1.00
1.01	NEW CAP REL COSTS-INTEREST	14,336,024	0	0	0	14,147,224	1.01
1.02	MOB LEASED SPACE	0	0	0	0	1,293,098	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,771,953	2.00
3.00	Total (sum of lines 1-2)	14,336,024	0	0	0	28,397,025	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8

Date/Time Prepared:
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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		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)			ONEW CAP REL COSTS-INTEREST	1.01	0	1.01
1.02 Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02	0	1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,018,067			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	15,120,722			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01	0	26.01
26.02 Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02	0	26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00

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	
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***			30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0				0 32.00
33.00 EMPLOYEE BENEFITS	A	-8,533,060	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
34.00 MISCELLANEOUS INCOME	B	-1,607	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.00
35.00 MISCELLANEOUS INCOME	B	-497,083	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 35.00
36.00 MISCELLANEOUS INCOME	B	-508,824	MAINTENANCE & REPAIRS		6.00	0 36.00
37.00 MISCELLANEOUS INCOME	B	-84,648	OPERATION OF PLANT		7.00	0 37.00
37.01 MISCELLANEOUS INCOME	B	-13,489	DIETARY		10.00	0 37.01
37.02 MISCELLANEOUS INCOME	B	-1,411,377	CAFETERIA		11.00	0 37.02
37.03 MISCELLANEOUS INCOME	B	-21,668	NURSING ADMINISTRATION		13.00	0 37.03
37.04 MISCELLANEOUS INCOME	B	-26,250	PHARMACY		15.00	0 37.04
37.05 MISCELLANEOUS INCOME	B	-6,085	ADULTS & PEDIATRICS		30.00	0 37.05
37.06 MISCELLANEOUS INCOME	B	-8,440	PHYSICAL THERAPY		66.00	0 37.06
37.07 MISCELLANEOUS INCOME	B	-35	EMERGENCY		91.00	0 37.07
37.08 SHARED EMPLOYEE	B	-194,940	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 37.08
38.00 SHARED EMPLOYEE	B	-14,131	DATA PROCESSING		5.02	0 38.00
38.01 SHARED EMPLOYEE	B	-54,735	PURCHASING		5.03	0 38.01
38.02 SHARED EMPLOYEE	B	-199,158	ADMINISTRATIVE		5.04	0 38.02
39.00 SHARED EMPLOYEE	B	-942,794	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 39.00
39.01 SHARED EMPLOYEE	B	-28,301	MAINTENANCE & REPAIRS		6.00	0 39.01
40.00 SHARED EMPLOYEE	B	-152,738	OPERATION OF PLANT		7.00	0 40.00
40.01 SHARED EMPLOYEE	B	-15,824	DIETARY		10.00	0 40.01
41.00 SHARED EMPLOYEE	B	-53,576	CAFETERIA		11.00	0 41.00
41.01 SHARED EMPLOYEE	B	-144,169	NURSING ADMINISTRATION		13.00	0 41.01
41.02 SHARED EMPLOYEE	B	-46,670	CENTRAL SERVICES & SUPPLY		14.00	0 41.02
41.03 SHARED EMPLOYEE	B	-12,375	SOCIAL SERVICE		17.00	0 41.03
42.00 SHARED EMPLOYEE	B	-128,250	OPERATING ROOM		50.00	0 42.00
43.00 SHARED EMPLOYEE	B	-27,394	LABORATORY		60.00	0 43.00
44.00 SHARED EMPLOYEE	B	-74,134	CARDIAC CATHETERIZATION LABORATORY		75.01	0 44.00
45.00 SHARED EMPLOYEE	B	-77,891	EMERGENCY		91.00	0 45.00
45.01 ACCRUED PTO	A	-646,661	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 45.01
45.02 HAF PMTS RECEIVED	B	-6,730,475	OTHER ADMINISTRATIVE AND GENERAL		5.05	0 45.02
45.03 START UP COSTS	A	5,908	RADIOLOGY-DIAGNOSTIC		54.00	0 45.03
45.04 INTERCOMPANY SERVICES	B	-336,684	OTHER NON-REIMBURSABLE		192.01	0 45.04
45.05 INTERCOMPANY SERVICES	B	-599,073	PHYSICIANS' PRIVATE OFFICES		192.04	0 45.05
45.06 INTERCOMPANY SERVICES	B	-332,375	PHYSICIAN PRACTICE		192.05	0 45.06
45.07		0			0.00	0 45.07
45.08		0			0.00	0 45.08
45.09		0			0.00	0 45.09
45.10		0			0.00	0 45.10
45.11		0			0.00	0 45.11
45.12		0			0.00	0 45.12
45.13		0			0.00	0 45.13
45.14		0			0.00	0 45.14
45.15		0			0.00	0 45.15
45.16		0			0.00	0 45.16
45.17		0			0.00	0 45.17
45.18		0			0.00	0 45.18
45.19		0			0.00	0 45.19
45.20		0			0.00	0 45.20
45.21		0			0.00	0 45.21
45.22		0			0.00	0 45.22
45.23		0			0.00	0 45.23
45.24		0			0.00	0 45.24
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,816,351				50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 150161

Period: From 01/01/2015 To 12/31/2015

Worksheet A-8-1

Date/Time Prepared: 5/27/2016 9:38 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HO ALLOCATED COSTS	682,348	1,754,627	1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	HO ALLOCATED COSTS	14,147,224	14,336,024	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HO ALLOCATED COSTS	493,529	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATED COSTS	8,677,010	0	4.00
4.01	5.02	DATA PROCESSING	HO ALLOCATED COSTS	5,108,009	0	4.01
4.02	5.03	PURCHASING	HO ALLOCATED COSTS	343,795	0	4.02
4.03	5.04	ADMITTING	HO ALLOCATED COSTS	5,803,197	27,610	4.03
4.04	5.05	OTHER ADMINISTRATIVE AND GEN	HO ALLOCATED COSTS	12,319,523	17,190,654	4.04
4.05	13.00	NURSING ADMINISTRATION	HO ALLOCATED COSTS	0	16,881	4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	HO ALLOCATED COSTS	1,007,399	99,516	4.06
4.07	1.02	MOB LEASED SPACE	HO ALLOCATED COSTS	0	36,000	4.07
4.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTECO / SHARED SERVICES	129,119	129,119	4.08
4.09	5.05	OTHER ADMINISTRATIVE AND GEN	INTECO / SHARED SERVICES	2,325,664	2,325,664	4.09
4.10	7.00	OPERATION OF PLANT	INTECO / SHARED SERVICES	6,877	6,877	4.10
4.11	13.00	NURSING ADMINISTRATION	INTECO / SHARED SERVICES	46,025	46,025	4.11
4.12	30.00	ADULTS & PEDIATRICS	INTECO / SHARED SERVICES	1,793,664	1,793,664	4.12
4.13	34.01	PEDIATRIC INTENSIVE CARE UNI	INTECO / SHARED SERVICES	1,122,050	1,122,050	4.13
4.14	34.02	PREMATURE INTENSIVE CARE UNI	INTECO / SHARED SERVICES	681,785	681,785	4.14
4.15	50.00	OPERATING ROOM	INTECO / SHARED SERVICES	394,848	394,848	4.15
4.16	54.00	RADIOLOGY-DIAGNOSTIC	INTECO / SHARED SERVICES	116,834	116,834	4.16
4.17	60.00	LABORATORY	INTECO / SHARED SERVICES	4,772,765	4,772,765	4.17
4.18	66.00	PHYSICAL THERAPY	INTECO / SHARED SERVICES	9,226	9,226	4.18
4.19	69.00	ELECTROCARDIOLOGY	INTECO / SHARED SERVICES	169,009	169,009	4.19
4.20	70.00	ELECTROENCEPHALOGRAPHY	INTECO / SHARED SERVICES	273,305	273,305	4.20
4.21	75.01	CARDIAC CATHETERIZATION LABORA	INTECO / SHARED SERVICES	162,993	162,993	4.21
4.22	91.00	EMERGENCY	INTECO / SHARED SERVICES	1,001,686	1,001,686	4.22
4.23	192.01	OTHER NON-REIMBURSABLE	INTECO / SHARED SERVICES	130,257	130,257	4.23
4.24	192.05	PHYSICIAN PRACTICE	INTECO / SHARED SERVICES	93,388	93,388	4.24
4.25	0.00			0	0	4.25
5.00	0			61,811,529	46,690,807	5.00

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

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

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

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

6.00	B		0.00	IN UNIV HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
9.01			0.00		0.00	9.01
9.02			0.00		0.00	9.02
9.03			0.00		0.00	9.03
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL			0.00	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.

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

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:
5/27/2016 9:38 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-1,072,279	9	1.00
2.00	-188,800	9	2.00
3.00	493,529	9	3.00
4.00	8,677,010	0	4.00
4.01	5,108,009	0	4.01
4.02	343,795	0	4.02
4.03	5,775,587	0	4.03
4.04	-4,871,131	0	4.04
4.05	-16,881	0	4.05
4.06	907,883	0	4.06
4.07	-36,000	9	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
5.00	15,120,722		5.00

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

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

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

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

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

6.00	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
9.01			9.01
9.02			9.02
9.03			9.03
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
5/27/2016 9:38 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	1,229,911	1,229,911	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,697,655	1,697,655	0	0	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	1,100,000	1,100,000	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	660,952	387,772	273,180	171,400	8,784	4.00
5.00	50.00	OPERATING ROOM	871,628	471,632	399,996	204,100	8,784	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	33,655	0	33,655	231,100	240	6.00
7.00	60.00	LABORATORY	108,000	108,000	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	169,009	169,009	0	0	0	8.00
9.00	91.00	EMERGENCY	1,536,818	764,168	772,650	171,400	8,370	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			7,407,628	5,928,147	1,479,481		26,178	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	723,835	36,192	0	0	0	4.00
5.00	50.00	OPERATING ROOM	861,930	43,097	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	26,665	1,333	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	689,720	34,486	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,302,150	115,108	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	1,229,911	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,697,655	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,100,000	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	723,835	0	387,772	4.00
5.00	50.00	OPERATING ROOM	0	861,930	0	471,632	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	26,665	6,990	6,990	6.00
7.00	60.00	LABORATORY	0	0	0	108,000	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	169,009	8.00
9.00	91.00	EMERGENCY	0	689,720	82,930	847,098	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	2,302,150	89,920	6,018,067	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	8,184,750	8,184,750			1.00
1.01 00101	NEW CAP REL COSTS-INTEREST	14,147,224	0	14,147,224		1.01
1.02 00102	MOB LEASED SPACE	1,293,098	0	0	1,293,098	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	4,771,953				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,208,019	0	0	21,509	4.00
5.01 00540	NONPATIENT TELEPHONES	362	0	0	0	5.01
5.02 00550	DATA PROCESSING	5,084,876	117,703	203,448	0	5.02
5.03 00580	PURCHASING	331,317	211,593	365,735	0	5.03
5.04 00570	ADMINISTRATIVE	7,112,603	64,933	112,236	0	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	20,854,977	87,969	152,053	267,593	5.05
6.00 00600	MAINTENANCE & REPAIRS	5,880,308	123,491	213,452	0	6.00
7.00 00700	OPERATION OF PLANT	17,086	1,399,270	2,418,619	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	71,614	0	0	0	8.00
9.00 00900	HOUSEKEEPING	4,992,550	112,390	194,265	0	9.00
10.00 01000	DIETARY	1,160,754	50,550	87,375	0	10.00
11.00 01100	CAFETERIA	932,015	285,596	493,649	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,858,726	46,641	80,618	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,153,927	340,662	588,829	0	14.00
15.00 01500	PHARMACY	2,104,974	63,112	109,087	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,192,316	18,615	32,175	0	16.00
17.00 01700	SOCIAL SERVICE	307,598	12,467	21,549	0	17.00
18.00 01850	PATIENT TRANSPORTATION	153,628	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,844,071	1,700,956	2,940,080	0	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	1,113,635	152,902	264,289	0	34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	3,435,143	430,035	743,310	6,479	34.02
43.00 04300	NURSERY	1,107,868	167,058	288,757	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,202,405	867,831	1,500,034	0	50.00
51.00 05100	RECOVERY ROOM	1,999,800	168,405	291,086	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,346,968	397,360	686,831	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,733,284	273,547	472,822	319,306	54.00
56.00 05600	RADIOISOTOPE	210,404	20,095	34,733	0	56.00
60.00 06000	LABORATORY	5,718,192	160,132	276,786	0	60.00
65.00 06500	RESPIRATORY THERAPY	1,702,122	35,142	60,743	0	65.00
66.00 06600	PHYSICAL THERAPY	2,412,545	6,584	11,381	120,950	66.00
69.00 06900	ELECTROCARDIOLOGY	271,024	40,512	70,025	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	424,766	13,624	23,549	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,436,992	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	11,009,076	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,245,019	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	1,368,081	250,511	433,004	0	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	ADULT SLEEP LAB	0	0	0	0	90.01
90.02 09002	PEDIATRIC SLEEP LAB	0	0	0	0	90.02
90.03 09003	IVF	0	0	0	0	90.03
91.00 09100	EMERGENCY	3,154,241	376,962	651,573	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	162,550,311	7,996,648	13,822,093	735,837	4,744,645
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	OTHER NON-REIMBURSABLE	1,241,318	88,235	152,513	0	192.01
192.02 19202	PURCHASED SERVICES	0	0	0	0	192.02
192.03 19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	192.03
192.04 19204	PHYSICIANS' PRIVATE OFFICES	-597,062	99,867	172,618	0	192.04
192.05 19205	PHYSICIAN PRACTICE	1,214,896	0	0	557,261	192.05
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	164,409,463	8,184,750	14,147,224	1,293,098	4,771,953

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	9,233,267					4.00
5.01	00540	NONPATIENT TELEPHONES	0	35,419				5.01
5.02	00550	DATA PROCESSING	0	1,446	5,590,728			5.02
5.03	00580	PURCHASING	0	297	48,801	1,024,684		5.03
5.04	00570	ADMINISTRATIVE	233,530	778	128,102	753	7,670,779	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	807,443	1,594	262,304	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	250,530	519	85,401	2,639	0	6.00
7.00	00700	OPERATION OF PLANT	36,607	1,538	253,154	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	233,138	259	42,701	812	0	9.00
10.00	01000	DIETARY	159,697	334	54,901	303	0	10.00
11.00	01100	CAFETERIA	182,931	130	21,350	24	0	11.00
13.00	01300	NURSING ADMINISTRATION	328,203	389	64,051	74	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	119,145	204	33,550	22,939	0	14.00
15.00	01500	PHARMACY	338,573	445	73,201	7,266	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	426	70,151	0	0	16.00
17.00	01700	SOCIAL SERVICE	54,069	111	18,300	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	26,202	334	54,901	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,057,173	6,117	1,006,512	41,382	562,094	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	139,256	500	82,351	2,660	65,457	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	506,751	1,353	222,653	11,879	234,993	34.02
43.00	04300	NURSERY	185,742	723	118,952	0	72,887	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	610,645	2,836	466,657	636,918	1,534,576	50.00
51.00	05100	RECOVERY ROOM	330,003	908	149,452	11,629	293,375	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	388,734	1,409	231,803	22,264	382,053	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	548,766	3,966	652,709	13,764	642,299	54.00
56.00	05600	RADIOISOTOPE	38,490	0	0	80	74,759	56.00
60.00	06000	LABORATORY	96,724	834	137,252	23,035	725,720	60.00
65.00	06500	RESPIRATORY THERAPY	276,184	741	122,002	8,837	109,805	65.00
66.00	06600	PHYSICAL THERAPY	400,114	834	137,252	3,388	145,114	66.00
69.00	06900	ELECTROCARDIOLOGY	45,361	0	0	157	120,086	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,394	0	0	683	36,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	160,129	225,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	887,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	493,688	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	198,953	871	143,352	38,755	294,542	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	392,836	1,594	262,304	14,144	768,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,008,194	31,490	4,944,119	1,024,514	7,669,256	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	47,877	982	161,652	4	0	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	334	54,901	137	0	192.04
192.05	19205	PHYSICIAN PRACTICE	177,196	2,613	430,056	29	1,523	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,233,267	35,419	5,590,728	1,024,684	7,670,779	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A. 04	5. 05	6. 00	7. 00	8. 00	
GENERAL SERVICE COST CENTERS							
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT					1. 00
1. 01	00101	NEW CAP REL COSTS-INTEREST					1. 01
1. 02	00102	MOB LEASED SPACE					1. 02
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00	00400	EMPLOYEE BENEFITS DEPARTMENT					4. 00
5. 01	00540	NONPATIENT TELEPHONES					5. 01
5. 02	00550	DATA PROCESSING					5. 02
5. 03	00580	PURCHASING					5. 03
5. 04	00570	ADMINITTING					5. 04
5. 05	00560	OTHER ADMINISTRATIVE AND GENERAL	23,288,155	23,288,155			5. 05
6. 00	00600	MAINTENANCE & REPAIRS	6,612,998	1,089,319	7,702,317		6. 00
7. 00	00700	OPERATION OF PLANT	4,130,956	680,468	1,422,026	6,233,450	7. 00
8. 00	00800	LAUNDRY & LINEN SERVICE	71,707	11,812	0	83,519	8. 00
9. 00	00900	HOUSEKEEPING	5,678,342	935,359	114,218	113,366	9. 00
10. 00	01000	DIETARY	1,523,059	250,884	51,372	50,989	10. 00
11. 00	01100	CAFETERIA	1,920,764	316,396	290,241	288,076	11. 00
13. 00	01300	NURSING ADMINISTRATION	2,391,116	393,874	47,400	47,046	13. 00
14. 00	01400	CENTRAL SERVICES & SUPPLY	9,523,601	1,568,766	346,202	343,620	388 14. 00
15. 00	01500	PHARMACY	2,858,279	470,827	64,138	63,660	4 15. 00
16. 00	01600	MEDICAL RECORDS & LIBRARY	1,314,352	216,505	18,917	18,776	0 16. 00
17. 00	01700	SOCIAL SERVICE	414,417	68,264	12,669	12,575	0 17. 00
18. 00	01850	PATIENT TRANSPORTATION	235,426	38,780	0	0	0 18. 00
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00	03000	ADULTS & PEDIATRICS	21,336,574	3,514,690	1,728,617	1,715,726	48,136 30. 00
34. 00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34. 00
34. 01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,859,847	306,361	155,389	154,230	0 34. 01
34. 02	03402	PREMATURE INTENSIVE CARE UNIT	5,745,693	946,454	437,029	433,769	3,533 34. 02
43. 00	04300	NURSERY	1,954,535	321,959	169,775	168,508	3,062 43. 00
ANCILLARY SERVICE COST CENTERS							
50. 00	05000	OPERATING ROOM	12,204,985	2,010,454	881,945	875,367	4,206 50. 00
51. 00	05100	RECOVERY ROOM	3,310,667	545,346	171,144	169,867	4,652 51. 00
52. 00	05200	DELIVERY ROOM & LABOR ROOM	4,641,118	764,504	403,822	400,810	0 52. 00
53. 00	05300	ANESTHESIOLOGY	0	0	0	0	0 53. 00
54. 00	05400	RADIOLOGY-DIAGNOSTIC	7,008,624	1,154,489	277,995	275,922	7,854 54. 00
56. 00	05600	RADIOISOTOPE	378,704	62,382	20,422	20,269	0 56. 00
60. 00	06000	LABORATORY	7,181,232	1,182,921	162,736	161,522	143 60. 00
65. 00	06500	RESPIRATORY THERAPY	2,401,878	395,647	35,714	35,447	7 65. 00
66. 00	06600	PHYSICAL THERAPY	3,267,249	538,194	6,691	6,642	636 66. 00
69. 00	06900	ELECTROCARDIOLOGY	592,057	97,526	41,171	40,864	0 69. 00
70. 00	07000	ELECTROENCEPHALOGRAPHY	527,199	86,842	13,846	13,743	0 70. 00
71. 00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,822,969	629,735	0	0	0 71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATIENT	11,896,281	1,959,603	0	0	0 72. 00
73. 00	07300	DRUGS CHARGED TO PATIENTS	3,738,707	615,855	0	0	0 73. 00
75. 00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75. 00
75. 01	07501	CARDIAC CATHETERIZATION LABORATORY	3,060,296	504,104	254,585	252,686	3,447 75. 01
OUTPATIENT SERVICE COST CENTERS							
90. 00	09000	CLINIC	0	0	0	0	0 90. 00
90. 01	09001	ADULT SLEEP LAB	0	0	0	0	0 90. 01
90. 02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0 90. 02
90. 03	09003	IVF	0	0	0	0	0 90. 03
91. 00	09100	EMERGENCY	5,683,418	936,195	383,092	380,235	7,451 91. 00
92. 00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92. 00
SPECIAL PURPOSE COST CENTERS							
113. 00	11300	INTEREST EXPENSE					113. 00
118. 00		SUBTOTALS (SUM OF LINES 1-117)	160,575,205	22,614,515	7,511,156	6,043,715	83,519 118. 00
NONREIMBURSABLE COST CENTERS							
190. 00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190. 00
192. 00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192. 00
192. 01	19201	OTHER NON-REIMBURSABLE	1,693,424	278,948	89,670	89,001	0 192. 01
192. 02	19202	PURCHASED SERVICES	0	0	0	0	0 192. 02
192. 03	19203	ZONVILLE SCHOOL NURSES	0	0	0	0	0 192. 03
192. 04	19204	PHYSICIANS' PRIVATE OFFICES	-255,244	0	101,491	100,734	0 192. 04
192. 05	19205	PHYSICIAN PRACTICE	2,396,078	394,692	0	0	0 192. 05
194. 00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194. 00
200. 00		Cross Foot Adjustments	0	0	0	0	200. 00
201. 00		Negative Cost Centers	0	0	0	0	0 201. 00
202. 00		TOTAL (sum lines 118-201)	164,409,463	23,288,155	7,702,317	6,233,450	83,519 202. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
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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	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	6,841,285				9.00
10.00	01000	DIETARY	56,998	1,933,302			10.00
11.00	01100	CAFETERIA	322,023	0	3,137,500		11.00
13.00	01300	NURSING ADMINISTRATION	52,590	0	145,818	3,077,844	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	384,113	0	81,660	112	12,248,462
15.00	01500	PHARMACY	71,161	0	117,044	0	89,251
16.00	01600	MEDICAL RECORDS & LIBRARY	20,989	0	0	0	1
17.00	01700	SOCIAL SERVICE	14,057	0	22,473	73	0
18.00	01850	PATIENT TRANSPORTATION	0	0	27,295	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,917,911	1,760,463	852,961	1,021,903	508,319
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	172,405	57,835	58,535	121,412	32,678
34.02	03402	PREMATURE INTENSIVE CARE UNIT	484,885	0	181,052	417,123	145,921
43.00	04300	NURSERY	188,366	0	75,211	112,164	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	978,522	0	259,794	299,962	7,823,639
51.00	05100	RECOVERY ROOM	189,885	1,164	133,141	245,611	142,841
52.00	05200	DELIVERY ROOM & LABOR ROOM	448,042	99,894	171,129	397,660	273,484
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	308,437	0	268,020	27,554	169,068
56.00	05600	RADIOISOTOPE	22,658	0	14,890	0	979
60.00	06000	LABORATORY	180,556	0	42,785	49,011	282,949
65.00	06500	RESPIRATORY THERAPY	39,624	0	120,037	0	108,555
66.00	06600	PHYSICAL THERAPY	7,424	0	172,333	0	41,612
69.00	06900	ELECTROCARDIOLOGY	45,679	0	20,150	0	1,923
70.00	07000	ELECTROENCEPHALOGRAPHY	15,362	0	8,670	0	8,385
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,966,975
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	282,463	0	76,077	80,310	476,058
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	425,042	13,946	173,248	304,890	173,744
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,629,192	1,933,302	3,022,323	3,077,785	12,246,382
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	99,489	0	33,101	0	48
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	112,604	0	0	0	1,678
192.05	19205	PHYSICIAN PRACTICE	0	0	82,076	59	354
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	6,841,285	1,933,302	3,137,500	3,077,844	12,248,462

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01
1.02 00102 MOB LEASED SPACE							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540 NONPATIENT TELEPHONES							5.01
5.02 00550 DATA PROCESSING							5.02
5.03 00580 PURCHASING							5.03
5.04 00570 ADMITTING							5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL							5.05
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY	3,734,364						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,589,540					16.00
17.00 01700 SOCIAL SERVICE	8,200	0	552,728				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	301,501			18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	8	116,487	351,378	191,669	35,064,842		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	13,565	20,322	11,085	2,963,664		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	141	48,699	82,122	44,796	8,971,217		34.02
43.00 04300 NURSERY	0	15,105	75,064	40,946	3,124,695		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	125,617	317,888	0	0	25,782,379		50.00
51.00 05100 RECOVERY ROOM	0	60,798	0	0	4,975,116		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	165	79,176	23,842	13,005	7,716,651		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	137,372	133,109	0	0	9,768,444		54.00
56.00 05600 RADIOISOTOPE	226,951	15,493	0	0	762,748		56.00
60.00 06000 LABORATORY	0	150,397	0	0	9,394,252		60.00
65.00 06500 RESPIRATORY THERAPY	55,633	22,756	0	0	3,215,298		65.00
66.00 06600 PHYSICAL THERAPY	0	30,073	0	0	4,070,854		66.00
69.00 06900 ELECTROCARDIOLOGY	2,566	24,886	0	0	866,822		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,522	0	0	681,569		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	46,804	0	0	6,466,483		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	183,862	0	0	14,039,746		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,152,059	102,311	0	0	7,608,932		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	25,648	61,040	0	0	5,076,714		75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0	0	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0		90.02
90.03 09003 IVF	0	0	0	0	0		90.03
91.00 09100 EMERGENCY	4	159,253	0	0	8,640,518		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,734,364	1,589,224	552,728	301,501	159,190,944		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	2,283,681		192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0		192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	61,263		192.04
192.05 19205 PHYSICIAN PRACTICE	0	316	0	0	2,873,575		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	3,734,364	1,589,540	552,728	301,501	164,409,463		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00580	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0 35,064,842	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0 0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0 2,963,664	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0 8,971,217	34.02
43.00	04300	NURSERY	0 3,124,695	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0 25,782,379	50.00
51.00	05100	RECOVERY ROOM	0 4,975,116	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0 7,716,651	52.00
53.00	05300	ANESTHESIOLOGY	0 0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 9,768,444	54.00
56.00	05600	RADIOISOTOPE	0 762,748	56.00
60.00	06000	LABORATORY	0 9,394,252	60.00
65.00	06500	RESPIRATORY THERAPY	0 3,215,298	65.00
66.00	06600	PHYSICAL THERAPY	0 4,070,854	66.00
69.00	06900	ELECTROCARDIOLOGY	0 866,822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0 681,569	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 6,466,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0 14,039,746	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 7,608,932	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0 0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0 5,076,714	75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0 0	90.00
90.01	09001	ADULT SLEEP LAB	0 0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0 0	90.02
90.03	09003	IVF	0 0	90.03
91.00	09100	EMERGENCY	0 8,640,518	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0 0	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0 159,190,944	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0 2,283,681	192.01
192.02	19202	PURCHASED SERVICES	0 0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0 0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0 61,263	192.04
192.05	19205	PHYSICIAN PRACTICE	0 2,873,575	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0 0	194.00
200.00		Cross Foot Adjustments	0 0	200.00
201.00		Negative Cost Centers	0 0	201.00
202.00		TOTAL (sum lines 118-201)	0 164,409,463	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 9:38 am
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	21,509	3,739	4.00
5.01	00540	NONPATIENT TELEPHONES	0	0	0	35,057	5.01
5.02	00550	DATA PROCESSING	117,703	203,448	0	183,255	5.02
5.03	00580	PURCHASING	211,593	365,735	0	66,941	5.03
5.04	00570	ADMITTING	64,933	112,236	0	17,844	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	87,969	152,053	267,593	854,222	5.05
6.00	00600	MAINTENANCE & REPAIRS	123,491	213,452	0	56,658	6.00
7.00	00700	OPERATION OF PLANT	1,399,270	2,418,619	0	4,682	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	93	8.00
9.00	00900	HOUSEKEEPING	112,390	194,265	0	102,227	9.00
10.00	01000	DIETARY	50,550	87,375	0	9,145	10.00
11.00	01100	CAFETERIA	285,596	493,649	0	5,069	11.00
13.00	01300	NURSING ADMINISTRATION	46,641	80,618	0	12,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	340,662	588,829	0	264,345	14.00
15.00	01500	PHARMACY	63,112	109,087	0	161,621	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,615	32,175	0	669	16.00
17.00	01700	SOCIAL SERVICE	12,467	21,549	0	323	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	361	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,700,956	2,940,080	0	178,189	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	152,902	264,289	0	38,797	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	430,035	743,310	6,479	153,097	34.02
43.00	04300	NURSERY	167,058	288,757	0	12,548	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	867,831	1,500,034	0	1,383,083	50.00
51.00	05100	RECOVERY ROOM	168,405	291,086	0	66,009	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	397,360	686,831	0	183,696	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	273,547	472,822	319,306	348,161	54.00
56.00	05600	RADIOISOTOPE	20,095	34,733	0	143	56.00
60.00	06000	LABORATORY	160,132	276,786	0	42,557	60.00
65.00	06500	RESPIRATORY THERAPY	35,142	60,743	0	86,302	65.00
66.00	06600	PHYSICAL THERAPY	6,584	11,381	120,950	29,087	66.00
69.00	06900	ELECTROCARDIOLOGY	40,512	70,025	0	44,892	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,624	23,549	0	5,885	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	250,511	433,004	0	332,227	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	90.03
91.00	09100	EMERGENCY	376,962	651,573	0	61,307	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	13,822,093	735,837	4,744,645	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,996,648	13,822,093	735,837	4,744,645	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	88,235	152,513	0	843	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	99,867	172,618	0	13,961	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	557,261	12,504	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,184,750	14,147,224	1,293,098	4,771,953	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	
		2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	25,248				4.00
5.01	00540	NONPATIENT TELEPHONES	35,057	0	35,057		5.01
5.02	00550	DATA PROCESSING	504,406	0	1,431	505,837	5.02
5.03	00580	PURCHASING	644,269	0	294	4,415	648,978
5.04	00570	ADMINISTRATIVE	195,013	639	770	11,590	477
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	1,361,837	2,208	1,578	23,733	0
6.00	00600	MAINTENANCE & REPAIRS	393,601	685	514	7,727	1,671
7.00	00700	OPERATION OF PLANT	3,822,571	100	1,523	22,905	0
8.00	00800	LAUNDRY & LINEN SERVICE	93	0	0	0	0
9.00	00900	HOUSEKEEPING	408,882	637	257	3,863	514
10.00	01000	DIETARY	147,070	437	330	4,967	192
11.00	01100	CAFETERIA	784,314	500	128	11,324	15
13.00	01300	NURSING ADMINISTRATION	139,673	897	385	5,795	47
14.00	01400	CENTRAL SERVICES & SUPPLY	1,193,836	326	202	3,036	14,528
15.00	01500	PHARMACY	333,820	926	440	6,623	4,602
16.00	01600	MEDICAL RECORDS & LIBRARY	51,459	0	422	6,347	0
17.00	01700	SOCIAL SERVICE	34,339	148	110	1,656	0
18.00	01850	PATIENT TRANSPORTATION	361	72	330	4,967	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,819,225	5,627	6,053	91,069	26,209
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	455,988	381	495	7,451	1,685
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,332,921	1,386	1,339	20,145	7,524
43.00	04300	NURSERY	468,363	508	715	10,762	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,750,948	1,670	2,807	42,222	403,389
51.00	05100	RECOVERY ROOM	525,500	902	899	13,522	7,365
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,267,887	1,063	1,394	20,973	14,101
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,413,836	1,500	3,926	59,056	8,717
56.00	05600	RADIOISOTOPE	54,971	105	0	0	50
60.00	06000	LABORATORY	479,475	264	826	12,418	14,589
65.00	06500	RESPIRATORY THERAPY	182,187	755	734	11,038	5,597
66.00	06600	PHYSICAL THERAPY	168,002	1,094	826	12,418	2,146
69.00	06900	ELECTROCARDIOLOGY	155,429	124	0	0	99
70.00	07000	ELECTROENCEPHALOGRAPHY	43,058	61	0	0	432
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	101,418
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,015,742	544	862	12,970	24,546
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	1,089,842	1,074	1,578	23,733	8,958
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,299,223	24,633	31,168	447,333	648,871
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	241,591	131	972	14,626	2,192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	286,446	0	330	4,967	87
192.05	19205	PHYSICIAN PRACTICE	569,765	484	2,587	38,911	18
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	28,397,025	25,248	35,057	505,837	648,978

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING					5.03
5.04	00570	ADMITTING	208,489				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,389,356			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	64,986	469,184		6.00
7.00	00700	OPERATION OF PLANT	0	40,595	86,622	3,974,316	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	705	0	0	798 8.00
9.00	00900	HOUSEKEEPING	0	55,801	6,958	72,280	0 9.00
10.00	01000	DIETARY	0	14,967	3,129	32,509	0 10.00
11.00	01100	CAFETERIA	0	18,875	17,680	183,671	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	23,497	2,887	29,996	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	93,588	21,089	219,085	4 14.00
15.00	01500	PHARMACY	0	28,088	3,907	40,588	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,916	1,152	11,971	0 16.00
17.00	01700	SOCIAL SERVICE	0	4,072	772	8,018	0 17.00
18.00	01850	PATIENT TRANSPORTATION	0	2,314	0	0	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,268	209,725	105,300	1,093,911	461 30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,778	18,277	9,465	98,334	0 34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	6,383	56,463	26,621	276,562	34 34.02
43.00	04300	NURSERY	1,980	19,207	10,342	107,437	29 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,817	119,938	53,723	558,115	40 50.00
51.00	05100	RECOVERY ROOM	7,969	32,534	10,425	108,304	44 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,377	45,608	24,599	255,548	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,446	68,874	16,934	175,922	75 54.00
56.00	05600	RADIOISOTOPE	2,031	3,722	1,244	12,923	0 56.00
60.00	06000	LABORATORY	19,712	70,570	9,913	102,983	1 60.00
65.00	06500	RESPIRATORY THERAPY	2,983	23,603	2,175	22,600	0 65.00
66.00	06600	PHYSICAL THERAPY	3,942	32,107	408	4,235	6 66.00
69.00	06900	ELECTROCARDIOLOGY	3,262	5,818	2,508	26,054	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	986	5,181	843	8,762	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,134	37,568	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	24,098	116,905	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,409	36,740	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	8,000	30,074	15,508	161,107	33 75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0 90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0 90.02
90.03	09003	IVF	0	0	0	0	0 90.03
91.00	09100	EMERGENCY	20,873	55,851	23,336	242,430	71 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	208,448	1,349,169	457,540	3,853,345	798 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	16,641	5,462	56,745	0 192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0 192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0 192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	6,182	64,226	0 192.04
192.05	19205	PHYSICIAN PRACTICE	41	23,546	0	0	0 192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	208,489	1,389,356	469,184	3,974,316	798 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 9:38 am			
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING					5.03
5.04	00570	ADMITTING					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING	549,192				9.00
10.00	01000	DIETARY	4,576	208,177			10.00
11.00	01100	CAFETERIA	25,851	0	1,032,966		11.00
13.00	01300	NURSING ADMINISTRATION	4,222	0	48,008	255,407	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	30,835	0	26,885	9	1,603,423
15.00	01500	PHARMACY	5,713	0	38,535	0	11,684
16.00	01600	MEDICAL RECORDS & LIBRARY	1,685	0	0	0	0
17.00	01700	SOCIAL SERVICE	1,128	0	7,399	6	0
18.00	01850	PATIENT TRANSPORTATION	0	0	8,986	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	153,962	189,565	280,823	84,801	66,543
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	13,840	6,228	19,272	10,075	4,278
34.02	03402	PREMATURE INTENSIVE CARE UNIT	38,925	0	59,608	34,614	19,102
43.00	04300	NURSERY	15,121	0	24,762	9,308	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	78,552	0	85,532	24,892	1,024,176
51.00	05100	RECOVERY ROOM	15,243	125	43,834	20,381	18,699
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,967	10,757	56,341	32,999	35,801
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,760	0	88,241	2,286	22,132
56.00	05600	RADIOISOTOPE	1,819	0	4,902	0	128
60.00	06000	LABORATORY	14,494	0	14,086	4,067	37,041
65.00	06500	RESPIRATORY THERAPY	3,181	0	39,520	0	14,211
66.00	06600	PHYSICAL THERAPY	596	0	56,738	0	5,447
69.00	06900	ELECTROCARDIOLOGY	3,667	0	6,634	0	252
70.00	07000	ELECTROENCEPHALOGRAPHY	1,233	0	2,854	0	1,098
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	257,494
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	22,675	0	25,047	6,664	62,320
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	34,121	1,502	57,039	25,300	22,745
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	532,166	208,177	995,046	255,402	1,603,151
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	7,987	0	10,898	0	6
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	9,039	0	0	0	220
192.05	19205	PHYSICIAN PRACTICE	0	0	27,022	5	46
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	549,192	208,177	1,032,966	255,407	1,603,423

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal
				PATIENT TRANSPORTATION		
	15.00	16.00	17.00	18.00		24.00
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-INTEREST						1.01
1.02 00102 MOB LEASED SPACE						1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 NONPATIENT TELEPHONES						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00580 PURCHASING						5.03
5.04 00570 ADMITTING						5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	474,926					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	85,952				16.00
17.00 01700 SOCIAL SERVICE	1,043	0	58,691			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	17,030		18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1	6,276	37,310	10,826	7,202,955	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	731	2,158	626	651,062	34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	18	2,624	8,720	2,530	1,895,519	34.02
43.00 04300 NURSERY	0	814	7,971	2,313	679,632	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	15,976	17,437	0	0	6,221,234	50.00
51.00 05100 RECOVERY ROOM	0	3,276	0	0	809,022	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	21	4,266	2,532	735	1,820,969	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	17,471	7,172	0	0	1,928,348	54.00
56.00 05600 RADIOISOTOPE	28,863	835	0	0	111,593	56.00
60.00 06000 LABORATORY	0	8,103	0	0	788,542	60.00
65.00 06500 RESPIRATORY THERAPY	7,075	1,226	0	0	316,885	65.00
66.00 06600 PHYSICAL THERAPY	0	1,620	0	0	289,585	66.00
69.00 06900 ELECTROCARDIOLOGY	326	1,341	0	0	205,514	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	405	0	0	64,913	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,522	0	0	405,136	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	9,906	0	0	150,909	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	400,870	5,512	0	0	456,531	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	3,262	3,289	0	0	1,392,643	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03 09003 IVF	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	8,580	0	0	1,617,033	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00	474,926	85,935	58,691	17,030	27,008,025	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	355,061	192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	371,497	192.04
192.05 19205 PHYSICIAN PRACTICE	0	17	0	0	662,442	192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00						200.00
201.00						201.00
202.00	474,926	85,952	58,691	17,030	28,397,025	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 9:38 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00580	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	7,202,955
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	651,062
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	1,895,519
43.00	04300	NURSERY	0	679,632
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	6,221,234
51.00	05100	RECOVERY ROOM	0	809,022
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,820,969
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,928,348
56.00	05600	RADIOISOTOPE	0	111,593
60.00	06000	LABORATORY	0	788,542
65.00	06500	RESPIRATORY THERAPY	0	316,885
66.00	06600	PHYSICAL THERAPY	0	289,585
69.00	06900	ELECTROCARDIOLOGY	0	205,514
70.00	07000	ELECTROENCEPHALOGRAPHY	0	64,913
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	405,136
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	150,909
73.00	07300	DRUGS CHARGED TO PATIENTS	0	456,531
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	1,392,643
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	ADULT SLEEP LAB	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0
90.03	09003	IVF	0	0
91.00	09100	EMERGENCY	0	1,617,033
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	27,008,025
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	355,061
192.02	19202	PURCHASED SERVICES	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	371,497
192.05	19205	PHYSICIAN PRACTICE	0	662,442
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	28,397,025

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	431,339				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	431,339			1.01
1.02	00102	MOB LEASED SPACE	0	0	97,995		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				62,407,533	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	1,630	48,903	49,793,788
5.01	00540	NONPATIENT TELEPHONES	0	0	0	458,473	0
5.02	00550	DATA PROCESSING	6,203	6,203	0	2,396,624	0
5.03	00580	PURCHASING	11,151	11,151	0	875,457	0
5.04	00570	ADMINISTRATIVE	3,422	3,422	0	233,360	1,259,396
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	4,636	4,636	20,279	11,171,562	4,354,435
6.00	00600	MAINTENANCE & REPAIRS	6,508	6,508	0	740,971	1,351,077
7.00	00700	OPERATION OF PLANT	73,742	73,742	0	61,227	197,418
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,220	0
9.00	00900	HOUSEKEEPING	5,923	5,923	0	1,336,925	1,257,283
10.00	01000	DIETARY	2,664	2,664	0	119,598	861,225
11.00	01100	CAFETERIA	15,051	15,051	0	66,292	986,523
13.00	01300	NURSING ADMINISTRATION	2,458	2,458	0	162,354	1,769,956
14.00	01400	CENTRAL SERVICES & SUPPLY	17,953	17,953	0	3,457,112	642,533
15.00	01500	PHARMACY	3,326	3,326	0	2,113,686	1,825,883
16.00	01600	MEDICAL RECORDS & LIBRARY	981	981	0	8,749	0
17.00	01700	SOCIAL SERVICE	657	657	0	4,230	291,588
18.00	01850	PATIENT TRANSPORTATION	0	0	0	4,718	141,304
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	89,641	89,641	0	2,330,367	11,094,047
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	8,058	8,058	0	507,393	750,989
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,663	22,663	491	2,002,215	2,732,845
43.00	04300	NURSERY	8,804	8,804	0	164,101	1,001,680
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,735	45,735	0	18,087,745	3,293,127
51.00	05100	RECOVERY ROOM	8,875	8,875	0	863,269	1,779,662
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,941	20,941	0	2,402,388	2,096,390
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,416	14,416	24,198	4,553,265	2,959,423
56.00	05600	RADIOISOTOPE	1,059	1,059	0	1,868	207,571
60.00	06000	LABORATORY	8,439	8,439	0	556,559	521,622
65.00	06500	RESPIRATORY THERAPY	1,852	1,852	0	1,128,656	1,489,423
66.00	06600	PHYSICAL THERAPY	347	347	9,166	380,399	2,157,765
69.00	06900	ELECTROCARDIOLOGY	2,135	2,135	0	587,105	244,627
70.00	07000	ELECTROENCEPHALOGRAPHY	718	718	0	76,961	120,766
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,202	13,202	0	4,344,877	1,072,926
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	19,866	19,866	0	801,779	2,118,515
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	421,426	421,426	55,764	62,050,408	48,579,999
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	4,650	4,650	0	11,019	258,192
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	5,263	5,263	0	182,584	0
192.05	19205	PHYSICIAN PRACTICE	0	0	42,231	163,522	955,597
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	8,184,750	14,147,224	1,293,098	4,771,953	9,233,267

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	18.975214	32.798388	13.195551	0.076464	0.185430	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					25,248	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000507	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING (COSTED REQUISITIONS)	ADMITTING (TOTAL CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	1,911					5.01
5.02	00550	78	1,833				5.02
5.03	00580	16	16	22,072,624			5.03
5.04	00570	42	42	16,225	607,438,293		5.04
5.05	00560	86	86	0	0	-23,288,155	5.05
6.00	00600	28	28	56,840	0	0	6.00
7.00	00700	83	83	4	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	14	14	17,498	0	0	9.00
10.00	01000	18	18	6,521	0	0	10.00
11.00	01100	7	7	508	0	0	11.00
13.00	01300	21	21	1,603	0	0	13.00
14.00	01400	11	11	494,125	0	0	14.00
15.00	01500	24	24	156,514	0	0	15.00
16.00	01600	23	23	2	0	0	16.00
17.00	01700	6	6	0	0	0	17.00
18.00	01850	18	18	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	330	330	891,404	44,511,748	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	27	27	57,305	5,183,452	0	34.01
34.02	03402	73	73	255,891	18,608,899	0	34.02
43.00	04300	39	39	0	5,771,887	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	153	153	13,719,785	121,517,818	0	50.00
51.00	05100	49	49	250,491	23,232,121	0	51.00
52.00	05200	76	76	479,591	30,254,401	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	214	214	296,483	50,863,084	0	54.00
56.00	05600	0	0	1,717	5,920,134	0	56.00
60.00	06000	45	45	496,189	57,469,152	0	60.00
65.00	06500	40	40	190,365	8,695,349	0	65.00
66.00	06600	45	45	72,973	11,491,458	0	66.00
69.00	06900	0	0	3,373	9,509,466	0	69.00
70.00	07000	0	0	14,705	2,874,414	0	70.00
71.00	07100	0	0	3,449,351	17,884,727	0	71.00
72.00	07200	0	0	0	70,256,931	0	72.00
73.00	07300	0	0	0	39,094,747	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	47	47	834,831	23,324,513	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	86	86	304,683	60,853,389	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,699	1,621	22,068,977	607,317,690	-23,288,155	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	53	53	84	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	18	18	2,943	0	255,244	192.04
192.05	19205	141	141	620	120,603	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		35,419	5,590,728	1,024,684	7,670,779		202.00
203.00		18.534275	3,050.042553	0.046423	0.012628		203.00
204.00		35,057	505,837	648,978	208,489		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING (COSTED REQUISITIONS)	ADMINISTRATIVE (TOTAL CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
205.00	Unit cost multiplier (Wkst. B, Part II)	18.344846	275.961266	0.029402	0.000343		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00580						5.03
5.04	00570						5.04
5.05	00560	141,376,552					5.05
6.00	00600	6,612,998	399,419				6.00
7.00	00700	4,130,956	73,742	325,677			7.00
8.00	00800	71,707	0	0	261,639		8.00
9.00	00900	5,678,342	5,923	5,923	0	319,754	9.00
10.00	01000	1,523,059	2,664	2,664	0	2,664	10.00
11.00	01100	1,920,764	15,051	15,051	0	15,051	11.00
13.00	01300	2,391,116	2,458	2,458	0	2,458	13.00
14.00	01400	9,523,601	17,953	17,953	1,214	17,953	14.00
15.00	01500	2,858,279	3,326	3,326	13	3,326	15.00
16.00	01600	1,314,352	981	981	0	981	16.00
17.00	01700	414,417	657	657	0	657	17.00
18.00	01850	235,426	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	21,336,574	89,641	89,641	150,802	89,641	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,859,847	8,058	8,058	0	8,058	34.01
34.02	03402	5,745,693	22,663	22,663	11,067	22,663	34.02
43.00	04300	1,954,535	8,804	8,804	9,591	8,804	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	12,204,985	45,735	45,735	13,175	45,735	50.00
51.00	05100	3,310,667	8,875	8,875	14,573	8,875	51.00
52.00	05200	4,641,118	20,941	20,941	0	20,941	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	7,008,624	14,416	14,416	24,605	14,416	54.00
56.00	05600	378,704	1,059	1,059	0	1,059	56.00
60.00	06000	7,181,232	8,439	8,439	447	8,439	60.00
65.00	06500	2,401,878	1,852	1,852	21	1,852	65.00
66.00	06600	3,267,249	347	347	1,993	347	66.00
69.00	06900	592,057	2,135	2,135	0	2,135	69.00
70.00	07000	527,199	718	718	0	718	70.00
71.00	07100	3,822,969	0	0	0	0	71.00
72.00	07200	11,896,281	0	0	0	0	72.00
73.00	07300	3,738,707	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	3,060,296	13,202	13,202	10,797	13,202	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	5,683,418	19,866	19,866	23,341	19,866	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		137,287,050	389,506	315,764	261,639	309,841	
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	1,693,424	4,650	4,650	0	4,650	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	5,263	5,263	0	5,263	192.04
192.05	19205	2,396,078	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		23,288,155	7,702,317	6,233,450	83,519	6,841,285	202.00
203.00		0.164724	19.283802	19.139976	0.319215	21.395463	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	1,389,356	469,184	3,974,316	798	549,192	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.009827	1.174666	12.203244	0.003050	1.717545	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00580						5.03
5.04	00570						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	69,731					10.00
11.00	01100	0	1,166,713				11.00
13.00	01300	0	54,224	882,571			13.00
14.00	01400	0	30,366	32	21,479,300		14.00
15.00	01500	0	43,524	0	156,514	3,186,631	15.00
16.00	01600	0	0	0	2	0	16.00
17.00	01700	0	8,357	21	0	6,997	17.00
18.00	01850	0	10,150	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	63,497	317,183	293,030	891,404	7	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	2,086	21,767	34,815	57,305	0	34.01
34.02	03402	0	67,326	119,610	255,891	120	34.02
43.00	04300	0	27,968	32,163	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	96,607	86,014	13,719,785	107,192	50.00
51.00	05100	42	49,510	70,429	250,491	0	51.00
52.00	05200	3,603	63,636	114,029	479,591	141	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	99,666	7,901	296,483	117,223	54.00
56.00	05600	0	5,537	0	1,717	193,663	56.00
60.00	06000	0	15,910	14,054	496,189	0	60.00
65.00	06500	0	44,637	0	190,365	47,473	65.00
66.00	06600	0	64,084	0	72,973	0	66.00
69.00	06900	0	7,493	0	3,373	2,190	69.00
70.00	07000	0	3,224	0	14,705	0	70.00
71.00	07100	0	0	0	3,449,351	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	2,689,736	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	28,290	23,029	834,831	21,886	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	503	64,424	87,427	304,683	3	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		69,731	1,123,883	882,554	21,475,653	3,186,631	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	12,309	0	84	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	2,943	0	192.04
192.05	19205	0	30,521	17	620	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		1,933,302	3,137,500	3,077,844	12,248,462	3,734,364	202.00
203.00		27.725144	2.689179	3.487361	0.570245	1.171885	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	208,177	1,032,966	255,407	1,603,423	474,926	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.985430	0.885364	0.289390	0.074650	0.149037	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION		
				(PATIENT DAYS)	
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-INTEREST					1.01
1.02 00102 MOB LEASED SPACE					1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00580 PURCHASING					5.03
5.04 00570 ADMINISTRATION					5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	607,438,293				16.00
17.00 01700 SOCIAL SERVICE	0	33,754			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	33,754		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	44,511,748	21,458	21,458		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	5,183,452	1,241	1,241		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	18,608,899	5,015	5,015		34.02
43.00 04300 NURSERY	5,771,887	4,584	4,584		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	121,517,818	0	0		50.00
51.00 05100 RECOVERY ROOM	23,232,121	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	30,254,401	1,456	1,456		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	50,863,084	0	0		54.00
56.00 05600 RADIOISOTOPE	5,920,134	0	0		56.00
60.00 06000 LABORATORY	57,469,152	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	8,695,349	0	0		65.00
66.00 06600 PHYSICAL THERAPY	11,491,458	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	9,509,466	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,874,414	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,884,727	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	70,256,931	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	39,094,747	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	23,324,513	0	0		75.01
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0		90.02
90.03 09003 IVF	0	0	0		90.03
91.00 09100 EMERGENCY	60,853,389	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE	0	0	0		113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	607,317,690	33,754	33,754		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0		192.01
192.02 19202 PURCHASED SERVICES	0	0	0		192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.04
192.05 19205 PHYSICIAN PRACTICE	120,603	0	0		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	1,589,540	552,728	301,501		202.00
	Cost to be allocated (per Wkst. B, Part I)				

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
			PATIENT TRANSPORTATION (PATIENT DAYS)		
	16.00	17.00	18.00		
203.00 Unit cost multiplier (Wkst. B, Part I)	0.002617	16.375185	8.932304		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	85,952	58,691	17,030		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000141	1.738787	0.504533		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 9:38 am

		Title XVII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		35,064,842	0	35,064,842	30.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		2,963,664	0	2,963,664	34.01	
34.02	03402 PREMATURE INTENSIVE CARE UNIT		8,971,217	0	8,971,217	34.02	
43.00	04300 NURSERY		3,124,695	0	3,124,695	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		25,782,379	0	25,782,379	50.00	
51.00	05100 RECOVERY ROOM		4,975,116	0	4,975,116	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,716,651	0	7,716,651	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,768,444	6,990	9,775,434	54.00	
56.00	05600 RADIOISOTOPE		762,748	0	762,748	56.00	
60.00	06000 LABORATORY		9,394,252	0	9,394,252	60.00	
65.00	06500 RESPIRATORY THERAPY	0	3,215,298	0	3,215,298	65.00	
66.00	06600 PHYSICAL THERAPY	0	4,070,854	0	4,070,854	66.00	
69.00	06900 ELECTROCARDIOLOGY		866,822	0	866,822	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		681,569	0	681,569	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,466,483	0	6,466,483	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		14,039,746	0	14,039,746	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		7,608,932	0	7,608,932	73.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	07501 CARDIAC CATHETERIZATION LABORATORY		5,076,714	0	5,076,714	75.01	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.01	09001 ADULT SLEEP LAB		0	0	0	90.01	
90.02	09002 PEDIATRIC SLEEP LAB		0	0	0	90.02	
90.03	09003 IVF		0	0	0	90.03	
91.00	09100 EMERGENCY		8,640,518	82,930	8,723,448	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,217,659	0	3,217,659	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		162,408,603	0	162,408,603	200.00	
201.00	Less Observation Beds		3,217,659		3,217,659	201.00	
202.00	Total (see instructions)		159,190,944	0	159,190,944	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 9:38 am

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,511,748		44,511,748		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	5,183,452		5,183,452		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	18,608,899		18,608,899		34.02
43.00	04300	NURSERY	5,771,887		5,771,887		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,644,638	65,873,180	121,517,818	0.212170	50.00
51.00	05100	RECOVERY ROOM	6,592,279	16,639,842	23,232,121	0.214148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,706,359	1,548,041	30,254,400	0.255059	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,485,410	40,377,674	50,863,084	0.192054	54.00
56.00	05600	RADIOISOTOPE	583,382	5,336,752	5,920,134	0.128840	56.00
60.00	06000	LABORATORY	22,996,021	34,473,131	57,469,152	0.163466	60.00
65.00	06500	RESPIRATORY THERAPY	6,165,387	2,529,962	8,695,349	0.369772	65.00
66.00	06600	PHYSICAL THERAPY	5,968,398	5,523,060	11,491,458	0.354250	66.00
69.00	06900	ELECTROCARDIOLOGY	2,581,782	6,927,683	9,509,465	0.091154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	923,315	1,951,098	2,874,413	0.237116	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,468,767	8,415,961	17,884,728	0.361565	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	52,586,477	17,670,454	70,256,931	0.199834	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,286,627	10,808,120	39,094,747	0.194628	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	8,244,755	15,079,758	23,324,513	0.217656	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0.000000	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	8,793,865	52,059,524	60,853,389	0.141989	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	442,574	3,776,426	4,219,000	0.762659	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	322,546,022	288,990,666	611,536,688		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	322,546,022	288,990,666	611,536,688		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 9:38 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT			34.02
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.212170		50.00
51.00	05100 RECOVERY ROOM	0.214148		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.255059		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192191		54.00
56.00	05600 RADIOISOTOPE	0.128840		56.00
60.00	06000 LABORATORY	0.163466		60.00
65.00	06500 RESPIRATORY THERAPY	0.369772		65.00
66.00	06600 PHYSICAL THERAPY	0.354250		66.00
69.00	06900 ELECTROCARDIOLOGY	0.091154		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.237116		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361565		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.199834		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194628		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.217656		75.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	0.000000		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000		90.02
90.03	09003 IVF	0.000000		90.03
91.00	09100 EMERGENCY	0.143352		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.762659		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 9:38 am

		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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	35,064,842		35,064,842	0	35,064,842	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	2,963,664		2,963,664	0	2,963,664	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	8,971,217		8,971,217	0	8,971,217	34.02
43.00	04300 NURSERY	3,124,695		3,124,695	0	3,124,695	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	25,782,379		25,782,379	0	25,782,379	50.00
51.00	05100 RECOVERY ROOM	4,975,116		4,975,116	0	4,975,116	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,716,651		7,716,651	0	7,716,651	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,768,444		9,768,444	6,990	9,775,434	54.00
56.00	05600 RADIOISOTOPE	762,748		762,748	0	762,748	56.00
60.00	06000 LABORATORY	9,394,252		9,394,252	0	9,394,252	60.00
65.00	06500 RESPIRATORY THERAPY	3,215,298	0	3,215,298	0	3,215,298	65.00
66.00	06600 PHYSICAL THERAPY	4,070,854	0	4,070,854	0	4,070,854	66.00
69.00	06900 ELECTROCARDIOLOGY	866,822		866,822	0	866,822	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	681,569		681,569	0	681,569	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,466,483		6,466,483	0	6,466,483	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,039,746		14,039,746	0	14,039,746	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,608,932		7,608,932	0	7,608,932	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,076,714		5,076,714	0	5,076,714	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0		0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0		0	0	0	90.02
90.03	09003 IVF	0		0	0	0	90.03
91.00	09100 EMERGENCY	8,640,518		8,640,518	82,930	8,723,448	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,217,659		3,217,659	0	3,217,659	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	162,408,603	0	162,408,603	89,920	162,498,523	200.00
201.00	Less Observation Beds	3,217,659		3,217,659		3,217,659	201.00
202.00	Total (see instructions)	159,190,944	0	159,190,944	89,920	159,280,864	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,511,748		44,511,748		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	5,183,452		5,183,452		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	18,608,899		18,608,899		34.02
43.00	04300	NURSERY	5,771,887		5,771,887		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	55,644,638	65,873,180	121,517,818	0.212170	50.00
51.00	05100	RECOVERY ROOM	6,592,279	16,639,842	23,232,121	0.214148	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,706,359	1,548,041	30,254,400	0.255059	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,485,410	40,377,674	50,863,084	0.192054	54.00
56.00	05600	RADIOISOTOPE	583,382	5,336,752	5,920,134	0.128840	56.00
60.00	06000	LABORATORY	22,996,021	34,473,131	57,469,152	0.163466	60.00
65.00	06500	RESPIRATORY THERAPY	6,165,387	2,529,962	8,695,349	0.369772	65.00
66.00	06600	PHYSICAL THERAPY	5,968,398	5,523,060	11,491,458	0.354250	66.00
69.00	06900	ELECTROCARDIOLOGY	2,581,782	6,927,683	9,509,465	0.091154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	923,315	1,951,098	2,874,413	0.237116	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,468,767	8,415,961	17,884,728	0.361565	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	52,586,477	17,670,454	70,256,931	0.199834	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,286,627	10,808,120	39,094,747	0.194628	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	8,244,755	15,079,758	23,324,513	0.217656	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0.000000	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	8,793,865	52,059,524	60,853,389	0.141989	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	442,574	3,776,426	4,219,000	0.762659	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	322,546,022	288,990,666	611,536,688		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	322,546,022	288,990,666	611,536,688		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 9:38 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT			34.02
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.212170		50.00
51.00	05100 RECOVERY ROOM	0.214148		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.255059		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192191		54.00
56.00	05600 RADIOISOTOPE	0.128840		56.00
60.00	06000 LABORATORY	0.163466		60.00
65.00	06500 RESPIRATORY THERAPY	0.369772		65.00
66.00	06600 PHYSICAL THERAPY	0.354250		66.00
69.00	06900 ELECTROCARDIOLOGY	0.091154		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.237116		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361565		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.199834		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194628		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.217656		75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	0.000000		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000		90.02
90.03	09003 IVF	0.000000		90.03
91.00	09100 EMERGENCY	0.143352		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.762659		92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150161

Period: From 01/01/2015 To 12/31/2015

Worksheet C Part II Date/Time Prepared: 5/27/2016 9:38 am

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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	25,782,379	6,221,234	19,561,145	0	0	50.00
51.00	05100 RECOVERY ROOM	4,975,116	809,022	4,166,094	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,716,651	1,820,969	5,895,682	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,768,444	1,928,348	7,840,096	0	0	54.00
56.00	05600 RADIOISOTOPE	762,748	111,593	651,155	0	0	56.00
60.00	06000 LABORATORY	9,394,252	788,542	8,605,710	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	3,215,298	316,885	2,898,413	0	0	65.00
66.00	06600 PHYSICAL THERAPY	4,070,854	289,585	3,781,269	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	866,822	205,514	661,308	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	681,569	64,913	616,656	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,466,483	405,136	6,061,347	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,039,746	150,909	13,888,837	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,608,932	456,531	7,152,401	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,076,714	1,392,643	3,684,071	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003 IVF	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	8,640,518	1,617,033	7,023,485	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,217,659	660,965	2,556,694	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	112,284,185	17,239,822	95,044,363	0	0	200.00
201.00	Less Observation Beds	3,217,659	660,965	2,556,694	0	0	201.00
202.00	Total (line 200 minus line 201)	109,066,526	16,578,857	92,487,669	0	0	202.00

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

Provider CCN: 150161

Period: From 01/01/2015 To 12/31/2015

Worksheet C Part II Date/Time Prepared: 5/27/2016 9:38 am

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	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	25,782,379	121,517,818	0.212170	50.00
51.00	05100 RECOVERY ROOM	4,975,116	23,232,121	0.214148	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,716,651	30,254,400	0.255059	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,768,444	50,863,084	0.192054	54.00
56.00	05600 RADIOISOTOPE	762,748	5,920,134	0.128840	56.00
60.00	06000 LABORATORY	9,394,252	57,469,152	0.163466	60.00
65.00	06500 RESPIRATORY THERAPY	3,215,298	8,695,349	0.369772	65.00
66.00	06600 PHYSICAL THERAPY	4,070,854	11,491,458	0.354250	66.00
69.00	06900 ELECTROCARDIOLOGY	866,822	9,509,465	0.091154	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	681,569	2,874,413	0.237116	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,466,483	17,884,728	0.361565	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,039,746	70,256,931	0.199834	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,608,932	39,094,747	0.194628	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,076,714	23,324,513	0.217656	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0.000000	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0.000000	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0.000000	90.02
90.03	09003 IVF	0	0	0.000000	90.03
91.00	09100 EMERGENCY	8,640,518	60,853,389	0.141989	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,217,659	4,219,000	0.762659	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
200.00	Subtotal (sum of lines 50 thru 199)	112,284,185	537,460,702		200.00
201.00	Less Observation Beds	3,217,659	0		201.00
202.00	Total (line 200 minus line 201)	109,066,526	537,460,702		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/27/2016 9:38 am
		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	7,202,955	0	7,202,955	23,626	304.87	30.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
34.01	PEDIATRIC INTENSIVE CARE UNIT	651,062		651,062	1,241	524.63	34.01	
34.02	PREMATURE INTENSIVE CARE UNIT	1,895,519		1,895,519	5,015	377.97	34.02	
43.00	NURSERY	679,632		679,632	4,584	148.26	43.00	
200.00	Total (lines 30-199)	10,429,168		10,429,168	34,466		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,896	2,102,384					30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0					34.01
34.02	PREMATURE INTENSIVE CARE UNIT	0	0					34.02
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	6,896	2,102,384					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet D
Part II
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,221,234	121,517,818	0.051196	19,075,546	976,592	50.00
51.00	05100	RECOVERY ROOM	809,022	23,232,121	0.034823	2,343,610	81,612	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,820,969	30,254,400	0.060189	64,745	3,897	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,928,348	50,863,084	0.037913	4,222,503	160,088	54.00
56.00	05600	RADIOISOTOPE	111,593	5,920,134	0.018850	283,184	5,338	56.00
60.00	06000	LABORATORY	788,542	57,469,152	0.013721	7,174,014	98,435	60.00
65.00	06500	RESPIRATORY THERAPY	316,885	8,695,349	0.036443	1,219,075	44,427	65.00
66.00	06600	PHYSICAL THERAPY	289,585	11,491,458	0.025200	2,713,844	68,389	66.00
69.00	06900	ELECTROCARDIOLOGY	205,514	9,509,465	0.021612	1,212,685	26,209	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	64,913	2,874,413	0.022583	281,884	6,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	405,136	17,884,728	0.022653	3,283,128	74,373	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	150,909	70,256,931	0.002148	22,181,005	47,645	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	456,531	39,094,747	0.011678	7,933,138	92,643	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,392,643	23,324,513	0.059707	3,874,388	231,328	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0.000000	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003	IVF	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	1,617,033	60,853,389	0.026573	3,914,272	104,014	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	660,965	4,219,000	0.156664	165,025	25,853	92.00
200.00		Total (lines 50-199)	17,239,822	537,460,702		79,942,046	2,047,209	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150161		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/27/2016 9:38 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,626	0.00	6,896	0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,241	0.00	0	0		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,015	0.00	0	0		34.02
43.00	04300	NURSERY	4,584	0.00	0	0		43.00
200.00		Total (lines 30-199)	34,466		6,896	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet D
Part IV
Date/Time Prepared:
5/27/2016 9:38 am

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 9:38 am
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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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	121,517,818	0.000000	0.000000	19,075,546	50.00
51.00	05100 RECOVERY ROOM	0	23,232,121	0.000000	0.000000	2,343,610	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	30,254,400	0.000000	0.000000	64,745	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	50,863,084	0.000000	0.000000	4,222,503	54.00
56.00	05600 RADIOISOTOPE	0	5,920,134	0.000000	0.000000	283,184	56.00
60.00	06000 LABORATORY	0	57,469,152	0.000000	0.000000	7,174,014	60.00
65.00	06500 RESPIRATORY THERAPY	0	8,695,349	0.000000	0.000000	1,219,075	65.00
66.00	06600 PHYSICAL THERAPY	0	11,491,458	0.000000	0.000000	2,713,844	66.00
69.00	06900 ELECTROCARDIOLOGY	0	9,509,465	0.000000	0.000000	1,212,685	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,874,413	0.000000	0.000000	281,884	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,884,728	0.000000	0.000000	3,283,128	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	70,256,931	0.000000	0.000000	22,181,005	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,094,747	0.000000	0.000000	7,933,138	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	23,324,513	0.000000	0.000000	3,874,388	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0.000000	0.000000	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003 IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	60,853,389	0.000000	0.000000	3,914,272	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,219,000	0.000000	0.000000	165,025	92.00
200.00	Total (lines 50-199)	0	537,460,702			79,942,046	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 9:38 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	10,661,711	0	50.00
51.00	05100 RECOVERY ROOM	0	2,667,429	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,201,547	0	54.00
56.00	05600 RADIOISOTOPE	0	1,837,712	0	56.00
60.00	06000 LABORATORY	0	2,790,043	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	742,257	0	65.00
66.00	06600 PHYSICAL THERAPY	0	3,829	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,556,054	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	95,457	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,508,190	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,201,347	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,072,559	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	4,550,800	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0	90.02
90.03	09003 IVF	0	0	0	90.03
91.00	09100 EMERGENCY	0	8,762,707	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	734,392	0	92.00
200.00	Total (lines 50-199)	0	53,386,034	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 9:38 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.212170	10,661,711	0	0	2,262,095	50.00	
51.00 05100 RECOVERY ROOM	0.214148	2,667,429	0	0	571,225	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.255059	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.192054	7,201,547	0	0	1,383,086	54.00	
56.00 05600 RADIOISOTOPE	0.128840	1,837,712	0	0	236,771	56.00	
60.00 06000 LABORATORY	0.163466	2,790,043	515	0	456,077	60.00	
65.00 06500 RESPIRATORY THERAPY	0.369772	742,257	0	0	274,466	65.00	
66.00 06600 PHYSICAL THERAPY	0.354250	3,829	0	0	1,356	66.00	
69.00 06900 ELECTROCARDIOLOGY	0.091154	3,556,054	0	0	324,149	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.237116	95,457	0	0	22,634	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361565	2,508,190	0	0	906,874	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.199834	5,201,347	0	0	1,039,406	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.194628	2,072,559	0	62,871	403,378	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.217656	4,550,800	0	0	990,509	75.01	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01 09001 ADULT SLEEP LAB	0.000000	0	0	0	0	90.01	
90.02 09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	0	90.02	
90.03 09003 IVF	0.000000	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0.141989	8,762,707	0	0	1,244,208	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.762659	734,392	0	0	560,091	92.00	
200.00		Subtotal (see instructions)	53,386,034	515	62,871	10,676,325	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	53,386,034	515	62,871	10,676,325	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 9:38 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
60.00	06000 LABORATORY	84	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,236	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	90.02
90.03	09003 IVF	0	0	90.03
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	84	12,236	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	84	12,236	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/27/2016 9:38 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	7,202,955	0	7,202,955	23,626	304.87	30.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0.00	34.00	
34.01	PEDIATRIC INTENSIVE CARE UNIT	651,062		651,062	1,241	524.63	34.01	
34.02	PREMATURE INTENSIVE CARE UNIT	1,895,519		1,895,519	5,015	377.97	34.02	
43.00	NURSERY	679,632		679,632	4,584	148.26	43.00	
200.00	Total (Lines 30-199)	10,429,168		10,429,168	34,466		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	749	228,348					30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	133	69,776					34.01
34.02	PREMATURE INTENSIVE CARE UNIT	420	158,747					34.02
43.00	NURSERY	1,914	283,770					43.00
200.00	Total (Lines 30-199)	3,216	740,641					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet D
Part II
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,221,234	121,517,818	0.051196	497,541	25,472	50.00
51.00	05100	RECOVERY ROOM	809,022	23,232,121	0.034823	81,759	2,847	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,820,969	30,254,400	0.060189	171,126	10,300	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,928,348	50,863,084	0.037913	342,899	13,000	54.00
56.00	05600	RADIOISOTOPE	111,593	5,920,134	0.018850	15,509	292	56.00
60.00	06000	LABORATORY	788,542	57,469,152	0.013721	911,754	12,510	60.00
65.00	06500	RESPIRATORY THERAPY	316,885	8,695,349	0.036443	935,269	34,084	65.00
66.00	06600	PHYSICAL THERAPY	289,585	11,491,458	0.025200	135,978	3,427	66.00
69.00	06900	ELECTROCARDIOLOGY	205,514	9,509,465	0.021612	56,311	1,217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	64,913	2,874,413	0.022583	39,210	885	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	405,136	17,884,728	0.022653	103,911	2,354	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	150,909	70,256,931	0.002148	99,641	214	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	456,531	39,094,747	0.011678	1,184,316	13,830	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,392,643	23,324,513	0.059707	90,490	5,403	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0.000000	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003	IVF	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	1,617,033	60,853,389	0.026573	223,218	5,932	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	660,965	4,219,000	0.156664	11,035	1,729	92.00
200.00		Total (lines 50-199)	17,239,822	537,460,702		4,899,967	133,496	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150161		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/27/2016 9:38 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
						4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,626	0.00	749	0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,241	0.00	133	0		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,015	0.00	420	0		34.02
43.00	04300	NURSERY	4,584	0.00	1,914	0		43.00
200.00		Total (lines 30-199)	34,466		3,216	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet D
Part IV
Date/Time Prepared:
5/27/2016 9:38 am

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 9:38 am
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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)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	121,517,818	0.000000	0.000000	497,541	50.00
51.00	05100 RECOVERY ROOM	0	23,232,121	0.000000	0.000000	81,759	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	30,254,400	0.000000	0.000000	171,126	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	50,863,084	0.000000	0.000000	342,899	54.00
56.00	05600 RADIOISOTOPE	0	5,920,134	0.000000	0.000000	15,509	56.00
60.00	06000 LABORATORY	0	57,469,152	0.000000	0.000000	911,754	60.00
65.00	06500 RESPIRATORY THERAPY	0	8,695,349	0.000000	0.000000	935,269	65.00
66.00	06600 PHYSICAL THERAPY	0	11,491,458	0.000000	0.000000	135,978	66.00
69.00	06900 ELECTROCARDIOLOGY	0	9,509,465	0.000000	0.000000	56,311	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,874,413	0.000000	0.000000	39,210	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,884,728	0.000000	0.000000	103,911	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	70,256,931	0.000000	0.000000	99,641	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,094,747	0.000000	0.000000	1,184,316	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	23,324,513	0.000000	0.000000	90,490	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0.000000	0.000000	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003 IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	60,853,389	0.000000	0.000000	223,218	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,219,000	0.000000	0.000000	11,035	92.00
200.00	Total (lines 50-199)	0	537,460,702			4,899,967	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet D
Part IV
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
60.00	06000 LABORATORY	0	0	0		60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	0		75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 ADULT SLEEP LAB	0	0	0		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0		90.02
90.03	09003 IVF	0	0	0		90.03
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 9:38 am
	Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.212170	0	0	845,975	0	50.00
51.00 05100 RECOVERY ROOM	0.214148	0	0	309,371	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.255059	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.192054	0	0	565,674	0	54.00
56.00 05600 RADIOISOTOPE	0.128840	0	0	50,629	0	56.00
60.00 06000 LABORATORY	0.163466	0	0	532,439	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.369772	0	0	39,806	0	65.00
66.00 06600 PHYSICAL THERAPY	0.354250	0	0	161,388	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0.091154	0	0	77,187	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.237116	0	0	107,998	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361565	0	0	116,726	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.199834	0	0	494,872	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.194628	0	0	181,233	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.217656	0	0	273,872	0	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 ADULT SLEEP LAB	0.000000	0	0	0	0	90.01
90.02 09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	0	90.02
90.03 09003 IVF	0.000000	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.141989	0	0	1,022,444	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.762659	0	0	150,653	0	92.00
200.00 Subtotal (see instructions)		0	0	4,930,267	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	4,930,267	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 9:38 am
	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		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	179,491		50.00
51.00 05100 RECOVERY ROOM	0	66,251		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	108,640		54.00
56.00 05600 RADIOISOTOPE	0	6,523		56.00
60.00 06000 LABORATORY	0	87,036		60.00
65.00 06500 RESPIRATORY THERAPY	0	14,719		65.00
66.00 06600 PHYSICAL THERAPY	0	57,172		66.00
69.00 06900 ELECTROCARDIOLOGY	0	7,036		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	25,608		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42,204		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	98,892		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	35,273		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	59,610		75.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0		90.02
90.03 09003 IVF	0	0		90.03
91.00 09100 EMERGENCY	0	145,176		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	114,897		92.00
200.00 Subtotal (see instructions)	0	1,048,528		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	1,048,528		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2016 9:38 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,626	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,626	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,458	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,896	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		35,064,842	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)		35,064,842	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,064,842	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,484.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,234,767	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,234,767	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0 42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0 46.00	
46.01	PEDIATRIC INTENSIVE CARE UNIT	2,963,664	1,241	2,388.13	0	0 46.01	
46.02	PREMATURE INTENSIVE CARE UNIT	8,971,217	5,015	1,788.88	0	0 46.02	
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00	
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,869,765	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,104,532	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,102,384	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,047,209	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,149,593	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,954,939	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/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID 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)					2,168	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,484.16	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,217,659	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 9:38 am	
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	7,202,955	35,064,842	0.205418	3,217,659	660,965	90.00
91.00	Nursing School cost	0	35,064,842	0.000000	3,217,659	0	91.00
92.00	Allied health cost	0	35,064,842	0.000000	3,217,659	0	92.00
93.00	All other Medical Education	0	35,064,842	0.000000	3,217,659	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2016 9:38 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,626	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,626	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,458	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)		749	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)		4,584	15.00
16.00	Nursery days (title V or XIX only)		1,914	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		35,064,842	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)		35,064,842	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,064,842	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,484.16	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,111,636	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,111,636	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,124,695	4,584	681.65	1,914	1,304,678	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	PEDIATRIC INTENSIVE CARE UNIT	2,963,664	1,241	2,388.13	133	317,621	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	8,971,217	5,015	1,788.88	420	751,330	46.02
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,140,191	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,625,456	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)					740,641	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					133,496	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					874,137	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,751,319	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/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID 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)					2,168	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,484.16	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,217,659	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 9:38 am	
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	7,202,955	35,064,842	0.205418	3,217,659	660,965	90.00
91.00	Nursing School cost	0	35,064,842	0.000000	3,217,659	0	91.00
92.00	Allied health cost	0	35,064,842	0.000000	3,217,659	0	92.00
93.00	All other Medical Education	0	35,064,842	0.000000	3,217,659	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 9:38 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		14,529,645		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		0		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		0		34.02
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212170	19,075,546	4,047,259	50.00
51.00	05100 RECOVERY ROOM	0.214148	2,343,610	501,879	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.255059	64,745	16,514	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.192191	4,222,503	811,527	54.00
56.00	05600 RADIOISOTOPE	0.128840	283,184	36,485	56.00
60.00	06000 LABORATORY	0.163466	7,174,014	1,172,707	60.00
65.00	06500 RESPIRATORY THERAPY	0.369772	1,219,075	450,780	65.00
66.00	06600 PHYSICAL THERAPY	0.354250	2,713,844	961,379	66.00
69.00	06900 ELECTROCARDIOLOGY	0.091154	1,212,685	110,541	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.237116	281,884	66,839	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361565	3,283,128	1,187,064	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.199834	22,181,005	4,432,519	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194628	7,933,138	1,544,011	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.217656	3,874,388	843,284	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.000000	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000	0	0	90.02
90.03	09003 IVF	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.143352	3,914,272	561,119	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.762659	165,025	125,858	92.00
200.00	Total (sum of lines 50-94 and 96-98)		79,942,046	16,869,765	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)		79,942,046		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 9:38 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,198,058	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		1,544,900	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		2,333,393	34.02
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212170	497,541	50.00
51.00	05100	RECOVERY ROOM	0.214148	81,759	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.255059	171,126	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.192191	342,899	54.00
56.00	05600	RADIOISOTOPE	0.128840	15,509	56.00
60.00	06000	LABORATORY	0.163466	911,754	60.00
65.00	06500	RESPIRATORY THERAPY	0.369772	935,269	65.00
66.00	06600	PHYSICAL THERAPY	0.354250	135,978	66.00
69.00	06900	ELECTROCARDIOLOGY	0.091154	56,311	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.237116	39,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.361565	103,911	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.199834	99,641	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194628	1,184,316	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.217656	90,490	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000	0	90.02
90.03	09003	IVF	0.000000	0	90.03
91.00	09100	EMERGENCY	0.143352	223,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.762659	11,035	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,899,967	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)		4,899,967	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 9:38 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,890,179	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,387,544	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,292,368	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		154.78	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.78	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.39	31.00
32.00	Sum of lines 30 and 31		24.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.16	33.00
34.00	Disproportionate share adjustment (see instructions)		326,960	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 9:38 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000160588	0.000158587	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,228,122	1,015,933	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		918,568	255,371	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,173,939		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		17,070,990		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)		17,070,990		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,897,816		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		1,036		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,969,842		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,969,842		61.00
62.00	Deductibles billed to program beneficiaries		1,442,084		62.00
63.00	Coinurance billed to program beneficiaries		21,105		63.00
64.00	Allowable bad debts (see instructions)		75,671		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		49,186		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		23,803		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,555,839		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-3,368		70.93
70.94	HRR adjustment amount (see instructions)		-21,780		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet E
Part A
Date/Time Prepared:
5/27/2016 9:38 am

		Title XVIII	Hospital		
		0	Prior to October 1	On/After October 1	
			1.00	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)		41,205		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		17,489,486		71.00
71.01	Sequestration adjustment (see instructions)		349,790		71.01
72.00	Interim payments		16,921,851		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)		217,845		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,386,030		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150161		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2016 9:38 am	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	10,890,179	10,890,179		10,890,179	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,387,544		3,387,544	3,387,544	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,292,368	1,166,858	125,510	1,292,368	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0916	0.0916	0.0916		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	326,960	249,385	77,575	326,960	11.00
11.01	Uncompensated care payments	36.00	1,173,939	918,568	255,371	1,173,939	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	17,070,990	13,224,990	3,846,000	17,070,990	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	17,070,990	13,224,990	3,846,000	17,070,990	15.00
16.00	Payment for inpatient program capital	50.00	1,897,816	1,612,554	285,262	1,897,816	16.00
17.00	Special add-on payments for new technologies	54.00	1,036	0	1,036	1,036	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			14,837,544	4,132,298	18,969,842	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/27/2016 9:38 am

		Title XVIII			Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,142,725	871,073	271,652	1,142,725	20.00	
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01	
21.00	Capital DRG outlier payments	2.00	697,840	697,840	0	697,840	21.00	
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0501	0.0501	0.0501		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	57,251	43,641	13,610	57,251	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	1,897,816	1,612,554	285,262	1,897,816	26.00	
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
		0	1.00	2.00	3.00	4.00		
27.00							27.00	
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00	
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00	
30.00	HVBP payment adjustment (see instructions)	70.93	-3,368	8,419	-11,787	-3,368	30.00	
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01	
31.00	HRR adjustment (see instructions)	70.94	-21,780	-21,780	0	-21,780	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	41,205	41,205	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/27/2016 9:38 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,320	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,676,325	2.00
3.00	PPS payments		7,976,930	3.00
4.00	Outlier payment (see instructions)		322,752	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,320	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		63,386	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		63,386	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		63,386	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		51,066	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)		12,320	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)		8,299,682	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,580,496	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] (see instructions)		6,731,506	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		6,731,506	30.00
31.00	Primary payer payments		1,765	31.00
32.00	Subtotal (line 30 minus line 31)		6,729,741	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		152,160	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		98,904	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		108,848	36.00
37.00	Subtotal (see instructions)		6,828,645	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,828,645	40.00
40.01	Sequestration adjustment (see instructions)		136,573	40.01
41.00	Interim payments		6,655,180	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		36,892	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2016 9:38 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		16,921,851		6,655,180	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		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)		16,921,851		6,655,180	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		217,845		36,892	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		17,139,696		6,692,072	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2016 9:38 am

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	8,916	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	6,896	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,321	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	27,714	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	611,536,688	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	12,181,957	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)	301,417	8.00
9.00	Sequestration adjustment amount (see instructions)	6,028	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	295,389	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	282,829	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)	12,560	32.00

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

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet G

Date/Time Prepared:
5/27/2016 9:38 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	214,131,549	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	29,234,587	0	0	0	4.00
5.00	Other receivable	-1,448,232	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,491,497	0	0	0	7.00
8.00	Prepaid expenses	854,815	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	245,264,216	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	11,942,223	0	0	0	13.00
14.00	Accumulated depreciation	-8,028,782	0	0	0	14.00
15.00	Buildings	148,754,672	0	0	0	15.00
16.00	Accumulated depreciation	-37,403,272	0	0	0	16.00
17.00	Leasehold improvements	9,962,999	0	0	0	17.00
18.00	Accumulated depreciation	-3,063,061	0	0	0	18.00
19.00	Fixed equipment	31,317,241	0	0	0	19.00
20.00	Accumulated depreciation	-25,065,875	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	67,264,491	0	0	0	23.00
24.00	Accumulated depreciation	-60,229,311	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)	135,451,325	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,870,935	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,870,935	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	383,586,476	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,945,900	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,849,493	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,527,437	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	2,434,675	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	25,757,505	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	211,549,432	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	960,001	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	212,509,433	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	238,266,938	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	145,319,538				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)	145,319,538	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	383,586,476	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-1

Date/Time Prepared:
5/27/2016 9:38 am

		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		94,299,776		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		51,019,767			2.00
3.00	Total (sum of line 1 and line 2)		145,319,543		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		145,319,543		0	11.00
12.00	ROUNDING	5		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		5		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		145,319,538		0	19.00
		Endowment Fund	Plant Fund			
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	ROUNDING		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2016 9:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	50,283,635		50,283,635	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	50,283,635		50,283,635	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	5,183,452		5,183,452	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	18,608,899		18,608,899	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	23,792,351		23,792,351	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	74,075,986		74,075,986	17.00
18.00	Ancillary services	239,233,599	233,154,715	472,388,314	18.00
19.00	Outpatient services	9,236,439	55,835,951	65,072,390	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN	0	120,603	120,603	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	322,546,024	289,111,269	611,657,293	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		177,225,814		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)		177,225,814		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150161

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-3

Date/Time Prepared:
5/27/2016 9:38 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	611,657,293	1.00
2.00	Less contractual allowances and discounts on patients' accounts	391,571,997	2.00
3.00	Net patient revenues (line 1 minus line 2)	220,085,296	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	177,225,814	4.00
5.00	Net income from service to patients (line 3 minus line 4)	42,859,482	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	8,160,285	24.00
25.00	Total other income (sum of lines 6-24)	8,160,285	25.00
26.00	Total (line 5 plus line 25)	51,019,767	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)	51,019,767	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150161	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/27/2016 9:38 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,142,725	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		697,840	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)		79.92	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.78	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.39	8.00
9.00	Sum of lines 7 and 8		24.17	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.01	10.00
11.00	Disproportionate share adjustment (see instructions)		57,251	11.00
12.00	Total prospective capital payments (see instructions)		1,897,816	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00