

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet 5 Parts I-III Date/Time Prepared: 5/27/2014 4:01 pm
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. FRANCIS HOSPITAL & HEALTH CENTER (150162) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
ECR: Date: 5/27/2014 Time: 4:01 pm
108gsyegICnymdLbguyEjvVAjtEXa0
q4Jfu0.y94n0M3YDNLZmAbsk0yHzup
pDgR1.TRzf0hq30v
PI: Date: 5/27/2014 Time: 4:01 pm
dxaSmN.qJwhjnsq:bwX:btB213.LK0
IFtvx0HxVcAV1phc7mMu8LaHr97eR
t1dY0qb4e0sr8ud

(Signed) *[Signature]*
Officer or Administrator of Provider(s)
Regional CFO
Title
5/29/14
Date

	Title v	Title XVIII		HIT	Title XIX	
		1.00	2.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-1,056,413	278,679	-158,833	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-54,330	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	-1,110,743	278,679	-158,833	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 12:32 pm					
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 8111 S. EMERSON AVENUE			PO Box:				1.00					
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46237		County: MARION					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:													
3.00	Hospital			ST. FRANCIS HOSPITAL & HEALTH CENTER		150162	26900	1	05/01/2006	N	P	P	3.00
4.00	Subprovider - IPF												4.00
5.00	Subprovider - IRF			REHAB UNIT		15T162	26900	5	01/01/2005	N	P	P	5.00
6.00	Subprovider - (Other)												6.00
7.00	Swing Beds - SNF												7.00
8.00	Swing Beds - NF												8.00
9.00	Hospital-Based SNF												9.00
10.00	Hospital-Based NF												10.00
11.00	Hospital-Based OLTC												11.00
12.00	Hospital-Based HHA												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)						01/01/2013		12/31/2013		20.00		
21.00	Type of Control (see instructions)								1		21.00		
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		Y		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
				1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			5,790	992	0	9	8,097	0	24.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			104	106	0	0	31		25.00			
							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		

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 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
		V 1.00	XVIII 2.00	XIX 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 Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

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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			
61.20	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 Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)			Y	63.00		
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<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 non-provider 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)	FAMILY MEDICINE GENERAL	1350	9.00	13.91	0.392842	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider 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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 12:32 pm	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE GENERAL 1350	9.74	9.65	0.502321		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N		0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
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

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		V	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		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 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 hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	412,665	203,464	460,774	
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
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
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		
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		
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	158014	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/27/2014 12:32 pm	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: SISTERS OF ST. FRANCIS HEALTH SERVICE	Contractor's Name: WISCONSIN PHYSICIANS SERVICES		Contractor's Number: 08101		141.00	
142.00	Street: 1515 W DRAGOON TRL	PO Box: 1290				142.00	
143.00	City: MISHAWAKA	State: IN		Zip Code: 46544		143.00	
144.00 Are provider based physicians' costs included in Worksheet A? Y 144.00							
145.00 If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no. Y 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, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2. N 146.00							
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no. N 147.00							
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no. N 148.00							
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no. N 149.00							
		Part A		Part B		Title V	
		1.00		2.00		3.00	
155.00 Hospital N N N N 155.00							
156.00 Subprovider - IPF N N N N 156.00							
157.00 Subprovider - IRF N N N N 157.00							
158.00 SUBPROVIDER N N N N 158.00							
159.00 SNF N N N N 159.00							
160.00 HOME HEALTH AGENCY N N N N 160.00							
161.00 CMHC N N N N 161.00							
165.00 Multi campus N 165.00							
166.00 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.							
		Name		County		State	
		0		1.00		2.00	
				Zip Code		CBSA	
				3.00		4.00	
						FTE/Campus	
						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. 0.00 166.00							
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act Y 167.00							
168.00 Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no. 0 168.00							
169.00 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) 0.75 169.00							
170.00 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)							
		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) 10/01/2012 09/30/2013 170.00							

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 12:32 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/08/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part II Date/Time Prepared: 5/27/2014 12:32 pm	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					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.						33.00
Provider-Based Physicians							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					N	35.00
						Y/N	Date
						1.00	2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?					Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					Y	40.00
						1.00	2.00
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.	BKD		BKD			41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435		LVCOSTREPORTS@BKD.COM			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet S-2
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

		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)	04/08/2014	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.	BKD	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	241	97,139	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)		241	97,139	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	23	8,395	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	68	24,820	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	31	11,315	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		393	152,619	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		415				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	18,878	3,244	49,050			1.00
2.00	HMO and other (see instructions)	9,538	8,754				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	529	137				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)	18,878	3,244	49,050			7.00
8.00	INTENSIVE CARE UNIT	5,192	645	9,655			8.00
8.01	NEONATAL INTENSIVE CARE UNIT	0	279	4,178			8.01
9.00	CORONARY CARE UNIT	7,294	847	12,667			9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	3,321	436	6,530			11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		305	4,568			13.00
14.00	Total (see instructions)	34,685	5,756	86,648	19.39	2,273.57	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,348	104	4,120	0.00	23.22	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	0	0.00	0.00	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				19.39	2,296.79	27.00
28.00	Observation Bed Days		1,346	7,260			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	378	746			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,065	1,541	17,601	1.00
2.00	HMO and other (see instructions)			1,858			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	7,065	1,541	17,601	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	223	10	385	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/27/2014 12:32 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	146,239,812	0	146,239,812	4,777,330.55	30.61	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		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		483,578	0	483,578	6,429.37	75.21	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	4,024,510	-2,366,436	1,658,074	49,414.31	33.55	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,269,357	127,757	4,397,114	155,154.72	28.34	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		3,113,049	0	3,113,049	79,836.89	38.99	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		1,014,905	0	1,014,905	6,171.06	164.46	13.00
14.00	Home office salaries & wage-related costs		47,201,086	0	47,201,086	1,046,951.18	45.08	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)		45,843,128	0	45,843,128			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,424,610	0	2,424,610			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		113,015	0	113,015			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		519,285	0	519,285			24.00
25.00	Interns & residents (in an approved program)		457,519	0	457,519			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	7,856,212	0	7,856,212	308,145.99	25.50	27.00
28.00	Administrative & General under contract (see inst.)		1,971,404	0	1,971,404	20,926.40	94.21	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,646,671	0	4,646,671	183,995.38	25.25	30.00
31.00	Laundry & Linen Service	8.00	216,679	0	216,679	15,917.92	13.61	31.00
32.00	Housekeeping	9.00	3,316,443	0	3,316,443	251,036.64	13.21	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,811,496	-1,072,706	738,790	48,494.62	15.23	34.00
35.00	Dietary under contract (see instructions)		151,033	0	151,033	3,885.81	38.87	35.00
36.00	Cafeteria	11.00	1,019,571	1,072,706	2,092,277	140,141.02	14.93	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,069,376	0	5,069,376	132,997.78	38.12	38.00
39.00	Central Services and Supply	14.00	2,163,882	0	2,163,882	120,301.81	17.99	39.00
40.00	Pharmacy	15.00	5,572,753	0	5,572,753	160,896.75	34.64	40.00
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00	41.00

HOSPITAL WAGE INDEX INFORMATION		Worksheet A		Amount		Reclassification of Salaries		Adjusted Salaries		Paid Hours		Average Hourly Wage	
		Line Number	Reported	(from Worksheet A-6)	(col. 2 ± col. 3)							(col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00		6.00					
42.00	Social Service	17.00	0	0	0	0.00		0.00		0.00		42.00	
43.00	Other General Service	18.00	0	0	0	0.00		0.00		0.00		43.00	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2014 12:32 pm

	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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	143,854,161	2,366,436	146,220,597	4,746,299.08	30.81	1.00
2.00	Excluded area salaries (see instructions)	4,269,357	127,757	4,397,114	155,154.72	28.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	139,584,804	2,238,679	141,823,483	4,591,144.36	30.89	3.00
4.00	Subtotal other wages & related costs (see inst.)	51,329,040	0	51,329,040	1,132,959.13	45.31	4.00
5.00	Subtotal wage-related costs (see inst.)	45,843,128	0	45,843,128	0.00	32.32	5.00
6.00	Total (sum of lines 3 thru 5)	236,756,972	2,238,679	238,995,651	5,724,103.49	41.75	6.00
7.00	Total overhead cost (see instructions)	33,795,520	0	33,795,520	1,386,740.12	24.37	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2014 12:32 pm
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		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	1,136,159	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	12,117,387	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	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)	21,153,483	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	894,073	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	410,532	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,142,739	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	11,084,924	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	131,890	19.00
20.00	State or Federal Unemployment Taxes	0	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	828,851	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	48,900,038	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: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/27/2014 12:32 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/27/2014 12:32 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.263093	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		35,060,935	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		199,898,854	6.00	
7.00	Medicaid cost (line 1 times line 6)		52,591,989	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)		17,531,054	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)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
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)		17,531,054	19.00	
			1.00		
			2.00		
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	75,344,006	0	75,344,006	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	19,822,481	0	19,822,481	21.00
22.00	Partial payment by patients approved for charity care	828,784	0	828,784	22.00
23.00	Cost of charity care (line 21 minus line 22)	18,993,697	0	18,993,697	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		20,516,567	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		785,669	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		19,730,898	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,191,061	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		24,184,758	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		41,715,812	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	26,635,805	26,635,805	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		24,876,354	24,876,354	-12,413,342	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	263	48,580,616	48,580,879	4.00
5.01	00540	ADMITTING	1,928,260	716,315	2,644,575	-661,756	5.01
5.02	00520	PATIENT ACCOUNTING	0	0	0	0	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	5,927,952	16,533,567	22,461,519	-2,020,342	5.03
7.00	00700	OPERATION OF PLANT	4,646,671	8,938,416	13,585,087	-1,575,549	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	216,679	1,270,159	1,486,838	-71,870	8.00
9.00	00900	HOUSEKEEPING	3,316,443	2,110,150	5,426,593	-1,133,995	9.00
10.00	01000	DIETARY	1,811,496	3,342,310	5,153,806	-4,376,705	10.00
11.00	01100	CAFETERIA	1,019,571	545,155	1,564,726	3,377,771	11.00
13.00	01300	NURSING ADMINISTRATION	5,069,376	2,319,244	7,388,620	-1,706,593	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,163,882	3,766,130	5,930,012	-2,386,705	14.00
15.00	01500	PHARMACY	5,572,753	19,574,682	25,147,435	-18,094,125	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,024,510	2,059,442	6,083,952	-4,425,834	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,678,245	22.00
23.00	02300	PARAMED PRGM	78,742	35,674	114,416	142,863	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,782,563	8,835,496	31,618,059	-8,277,145	30.00
31.00	03100	INTENSIVE CARE UNIT	6,890,274	2,945,117	9,835,391	-2,777,358	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,512,533	1,805,915	4,318,448	-993,371	31.01
32.00	03200	CORONARY CARE UNIT	8,151,738	3,221,949	11,373,687	-3,006,657	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,679,789	1,530,971	5,210,760	-1,396,162	34.00
41.00	04100	SUBPROVIDER - IRF	1,553,236	668,827	2,222,063	-546,955	41.00
43.00	04300	NURSERY	681,322	341,865	1,023,187	-310,301	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,096,347	45,256,141	56,352,488	-30,337,327	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,750,634	1,598,559	4,349,193	-1,460,293	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,042,742	18,284,681	28,327,423	-5,798,985	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	14,329	1,071,722	1,086,051	-33,051	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	778,999	369,664	1,148,663	-271,365	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	12,724	20,653,821	20,666,545	-17,843,188	55.00
56.00	05600	RADIOISOTOPE	251,433	795,034	1,046,467	-228,101	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,640,158	10,262,503	11,902,661	-7,902,692	59.00
60.00	06000	LABORATORY	859,100	19,591,270	20,450,370	-1,620,483	60.00
64.00	06400	INTRAVENOUS THERAPY	316,247	427,938	744,185	-382,104	64.00
65.00	06500	RESPIRATORY THERAPY	6,132,937	3,703,120	9,836,057	-3,393,929	65.00
66.00	06600	PHYSICAL THERAPY	3,698,342	2,176,594	5,874,936	-1,649,835	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	991,332	366,784	1,358,116	-92,753	67.00
68.00	06800	SPEECH PATHOLOGY	584,404	214,350	798,754	-112,736	68.00
69.00	06900	ELECTROCARDIOLOGY	1,017,224	762,416	1,779,640	-567,152	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,385,897	2,122,680	3,508,577	-549,370	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	-15	-15	24,976,123	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	21,033,882	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	32,635,526	73.00
74.00	07400	RENAL DIALYSIS	484,361	284,274	768,635	-248,358	74.00
76.97	07697	CARDIAC REHABILITATION	394,567	207,038	601,605	-137,742	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,646,715	4,416,713	8,063,428	-95,805	90.00
90.01	09001	I BMT JOINT VENTURE	948,859	3,649,422	4,598,281	-356,985	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	1,088,939	585,761	1,674,700	-360,008	90.02
90.03	09003	SOUTH INDY MRI & REHAB	863,389	2,286,939	3,150,328	-296,534	90.03
90.04	09004	BARITRICS	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	4,335,276	6,921,315	11,256,591	-1,684,991	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	90.06
91.00	09100	EMERGENCY	8,239,688	4,840,231	13,079,919	-3,762,859	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	12,059,972	12,059,972	-12,059,972	113.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	143,602,433	268,346,928	411,949,361	1,639,448	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	138,691	321,879	460,570	-46,336	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	40,798	40,798	0	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet A Date/Time Prepared: 5/27/2014 12:32 pm		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,772,075	11,706,011	13,478,086	-591,494	12,886,592	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	266,191	892,669	1,158,860	-88,583	1,070,277	194.00
194.01	07952	WOMEN'S CENTER	43,577	1,550,770	1,594,347	-14,534	1,579,813	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	4,269,221	4,269,221	-764,822	3,504,399	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	654,422	654,422	0	654,422	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	226,960	82,605	309,565	-70,664	238,901	194.04
194.05	07956	FOUNDATION	151,267	590,822	742,089	-50,335	691,754	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	38,618	20,447,916	20,486,534	-12,680	20,473,854	194.06
200.00		TOTAL (SUM OF LINES 118-199)	146,239,812	308,904,041	455,143,853	0	455,143,853	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,597,693	25,038,112	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	12,463,012	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,312,227	49,893,106	4.00
5.01	00540	ADMINISTRATIVE	3,193,258	5,176,077	5.01
5.02	00520	PATIENT ACCOUNTING	7,522,060	7,522,060	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	65,117,592	85,558,769	5.03
7.00	00700	OPERATION OF PLANT	-166,577	11,842,961	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,414,968	8.00
9.00	00900	HOUSEKEEPING	-44,201	4,248,397	9.00
10.00	01000	DIETARY	-332,545	444,556	10.00
11.00	01100	CAFETERIA	-2,477,588	2,464,909	11.00
13.00	01300	NURSING ADMINISTRATION	-96,540	5,585,487	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-119,673	3,423,634	14.00
15.00	01500	PHARMACY	-430,098	6,623,212	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,483,013	1,483,013	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-37,631	1,620,487	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-768,512	909,733	22.00
23.00	02300	PARAMED PRGM	-43,068	214,211	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-16,727	23,324,187	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,058,033	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-91,662	3,233,415	31.01
32.00	03200	CORONARY CARE UNIT	0	8,367,030	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-60	3,814,538	34.00
41.00	04100	SUBPROVIDER - I&R	-59,940	1,615,168	41.00
43.00	04300	NURSERY	0	712,886	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-2,285,384	23,729,777	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,888,900	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,110,896	19,417,542	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	1,053,000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
54.03	03630	ULTRA SOUND	0	877,298	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	-10,780	2,812,577	55.00
56.00	05600	RADIOISOTOPE	0	818,366	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,999,969	59.00
60.00	06000	LABORATORY	-317,979	18,511,908	60.00
64.00	06400	INTRAVENOUS THERAPY	0	362,081	64.00
65.00	06500	RESPIRATORY THERAPY	-65,881	6,376,247	65.00
66.00	06600	PHYSICAL THERAPY	0	4,225,101	66.00
66.01	06601	SPORTS MEDICINE	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	1,265,363	67.00
68.00	06800	SPEECH PATHOLOGY	0	686,018	68.00
69.00	06900	ELECTROCARDIOLOGY	-160	1,212,328	69.00
69.01	06901	CARDIAC CATH LAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-25,617	2,933,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-342,825	24,633,283	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	21,033,882	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	32,635,526	73.00
74.00	07400	RENAL DIALYSIS	-3,825	516,452	74.00
76.97	07697	CARDIAC REHABILITATION	-29,075	434,788	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,494,238	6,473,385	90.00
90.01	09001	IBMT JOINT VENTURE	-326,747	3,914,549	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	-82,697	1,231,995	90.02
90.03	09003	SOUTH INDY MRI & REHAB	-19,718	2,834,076	90.03
90.04	09004	BARITRICS	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	-47,322	9,524,278	90.05
90.06	09006	CARDIAC REHAB	0	0	90.06
91.00	09100	EMERGENCY	-975,028	8,342,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	63,207,463	476,796,272	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	414,234	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	40,798	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	12,886,592	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	7,016,024	8,086,301	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
194.01	07952	WOMEN'S CENTER	0	1,579,813	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	3,504,399	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	654,422	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	1,129,011	1,367,912	194.04
194.05	07956	FOUNDATION	0	691,754	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	20,473,854	194.06
200.00		TOTAL (SUM OF LINES 118-199)	71,352,498	526,496,351	200.00

RECLASSIFICATIONS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-6
Date/Time Prepared:
5/27/2014 12:32 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	24,976,123	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	21,033,882	2.00
3.00	PSYCHIATRIC COUNSELING CENTER	90.02	0	2	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
TOTALS			0	46,010,007	
B - DRUG RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	32,635,526	1.00
2.00	SOUTH INDY MRI & REHAB	90.03	0	19	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00

RECLASSIFICATIONS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-6
Date/Time Prepared:
5/27/2014 12:32 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
29.00		0.00	0	0	29.00
	TOTALS		0	32,635,545	
C - EQUIPMENT LEASE RECLASS					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,165,769	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	44	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
	TOTALS		0	1,165,813	
D - DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,811,011	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	13,811,011	
E - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,072,706	2,651,109	1.00
	TOTALS		1,072,706	2,651,109	
F - THERAPY RECLASS					
1.00	OCCUPATIONAL THERAPY	67.00	253,869	861	1.00
2.00	SPEECH PATHOLOGY	68.00	88,744	301	2.00
	TOTALS		342,613	1,162	
G - INTEREST RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	12,824,794	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	12,824,794	
H - PARAMEDICAL EDUCATION RECLASS					
1.00	PARAMED ED PRGM	23.00	127,757	41,422	1.00
	TOTALS		127,757	41,422	
I - INTERN & RESIDENT					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,378,206	300,039	1.00
2.00	CLINIC	90.00	988,230	347,842	2.00
	TOTALS		2,366,436	647,881	
J - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48,580,616	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-6

Date/Time Prepared:
5/27/2014 12:32 pm

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
50.00		0.00	0	0		50.00
	TOTALS		0	48,580,616		
500.00	Grand Total : Increases		3,909,512	158,369,360		500.00

RECLASSIFICATIONS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-6
Date/Time Prepared:
5/27/2014 12:32 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - MEDICAL SUPPLIES RECLASS							
1.00	ADMITTING	5.01	0	18,723	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33,508	0		2.00
3.00	OPERATION OF PLANT	7.00	0	12,841	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	205	0		4.00
5.00	HOUSEKEEPING	9.00	0	38,763	0		5.00
6.00	DIETARY	10.00	0	30,620	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	13,403	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,589,204	0		8.00
9.00	PHARMACY	15.00	0	1,080,452	0		9.00
10.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	21,283	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	674,756	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	441,478	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	151,694	0		13.00
14.00	CORONARY CARE UNIT	32.00	0	273,199	0		14.00
15.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	164,219	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	26,454	0		16.00
17.00	NURSERY	43.00	0	81,554	0		17.00
18.00	OPERATING ROOM	50.00	0	26,338,014	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	494,763	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,450,463	0		20.00
21.00	CARDIAC NUCLEAR DIAGNOSTIC	54.01	0	26,967	0		21.00
22.00	ULTRA SOUND	54.03	0	10,934	0		22.00
23.00	RADIOLOGY - THERAPEUTIC	55.00	0	306,352	0		23.00
24.00	RADIOISOTOPE	56.00	0	143,664	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	7,287,600	0		25.00
26.00	LABORATORY	60.00	0	932,048	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	0	276,102	0		27.00
28.00	RESPIRATORY THERAPY	65.00	0	1,057,095	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	69,023	0		29.00
30.00	OCCUPATIONAL THERAPY	67.00	0	16,073	0		30.00
31.00	SPEECH PATHOLOGY	68.00	0	5,713	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	227,914	0		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	82,355	0		33.00
34.00	RENAL DIALYSIS	74.00	0	78,818	0		34.00
35.00	CARDIAC REHABILITATION	76.97	0	6,504	0		35.00
36.00	CLINIC	90.00	0	202,643	0		36.00
37.00	IBMT JOINT VENTURE	90.01	0	35,480	0		37.00
38.00	SOUTH INDIAN MRI & REHAB	90.03	0	8,190	0		38.00
39.00	CV DIAGNOSTIC SERVICES	90.05	0	317,803	0		39.00
40.00	EMERGENCY	91.00	0	983,133	0		40.00
TOTALS			0	46,010,007			
B - DRUG RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	2,572	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	70	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	628	0		3.00
4.00	PHARMACY	15.00	0	14,684,696	0		4.00
5.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	73,497	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	2,279	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	501	0		7.00
8.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	2,791	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	484	0		9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	259	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	19	0		11.00
12.00	OPERATING ROOM	50.00	0	240,205	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,391	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	36,183	0		14.00
15.00	CARDIAC NUCLEAR DIAGNOSTIC	54.01	0	456	0		15.00
16.00	RADIOLOGY - THERAPEUTIC	55.00	0	17,509,735	0		16.00
17.00	RADIOISOTOPE	56.00	0	441	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	497	0		18.00
19.00	LABORATORY	60.00	0	2,262	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	18	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	2,689	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	3,135	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	48	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	362	0		24.00
25.00	RENAL DIALYSIS	74.00	0	2,507	0		25.00
26.00	CLINIC	90.00	0	32,643	0		26.00
27.00	IBMT JOINT VENTURE	90.01	0	4,386	0		27.00

RECLASSIFICATIONS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-6
Date/Time Prepared:
5/27/2014 12:32 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	CV DIAGNOSTIC SERVICES	90.05	0	3,713	0		28.00
29.00	EMERGENCY	91.00	0	22,078	0		29.00
	TOTALS		0	32,635,545			
C - EQUIPMENT LEASE RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	24,504	10		1.00
2.00	OPERATION OF PLANT	7.00	0	16,132	0		2.00
3.00	DIETARY	10.00	0	16,916	0		3.00
4.00	CAFETERIA	11.00	0	6,891	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	75,119	0		5.00
6.00	PHARMACY	15.00	0	476,375	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	23,439	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	31,859	0		8.00
9.00	CORONARY CARE UNIT	32.00	0	5,397	0		9.00
10.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	241	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	900	0		11.00
12.00	OPERATING ROOM	50.00	0	56,431	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	39,259	0		13.00
14.00	RADIOLOGY - THERAPEUTIC	55.00	0	22,858	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	66,190	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	288,235	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,668	0		17.00
18.00	RENAL DIALYSIS	74.00	0	5,000	0		18.00
19.00	EMERGENCY	91.00	0	5,399	0		19.00
	TOTALS		0	1,165,813			
D - DEPRECIATION RECLASS							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,579,111	9		1.00
2.00	LABORATORY	60.00	0	231,548	0		2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	352	0		3.00
	TOTALS		0	13,811,011			
E - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,072,706	2,651,109	0		1.00
	TOTALS		1,072,706	2,651,109			
F - THERAPY RECLASS							
1.00	PHYSICAL THERAPY	66.00	342,613	1,162	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		342,613	1,162			
G - INTEREST RECLASS							
1.00	INTEREST EXPENSE	113.00	0	12,059,972	11		1.00
2.00	SOUTH EMERSON SURGERY CENTER	194.02	0	764,822	0		2.00
	TOTALS		0	12,824,794			
H - PARAMEDICAL EDUCATION RECLASS							
1.00	LABORATORY	60.00	127,757	41,422	0		1.00
	TOTALS		127,757	41,422			
I - INTERN & RESIDENT							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,366,436	647,881	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,366,436	647,881			
J - BENEFITS							
1.00	ADMINISTRATIVE	5.01	0	643,033	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	1,959,758	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,546,576	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	71,665	0		4.00
5.00	HOUSEKEEPING	9.00	0	1,095,232	0		5.00
6.00	DIETARY	10.00	0	605,354	0		6.00
7.00	CAFETERIA	11.00	0	339,153	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,693,120	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	721,754	0		9.00
10.00	PHARMACY	15.00	0	1,852,602	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,316,781	0		11.00
12.00	PARAMED PRGM	23.00	0	26,316	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	7,576,671	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	2,303,520	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	838,886	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	2,727,577	0		16.00
17.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,231,443	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	519,582	0		18.00
19.00	NURSERY	43.00	0	228,747	0		19.00
20.00	OPERATING ROOM	50.00	0	3,702,677	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	919,880	0		21.00

RECLASSIFICATIONS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-6

Date/Time Prepared:
5/27/2014 12:32 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,312,339	0		22.00
23.00	CARDIAC NUCLEAR DIAGNOSTIC	54.01	0	5,628	0		23.00
24.00	ULTRA SOUND	54.03	0	260,431	0		24.00
25.00	RADIOLOGY - THERAPEUTIC	55.00	0	4,243	0		25.00
26.00	RADIOISOTOPE	56.00	0	83,996	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	548,405	0		27.00
28.00	LABORATORY	60.00	0	285,446	0		28.00
29.00	INTRAVENOUS THERAPY	64.00	0	105,984	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	2,045,910	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	1,233,902	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	331,410	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	196,020	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	338,876	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	462,347	0		35.00
36.00	RENAL DIALYSIS	74.00	0	162,033	0		36.00
37.00	CARDIAC REHABILITATION	76.97	0	131,238	0		37.00
38.00	CLINIC	90.00	0	1,196,591	0		38.00
39.00	IBMT JOINT VENTURE	90.01	0	317,119	0		39.00
40.00	PSYCHIATRIC COUNSELING CENTER	90.02	0	360,010	0		40.00
41.00	SOUTH INDY MRI & REHAB	90.03	0	288,363	0		41.00
42.00	CV DIAGNOSTIC SERVICES	90.05	0	1,363,475	0		42.00
43.00	EMERGENCY	91.00	0	2,752,249	0		43.00
44.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	46,336	0		44.00
45.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	591,142	0		45.00
46.00	MARKETING & COMMUNITY RELATIONS	194.00	0	88,583	0		46.00
47.00	WOMEN'S CENTER	194.01	0	14,534	0		47.00
48.00	OTHER NONREIMBURSABLE COST CENTERS	194.04	0	70,664	0		48.00
49.00	FOUNDATION	194.05	0	50,335	0		49.00
50.00	FRANCISCAN SURGERY CENTER	194.06	0	12,680	0		50.00
	TOTALS		0	48,580,616			
500.00	Grand Total: Decreases		3,909,512	158,369,360			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,221,956	0	0	0	1.00
2.00	Land Improvements	10,889,890	17,163,793	0	17,163,793	2.00
3.00	Buildings and Fixtures	143,383,549	104,180,114	0	104,180,114	3.00
4.00	Building Improvements	2,465,012	1,909,975	0	1,909,975	4.00
5.00	Fixed Equipment	139,325,818	153,614,226	0	153,614,226	5.00
6.00	Movable Equipment	147,787,422	0	0	0	7,986,645
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	451,073,647	276,868,108	0	276,868,108	7,986,645
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	451,073,647	276,868,108	0	276,868,108	7,986,645
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,221,956	0			1.00
2.00	Land Improvements	28,053,683	5,768,268			2.00
3.00	Buildings and Fixtures	247,563,663	53,323,226			3.00
4.00	Building Improvements	4,374,987	1,109,580			4.00
5.00	Fixed Equipment	292,940,044	50,855,688			5.00
6.00	Movable Equipment	139,800,777	64,089,099			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	719,955,110	175,145,861			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	719,955,110	175,145,861			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	24,876,354	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	24,876,354	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	24,876,354				2.00
3.00	Total (sum of lines 1-2)	0	24,876,354				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	580,154,333	0	580,154,333	0.805820	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	139,800,777	0	139,800,777	0.194180	0	2.00
3.00	Total (sum of lines 1-2)	719,955,110	0	719,955,110	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	13,811,011	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	11,297,243	1,165,769	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,108,254	1,165,769	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	11,227,101	0	0	0	25,038,112	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	12,463,012	2.00
3.00	Total (sum of lines 1-2)	11,227,101	0	0	0	37,501,124	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-8

Date/Time Prepared:
5/27/2014 12:32 pm

Line #	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)	B	-34,413	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-8,236,979			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	92,280,095			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,422,551	CAFETERIA	11.00	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	B	-55,037	CAFETERIA	11.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant				0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Provider CCN: 150162

Period:
 From 01/01/2013
 To 12/31/2013

Worksheet A-8

Date/Time Prepared:
 5/27/2014 12:32 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 MI SCCELLANEOUS INCOME	B	-1,331,470	OTHER ADMINI STRATIVE AND GENERAL	5.03	0 33.00
34.00 MI SCCELLANEOUS INCOME	B	-166,577	OPERATION OF PLANT	7.00	0 34.00
35.00 MI SCCELLANEOUS INCOME	B	-44,201	HOUSEKEEPING	9.00	0 35.00
36.00 MI SCCELLANEOUS INCOME	B	-332,545	DIETARY	10.00	0 36.00
37.00 MI SCCELLANEOUS INCOME	B	-5,150	NURSING ADMINI STRATION	13.00	0 37.00
38.00 MI SCCELLANEOUS INCOME	B	-119,673	CENTRAL SERVICES & SUPPLY	14.00	0 38.00
39.00 MI SCCELLANEOUS INCOME	B	-443,958	PHARMACY	15.00	0 39.00
40.00 MI SCCELLANEOUS INCOME	B	-3,640	I & R SERVICES-SALARY & FRINGES APPRVD	21.00	0 40.00
41.00 MI SCCELLANEOUS INCOME	B	-43,068	PARAMED ED PRGM	23.00	0 41.00
42.00 MI SCCELLANEOUS INCOME	B	-10,605	ADULTS & PEDI ATRICS	30.00	0 42.00
43.00 MI SCCELLANEOUS INCOME	B	-60	SURGI CAL INTENSIVE CARE UNIT	34.00	0 43.00
44.00 MI SCCELLANEOUS INCOME	B	-458,404	OPERATING ROOM	50.00	0 44.00
45.00 MI SCCELLANEOUS INCOME	B	-2,938,914	RADI OLOGY-DI AGNOSTIC	54.00	0 45.00
45.01 MI SCCELLANEOUS INCOME	B	-55	RADI OLOGY - THERAPEUTIC	55.00	0 45.01
45.02 MI SCCELLANEOUS INCOME	B	-30,923	LABORATORY	60.00	0 45.02
45.03 MI SCCELLANEOUS INCOME	B	-28,506	RESPI RATORY THERAPY	65.00	0 45.03
45.04 MI SCCELLANEOUS INCOME	B	-160	ELECTROCARDIOLOGY	69.00	0 45.04
45.05 MI SCCELLANEOUS INCOME	B	-342,825	MEDI CAL SUPPLIES CHARGED TO PATIENTS	71.00	0 45.05
45.06 MI SCCELLANEOUS INCOME	B	-29,075	CARDI AC REHABI LI TATION	76.97	0 45.06
45.07 MI SCCELLANEOUS INCOME	B	-635,714	CLINIC	90.00	0 45.07
45.08 MI SCCELLANEOUS INCOME	B	-246,643	I BMT JOINT VENTURE	90.01	0 45.08
45.09 MI SCCELLANEOUS INCOME	B	-54,990	PSYCHI ATRIC COUNCELING CENTER	90.02	0 45.09
45.10 MI SCCELLANEOUS INCOME	B	-7,411	SOUTH INDY MRI & REHAB	90.03	0 45.10
45.11 MI SCCELLANEOUS INCOME	B	-47,322	CV DIAGNOSTIC SERVICES	90.05	0 45.11
45.12 MI SCCELLANEOUS INCOME	B	-762,965	EMERGENCY	91.00	0 45.12
45.13 ADVERTISING	A	-15,337	CLINIC	90.00	0 45.13
45.14 NONALLOWABLE INTEREST	A	-2,078,426	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 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
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		71,352,498			50.00

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

Provider CCN: 150162

Period: From 01/01/2013 To 12/31/2013

Worksheet A-8-1

Date/Time Prepared: 5/27/2014 12:32 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SHARED SERVICE ALLOCATION	1,312,227	0
2.00	5.01	ADMINISTRATIVE	SHARED SERVICE ALLOCATION	3,193,258	0
3.00	5.02	PATIENT ACCOUNTING	SHARED SERVICE ALLOCATION	7,522,060	0
4.00	5.03	OTHER ADMINISTRATIVE AND GEN	SHARED SERVICE ALLOCATION	25,970,144	0
4.01	16.00	MEDICAL RECORDS & LIBRARY	SHARED SERVICE ALLOCATION	1,483,013	0
4.02	1.00	NEW CAP REL COSTS-BLDG & FIX	SHARED SERVICE ALLOCATION	1,935,601	0
4.03	194.00	MARKETING & COMMUNITY RELATI	SHARED SERVICE ALLOCATION	7,016,024	0
4.04	194.04	OTHER NONREIMBURSABLE COST C	SHARED SERVICE ALLOCATION	1,129,011	0
4.05	5.03	OTHER ADMINISTRATIVE AND GEN	FRANCISCAN HOME OFFICE	5,652,735	0
4.06	1.00	NEW CAP REL COSTS-BLDG & FIX	FRANCISCAN HOME OFFICE	11,404,339	12,824,794
4.07	5.03	OTHER ADMINISTRATIVE AND GEN	FRANCISCAN HOME OFFICE	38,680,369	0
4.08	15.00	PHARMACY	FRANCISCAN HOME OFFICE	1,224,986	1,211,126
4.09	21.00	I&R SERVICES-SALARY & FRINGE	MOORESVILLE INTERN & RESIDEN	0	33,991
4.10	22.00	I&R SERVICES-OTHER PRGM COST	MOORESVILLE INTERN & RESIDEN	0	34,404
4.11	60.00	LABORATORY	APHL - LAB SERVICES	15,288,980	15,428,337
4.12	0.00			0	0
4.13	0.00			0	0
5.00	0			121,812,747	29,532,652

* 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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-8-2

Date/Time Prepared:
5/27/2014 12:32 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.03 OTHER ADMINISTRATIVE AND GENERAL	4,113,852	3,584,984	528,868	177,200	3,048	1.00
2.00	13.00 NURSING ADMINISTRATION	91,390	91,390	0	0	0	2.00
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,550,591	0	1,550,591	177,200	9,584	3.00
4.00	30.00 ADULTS & PEDIATRICS	6,122	6,122	0	0	0	4.00
5.00	31.01 NEONATAL INTENSIVE CARE UNIT	91,662	91,662	0	0	0	5.00
6.00	41.00 SUBPROVIDER - IRF	59,940	59,940	0	0	0	6.00
7.00	50.00 OPERATING ROOM	1,837,180	1,824,461	12,719	208,000	102	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	261,127	108,810	152,317	225,300	823	8.00
9.00	55.00 RADIOLOGY - THERAPEUTIC	25,781	4,875	20,906	225,300	139	9.00
10.00	60.00 LABORATORY	178,368	124,425	53,943	177,200	360	10.00
11.00	65.00 RESPIRATORY THERAPY	37,375	37,375	0	0	0	11.00
12.00	70.00 ELECTROENCEPHALOGRAPHY	28,769	24,019	4,750	177,200	37	12.00
13.00	74.00 RENAL DIALYSIS	3,825	3,825	0	0	0	13.00
14.00	90.00 CLINIC	843,187	843,187	0	0	0	14.00
15.00	90.01 IBMT JOINT VENTURE	185,402	0	185,402	177,200	1,236	15.00
16.00	90.02 PSYCHIATRIC COUNSELING CENTER	27,707	27,707	0	0	0	16.00
17.00	90.03 SOUTH INDY MRI & REHAB	12,307	12,307	0	0	0	17.00
18.00	91.00 EMERGENCY	248,355	192,355	56,000	177,200	426	18.00
200.00		9,602,940	7,037,444	2,565,496		15,755	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	5.03 OTHER ADMINISTRATIVE AND GENERAL	259,666	12,983	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	816,483	40,824	0	0	0	3.00
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	31.01 NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00 SUBPROVIDER - IRF	0	0	0	0	0	6.00
7.00	50.00 OPERATING ROOM	10,200	510	0	0	0	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	89,145	4,457	0	0	0	8.00
9.00	55.00 RADIOLOGY - THERAPEUTIC	15,056	753	0	0	0	9.00
10.00	60.00 LABORATORY	30,669	1,533	0	0	0	10.00
11.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0	11.00
12.00	70.00 ELECTROENCEPHALOGRAPHY	3,152	158	0	0	0	12.00
13.00	74.00 RENAL DIALYSIS	0	0	0	0	0	13.00
14.00	90.00 CLINIC	0	0	0	0	0	14.00
15.00	90.01 IBMT JOINT VENTURE	105,298	5,265	0	0	0	15.00
16.00	90.02 PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	16.00
17.00	90.03 SOUTH INDY MRI & REHAB	0	0	0	0	0	17.00
18.00	91.00 EMERGENCY	36,292	1,815	0	0	0	18.00
200.00		1,365,961	68,298	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	5.03 OTHER ADMINISTRATIVE AND GENERAL	0	259,666	269,202	3,854,186	1.00
2.00	13.00 NURSING ADMINISTRATION	0	0	0	91,390	2.00
3.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	816,483	734,108	734,108	3.00
4.00	30.00 ADULTS & PEDIATRICS	0	0	0	6,122	4.00
5.00	31.01 NEONATAL INTENSIVE CARE UNIT	0	0	0	91,662	5.00
6.00	41.00 SUBPROVIDER - IRF	0	0	0	59,940	6.00
7.00	50.00 OPERATING ROOM	0	10,200	2,519	1,826,980	7.00
8.00	54.00 RADIOLOGY-DIAGNOSTIC	0	89,145	63,172	171,982	8.00
9.00	55.00 RADIOLOGY - THERAPEUTIC	0	15,056	5,850	10,725	9.00
10.00	60.00 LABORATORY	0	30,669	23,274	147,699	10.00
11.00	65.00 RESPIRATORY THERAPY	0	0	0	37,375	11.00
12.00	70.00 ELECTROENCEPHALOGRAPHY	0	3,152	1,598	25,617	12.00
13.00	74.00 RENAL DIALYSIS	0	0	0	3,825	13.00
14.00	90.00 CLINIC	0	0	0	843,187	14.00
15.00	90.01 IBMT JOINT VENTURE	0	105,298	80,104	80,104	15.00
16.00	90.02 PSYCHIATRIC COUNSELING CENTER	0	0	0	27,707	16.00
17.00	90.03 SOUTH INDY MRI & REHAB	0	0	0	12,307	17.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet A-8-2

Date/Time Prepared:
5/27/2014 12:32 pm

	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		
18.00	91.00	EMERGENCY	0	36,292	19,708	212,063		18.00
200.00			0	1,365,961	1,199,535	8,236,979		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	25,038,112	25,038,112			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	12,463,012		12,463,012		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	49,893,106	7,220	3,594	49,903,920	4.00
5.01 00540	ADMITTING	5,176,077	123,754	61,600	658,013	6,019,444
5.02 00520	PATIENT ACCOUNTING	7,522,060	95,536	47,554	0	0
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	85,558,769	783,923	390,207	2,022,896	0
7.00 00700	OPERATION OF PLANT	11,842,961	2,518,426	1,253,576	1,585,663	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,414,968	184,863	92,018	73,941	0
9.00 00900	HOUSEKEEPING	4,248,397	203,733	101,410	1,131,726	0
10.00 01000	DIETARY	444,556	378,202	188,254	252,110	0
11.00 01100	CAFETERIA	2,464,909	367,912	183,133	713,983	0
13.00 01300	NURSING ADMINISTRATION	5,585,487	604,432	300,863	1,729,907	0
14.00 01400	CENTRAL SERVICES & SUPPLY	3,423,634	297,804	148,235	738,418	0
15.00 01500	PHARMACY	6,623,212	387,096	192,682	1,901,685	0
16.00 01600	MEDICAL RECORDS & LIBRARY	1,483,013	167,667	83,458	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,620,487	0	0	565,813	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	909,733	0	0	470,309	0
23.00 02300	PARAMED PRGM	214,211	0	0	70,467	0
23.01 02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,324,187	2,963,772	1,475,254	7,774,505	603,651
31.00 03100	INTENSIVE CARE UNIT	7,058,033	491,177	244,489	2,351,285	164,908
31.01 02060	NEONATAL INTENSIVE CARE UNIT	3,233,415	168,051	83,649	857,394	116,915
32.00 03200	CORONARY CARE UNIT	8,367,030	1,082,320	538,737	2,781,756	164,820
34.00 03400	SURGICAL INTENSIVE CARE UNIT	3,814,538	598,642	297,981	1,255,717	106,662
41.00 04100	SUBPROVIDER - IRF	1,615,168	372,342	185,337	530,037	59,489
43.00 04300	NURSERY	712,886	71,050	35,366	232,499	42,495
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	23,729,777	2,397,219	1,193,243	3,786,595	463,146
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,888,900	420,057	209,088	938,646	184,363
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,417,542	2,216,925	1,103,500	3,427,056	439,414
54.01 05402	CARDIAC NUCLEAR DIAGNOSTIC	1,053,000	0	0	4,890	1,203
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0
54.03 03630	ULTRA SOUND	877,298	72,794	36,234	265,831	42,236
55.00 05500	RADIOLOGY - THERAPEUTIC	2,812,577	0	0	4,342	517
56.00 05600	RADIOISOTOPE	818,366	1,744	868	85,801	8,053
59.00 05900	CARDIAC CATHETERIZATION	3,999,969	682,179	339,563	559,699	211,851
60.00 06000	LABORATORY	18,511,908	777,261	386,891	249,569	578,955
64.00 06400	INTRAVENOUS THERAPY	362,081	13,952	6,945	107,918	15,484
65.00 06500	RESPIRATORY THERAPY	6,376,247	159,749	79,517	2,092,846	284,644
66.00 06600	PHYSICAL THERAPY	4,225,101	285,421	142,072	1,145,132	113,355
66.01 06601	SPORTS MEDICINE	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	1,265,363	0	0	424,921	39,572
68.00 06800	SPEECH PATHOLOGY	686,018	18,940	9,427	229,710	17,141
69.00 06900	ELECTROCARDIOLOGY	1,212,328	367,947	183,150	347,125	91,945
69.01 06901	CARDIAC CATH LAB	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	2,933,590	0	0	472,933	11,783
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,633,283	0	0	0	710,868
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	21,033,882	0	0	0	283,680
73.00 07300	DRUGS CHARGED TO PATIENTS	32,635,526	0	0	0	921,874
74.00 07400	RENAL DIALYSIS	516,452	151,413	75,368	165,287	37,433
76.97 07697	CARDIAC REHABILITATION	434,788	0	0	134,645	12
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	6,473,385	912,246	454,081	1,581,661	836
90.01 09001	IBMT JOINT VENTURE	3,914,549	70,387	35,036	323,795	4,030
90.02 09002	PSYCHIATRIC COUNSELING CENTER	1,231,995	435,370	216,710	371,597	37
90.03 09003	SOUTH INDY MRI & REHAB	2,834,076	0	0	294,629	5
90.04 09004	BARITRICS	0	0	0	0	0
90.05 09005	CV DIAGNOSTIC SERVICES	9,524,278	0	0	1,479,400	3,767
90.06 09006	CARDIAC REHAB	0	0	0	0	0
91.00 09100	EMERGENCY	8,342,032	1,246,499	620,460	2,811,769	294,300
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
116.00 11600	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	476,796,272	22,098,025	10,999,550	49,003,923	6,019,444

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	ADMITTING			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	4.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	414,234	105,686	52,606	47,328	0	190.00
190.01	19001	MEDICAL OFFICE & PARKING	40,798	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,886,592	1,910,087	950,768	604,715	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	8,086,301	11,789	5,868	90,837	0	194.00
194.01	07952	WOMEN'S CENTER	1,579,813	219,289	109,154	14,871	0	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	3,504,399	0	0	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	654,422	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	1,367,912	234,950	116,949	77,449	0	194.04
194.05	07956	FOUNDATION	691,754	0	0	51,619	0	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	20,473,854	458,286	228,117	13,178	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	526,496,351	25,038,112	12,463,012	49,903,920	6,019,444	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		Subtotal	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5A.01	5.02	5A.02	5.03	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00520	7,665,150	7,665,150				5.02
5.03	00560	88,755,795	1,311,215	90,067,010	90,067,010		5.03
7.00	00700	17,200,626	254,122	17,454,748	3,602,171	21,056,919	7.00
8.00	00800	1,765,790	26,088	1,791,878	369,793	180,975	8.00
9.00	00900	5,685,266	83,994	5,769,260	1,190,614	199,448	9.00
10.00	01000	1,263,122	18,661	1,281,783	264,524	370,248	10.00
11.00	01100	3,729,937	55,106	3,785,043	781,127	360,175	11.00
13.00	01300	8,220,691	121,452	8,342,143	1,721,585	591,721	13.00
14.00	01400	6,008,091	68,080	6,076,171	965,031	291,541	14.00
15.00	01500	9,104,675	134,512	9,239,187	1,906,709	378,955	15.00
16.00	01600	1,734,138	25,620	1,759,758	363,165	164,141	16.00
21.00	02100	1,186,300	32,300	2,218,600	457,857	0	21.00
22.00	02200	1,380,042	20,389	1,400,431	289,010	0	22.00
23.00	02300	284,678	4,206	288,884	59,618	0	23.00
23.01	02302	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	36,141,369	533,953	36,675,322	7,568,974	2,901,444	30.00
31.00	03100	10,309,892	152,318	10,462,210	2,159,107	480,848	31.00
31.01	02060	4,459,424	65,884	4,525,308	933,897	164,517	31.01
32.00	03200	12,934,663	191,097	13,125,760	2,708,789	1,059,559	32.00
34.00	03400	6,073,540	89,730	6,163,270	1,271,926	586,053	34.00
41.00	04100	2,762,373	40,811	2,803,184	578,499	364,512	41.00
43.00	04300	1,094,296	16,167	1,110,463	229,168	69,556	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	31,569,980	466,415	32,036,395	6,611,415	2,346,806	50.00
52.00	05200	4,641,054	68,567	4,709,621	971,934	411,224	52.00
54.00	05400	26,604,437	393,054	26,997,491	5,571,526	2,170,303	54.00
54.01	05402	1,059,093	15,647	1,074,740	221,796	0	54.01
54.02	03450	0	0	0	0	0	54.02
54.03	03630	1,294,393	19,123	1,313,516	271,073	71,263	54.03
55.00	05500	2,817,436	41,625	2,859,061	590,030	0	55.00
56.00	05600	914,832	13,516	928,348	191,585	1,707	56.00
59.00	05900	5,793,261	85,590	5,878,851	1,213,230	667,833	59.00
60.00	06000	20,504,584	302,935	20,807,519	4,294,089	760,916	60.00
64.00	06400	506,380	7,481	513,861	106,047	13,659	64.00
65.00	06500	8,993,003	132,863	9,125,866	1,883,323	156,390	65.00
66.00	06600	5,911,081	87,330	5,998,411	1,237,904	279,419	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	1,729,856	25,557	1,755,413	362,268	0	67.00
68.00	06800	961,236	14,201	975,437	201,303	18,541	68.00
69.00	06900	2,202,495	32,540	2,235,035	461,249	360,209	69.00
69.01	06901	0	0	0	0	0	69.01
70.00	07000	3,418,306	50,502	3,468,808	715,865	0	70.00
71.00	07100	25,344,151	374,434	25,718,585	5,307,596	0	71.00
72.00	07200	21,317,562	314,946	21,632,508	4,464,344	0	72.00
73.00	07300	33,557,400	495,777	34,053,177	7,027,622	0	73.00
74.00	07400	945,953	13,976	959,929	198,102	148,229	74.00
76.97	07697	569,445	8,413	577,858	119,254	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	9,422,209	139,204	9,561,413	1,973,208	893,062	90.00
90.01	09001	4,347,797	64,234	4,412,031	910,520	68,907	90.01
90.02	09002	2,255,709	33,326	2,289,035	472,393	426,214	90.02
90.03	09003	3,128,710	46,224	3,174,934	655,217	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	11,007,445	162,624	11,170,069	2,305,189	0	90.05
90.06	09006	0	0	0	0	0	90.06
91.00	09100	13,315,060	196,717	13,511,777	2,788,452	1,220,286	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		471,492,726	6,852,526	470,680,102	78,548,098	18,178,661	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	619,854	9,158	629,012	129,810	103,463	190.00
190.01	19001	40,798	603	41,401	8,544	0	190.01
192.00	19200	16,352,162	241,587	16,593,749	3,424,485	1,869,919	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	Subtotal	PATIENT ACCOUNTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
	5A.01	5.02	5A.02	5.03	7.00	
194.00 07955 MARKETING & COMMUNITY RELATIONS	8,194,795	121,070	8,315,865	1,716,162	11,541	194.00
194.01 07952 WOMEN'S CENTER	1,923,127	28,412	1,951,539	402,743	214,678	194.01
194.02 07950 SOUTH EMERSON SURGERY CENTER	3,504,399	51,774	3,556,173	733,895	0	194.02
194.03 07951 SOUTHEAST SURGERY CENTER	654,422	9,668	664,090	137,050	0	194.03
194.04 07954 OTHER NONREIMBURSABLE COST CENTERS	1,797,260	26,553	1,823,813	376,384	230,009	194.04
194.05 07956 FOUNDATION	743,373	10,983	754,356	155,678	0	194.05
194.06 07953 FRANCISCAN SURGERY CENTER	21,173,435	312,816	21,486,251	4,434,161	448,648	194.06
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	526,496,351	7,665,150	526,496,351	90,067,010	21,056,919	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/27/2014 12:32 pm	
Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMINISTRATIVE						5.01
5.02	00520	PATIENT ACCOUNTING						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,342,646					8.00
9.00	00900	HOUSEKEEPING	0	7,159,322				9.00
10.00	01000	DIETARY	0	128,200	2,044,755			10.00
11.00	01100	CAFETERIA	0	124,712	0	5,051,057		11.00
13.00	01300	NURSING ADMINISTRATION	0	204,886	0	175,418	11,035,753	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,573	100,947	0	158,673	0	14.00
15.00	01500	PHARMACY	0	131,215	0	212,215	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	56,835	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	62,435	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	15,065	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	8,431	0	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	758,925	1,004,636	1,104,962	936,811	5,963,596	30.00
31.00	03100	INTENSIVE CARE UNIT	160,871	166,496	217,501	254,170	1,173,874	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	13,303	56,965	94,119	86,266	507,970	31.01
32.00	03200	CORONARY CARE UNIT	200,504	366,877	285,353	304,070	1,540,079	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	110,050	202,923	147,103	152,392	793,930	34.00
41.00	04100	SUBPROVIDER - IRF	43,284	126,214	92,812	63,707	500,918	41.00
43.00	04300	NURSERY	11,546	24,084	102,905	23,615	555,386	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	221,257	812,591	0	460,987	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	150,718	142,388	0	104,789	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,664	751,477	0	440,625	0	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	700	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	62,810	24,675	0	28,897	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	501	0	55.00
56.00	05600	RADIOISOTOPE	5,480	591	0	9,197	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	59,393	231,240	0	64,973	0	59.00
60.00	06000	LABORATORY	221	263,470	0	27,049	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	4,729	0	11,906	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	54,151	0	265,190	0	65.00
66.00	06600	PHYSICAL THERAPY	26,321	96,750	0	143,216	0	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	55,921	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,420	0	27,091	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,264	124,724	0	46,508	0	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,651	0	0	60,636	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,117	51,325	0	16,598	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	18,029	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,590	309,226	0	201,471	0	90.00
90.01	09001	IBMT JOINT VENTURE	6,081	23,859	0	37,382	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	147,578	0	49,151	0	90.02
90.03	09003	SOUTH INDIAN MRI & REHAB	0	0	0	46,075	0	90.03
90.04	09004	BARITRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	1,450	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	385,472	422,529	0	359,267	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,325,095	6,162,713	2,044,755	4,930,877	11,035,753	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,825	0	14,279	0	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	647,467	0	68,800	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	3,996	0	10,942	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
194.01	07952	WOMEN'S CENTER	11,122	74,333	0	3,160	0	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	6,429	79,642	0	12,819	0	194.04
194.05	07956	FOUNDATION	0	0	0	8,737	0	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	155,346	0	1,443	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,342,646	7,159,322	2,044,755	5,051,057	11,035,753	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
				14.00	15.00		16.00
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 00540 ADMITTING						5.01	
5.02 00520 PATIENT ACCOUNTING						5.02	
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL						5.03	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	6,198,936					14.00	
15.00 01500 PHARMACY	14,436	11,882,717				15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	2,343,899			16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	2,039	0	0	2,740,931		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,704,506	22.00	
23.00 02300 PARAMED ED PRGM	37	0	0	0	0	23.00	
23.01 02302 EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	13,935	0	116,401	1,830,115	1,138,096	30.00	
31.00 03100 INTENSIVE CARE UNIT	4,271	0	28,348	82,030	51,012	31.00	
31.01 02060 NEONATAL INTENSIVE CARE UNIT	1,107	0	20,098	32,529	20,229	31.01	
32.00 03200 CORONARY CARE UNIT	4,362	0	28,333	0	0	32.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	2,054	0	18,336	0	0	34.00	
41.00 04100 SUBPROVIDER - I&R	1,134	0	10,226	0	0	41.00	
43.00 04300 NURSERY	833	0	7,305	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	188,499	0	175,316	288,519	179,422	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	8,339	0	31,838	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,597	0	331,151	0	0	54.00	
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	409	0	26,084	0	0	54.01	
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02	
54.03 03630 ULTRA SOUND	184	0	27,095	0	0	54.03	
55.00 05500 RADIOLOGY - THERAPEUTIC	4,323	0	27,903	0	0	55.00	
56.00 05600 RADIOISOTOPE	27	0	6,904	0	0	56.00	
59.00 05900 CARDIAC CATHETERIZATION	2,568	0	77,950	0	0	59.00	
60.00 06000 LABORATORY	3,245	0	256,303	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	32	0	2,944	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	3,165	0	55,142	76,373	47,494	65.00	
66.00 06600 PHYSICAL THERAPY	2,811	0	36,738	80,616	50,133	66.00	
66.01 06601 SPORTS MEDICINE	0	0	0	0	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	600	0	10,423	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	314	0	6,279	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	484	0	23,652	131,531	81,795	69.00	
69.01 06901 CARDIAC CATH LAB	0	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	2,451	0	26,548	87,687	54,530	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,071,604	0	168,299	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	2,814,962	0	105,587	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,882,717	395,639	0	0	73.00	
74.00 07400 RENAL DIALYSIS	216	0	6,690	22,629	14,072	74.00	
76.97 07697 CARDIAC REHABILITATION	460	0	1,976	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,856	0	22,606	108,902	67,723	90.00	
90.01 09001 IBMT JOINT VENTURE	684	0	7,522	0	0	90.01	
90.02 09002 PSYCHIATRIC COUNSELING CENTER	2,647	0	8,346	0	0	90.02	
90.03 09003 SOUTH INDI MRI & REHAB	891	0	6,954	0	0	90.03	
90.04 09004 BARIATRICS	0	0	0	0	0	90.04	
90.05 09005 CV DIAGNOSTIC SERVICES	10,272	0	42,377	0	0	90.05	
90.06 09006 CARDIAC REHAB	0	0	0	0	0	90.06	
91.00 09100 EMERGENCY	10,915	0	226,586	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,191,763	11,882,717	2,343,899	2,740,931	1,704,506	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	861	0	0	0	0	190.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS			
						SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			14.00	15.00	16.00	21.00	22.00		
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,858	0	0	0	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	2,767	0	0	0	0	0	194.00
194.01	07952	WOMEN'S CENTER	1,042	0	0	0	0	0	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	411	0	0	0	0	0	194.04
194.05	07956	FOUNDATION	234	0	0	0	0	0	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	6,198,936	11,882,717	2,343,899	2,740,931	1,704,506		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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5/27/2014 12:32 pm

Cost Center Description			PARAMED PRGM	EMERGENCY MEDICAL SERVICES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00520	PATIENT ACCOUNTING						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED PRGM	356,970					23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	60,013,217	-2,968,211	57,045,006	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	15,240,738	-133,042	15,107,696	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	6,456,308	-52,758	6,403,550	31.01
32.00	03200	CORONARY CARE UNIT	0	0	19,623,686	0	19,623,686	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	9,448,037	0	9,448,037	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,584,490	0	4,584,490	41.00
43.00	04300	NURSERY	0	0	2,134,861	0	2,134,861	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	43,321,207	-467,941	42,853,266	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	6,530,851	0	6,530,851	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	36,349,834	0	36,349,834	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	1,323,729	0	1,323,729	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	0	0	1,799,513	0	1,799,513	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	3,481,818	0	3,481,818	55.00
56.00	05600	RADIOISOTOPE	0	0	1,143,839	0	1,143,839	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	8,196,038	0	8,196,038	59.00
60.00	06000	LABORATORY	356,970	0	26,769,782	0	26,769,782	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	653,178	0	653,178	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,667,094	-123,867	11,543,227	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,952,319	-130,749	7,821,570	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	2,184,625	0	2,184,625	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,235,385	0	1,235,385	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,472,451	-213,326	3,259,125	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,419,176	-142,217	4,276,959	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	34,266,084	0	34,266,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	29,017,401	0	29,017,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	53,359,155	0	53,359,155	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,424,907	-36,701	1,388,206	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	717,577	0	717,577	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	13,153,057	-176,625	12,976,432	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	5,466,986	0	5,466,986	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	0	3,395,364	0	3,395,364	90.02
90.03	09003	SOUTH INDI MRI & REHAB	0	0	3,884,071	0	3,884,071	90.03
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	13,529,357	0	13,529,357	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	0	0	18,925,284	0	18,925,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	356,970	0	455,141,419	-4,445,437	450,695,982	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	913,250	0	913,250	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description			PARAMED ED PRGM	EMERGENCY MEDICAL SERVICES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	23.01	24.00	25.00	26.00	
190.01	19001	MEDICAL OFFICE & PARKING	0	0	49,945	0	49,945	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	22,606,278	0	22,606,278	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	10,061,273	0	10,061,273	194.00
194.01	07952	WOMEN'S CENTER	0	0	2,658,617	0	2,658,617	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	4,290,068	0	4,290,068	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	801,140	0	801,140	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	2,529,507	0	2,529,507	194.04
194.05	07956	FOUNDATION	0	0	919,005	0	919,005	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	0	0	26,525,849	0	26,525,849	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	356,970	0	526,496,351	-4,445,437	522,050,914	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,220	3,594	10,814	4.00
5.01 00540	ADMITTING	0	123,754	61,600	185,354	5.01
5.02 00520	PATIENT ACCOUNTING	0	95,536	47,554	143,090	5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	5,652,735	783,923	390,207	6,826,865	5.03
7.00 00700	OPERATION OF PLANT	0	2,518,426	1,253,576	3,772,002	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	184,863	92,018	276,881	8.00
9.00 00900	HOUSEKEEPING	0	203,733	101,410	305,143	9.00
10.00 01000	DIETARY	0	378,202	188,254	566,456	10.00
11.00 01100	CAFETERIA	0	367,912	183,133	551,045	11.00
13.00 01300	NURSING ADMINISTRATION	0	604,432	300,863	905,295	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	297,804	148,235	446,039	14.00
15.00 01500	PHARMACY	0	387,096	192,682	579,778	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	167,667	83,458	251,125	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	23.00
23.01 02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,963,772	1,475,254	4,439,026	30.00
31.00 03100	INTENSIVE CARE UNIT	0	491,177	244,489	735,666	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	168,051	83,649	251,700	31.01
32.00 03200	CORONARY CARE UNIT	0	1,082,320	538,737	1,621,057	32.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	598,642	297,981	896,623	34.00
41.00 04100	SUBPROVIDER - I&R	0	372,342	185,337	557,679	41.00
43.00 04300	NURSERY	0	71,050	35,366	106,416	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	2,397,219	1,193,243	3,590,462	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	420,057	209,088	629,145	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,216,925	1,103,500	3,320,425	54.00
54.01 05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.02
54.03 03630	ULTRA SOUND	0	72,794	36,234	109,028	54.03
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	1,744	868	2,612	56.00
59.00 05900	CARDIAC CATHETERIZATION	0	682,179	339,563	1,021,742	59.00
60.00 06000	LABORATORY	0	777,261	386,891	1,164,152	60.00
64.00 06400	INTRAVENOUS THERAPY	0	13,952	6,945	20,897	64.00
65.00 06500	RESPIRATORY THERAPY	0	159,749	79,517	239,266	65.00
66.00 06600	PHYSICAL THERAPY	0	285,421	142,072	427,493	66.00
66.01 06601	SPORTS MEDICINE	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	18,940	9,427	28,367	68.00
69.00 06900	ELECTROCARDIOLOGY	0	367,947	183,150	551,097	69.00
69.01 06901	CARDIAC CATH LAB	0	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	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
74.00 07400	RENAL DIALYSIS	0	151,413	75,368	226,781	74.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	912,246	454,081	1,366,327	90.00
90.01 09001	IBMT JOINT VENTURE	0	70,387	35,036	105,423	90.01
90.02 09002	PSYCHIATRIC COUNSELING CENTER	0	435,370	216,710	652,080	90.02
90.03 09003	SOUTH INDY MRI & REHAB	0	0	0	0	90.03
90.04 09004	BARITRICS	0	0	0	0	90.04
90.05 09005	CV DIAGNOSTIC SERVICES	0	0	0	0	90.05
90.06 09006	CARDIAC REHAB	0	0	0	0	90.06
91.00 09100	EMERGENCY	0	1,246,499	620,460	1,866,959	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,652,735	22,098,025	10,999,550	38,750,310	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105,686	52,606	158,292	10 190.00
190.01 19001	MEDICAL OFFICE & PARKING	0	0	0	0	0 190.01
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,910,087	950,768	2,860,855	131 192.00
194.00 07955	MARKETING & COMMUNITY RELATIONS	0	11,789	5,868	17,657	20 194.00
194.01 07952	WOMEN'S CENTER	0	219,289	109,154	328,443	3 194.01
194.02 07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	0 194.02
194.03 07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0 194.03
194.04 07954	OTHER NONREIMBURSABLE COST CENTERS	0	234,950	116,949	351,899	17 194.04
194.05 07956	FOUNDATION	0	0	0	0	11 194.05
194.06 07953	FRANCISCAN SURGERY CENTER	0	458,286	228,117	686,403	3 194.06
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	5,652,735	25,038,112	12,463,012	43,153,859	10,814 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:32 pm				
Cost Center Description		ADMITTING	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
		5.01	5.02	5.03	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	ADMITTING	185,497				5.01	
5.02	00520	PATIENT ACCOUNTING	0	143,090			5.02	
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	24,390	6,851,694		5.03	
7.00	00700	OPERATION OF PLANT	0	4,747	274,022	4,051,115	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	487	28,131	34,818	340,333	8.00
9.00	00900	HOUSEKEEPING	0	1,569	90,572	38,372	0	9.00
10.00	01000	DIETARY	0	349	20,123	71,232	0	10.00
11.00	01100	CAFETERIA	0	1,029	59,421	69,294	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,269	130,963	113,840	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,272	73,411	56,089	955	14.00
15.00	01500	PHARMACY	0	2,513	145,046	72,907	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	479	27,626	31,579	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	603	34,830	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	381	21,985	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	79	4,535	0	0	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,584	9,975	575,958	558,204	110,255	30.00
31.00	03100	INTENSIVE CARE UNIT	5,077	2,846	164,246	92,510	23,371	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,599	1,231	71,043	31,651	1,933	31.01
32.00	03200	CORONARY CARE UNIT	5,074	3,570	206,061	203,847	29,129	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	3,284	1,676	96,757	112,750	15,988	34.00
41.00	04100	SUBPROVIDER - IRF	1,831	762	44,007	70,128	6,288	41.00
43.00	04300	NURSERY	1,308	302	17,433	13,382	1,677	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,259	8,713	502,939	451,499	32,144	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,676	1,281	73,936	79,115	21,896	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,528	7,343	423,834	417,542	10,556	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	37	292	16,872	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	1,300	357	20,621	13,710	9,125	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	16	778	44,884	0	0	55.00
56.00	05600	RADIOISOTOPE	248	252	14,574	328	796	56.00
59.00	05900	CARDIAC CATHETERIZATION	6,522	1,599	92,292	128,484	8,628	59.00
60.00	06000	LABORATORY	17,824	5,659	326,657	146,392	32	60.00
64.00	06400	INTRAVENOUS THERAPY	477	140	8,067	2,628	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,763	2,482	143,267	30,088	0	65.00
66.00	06600	PHYSICAL THERAPY	3,490	1,631	94,169	53,757	3,824	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	1,218	477	27,558	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	528	265	15,313	3,567	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,831	608	35,088	69,300	1,055	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	363	943	54,457	0	385	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,885	6,995	403,756	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,734	5,884	339,609	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,561	9,262	534,601	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,152	261	15,070	28,518	1,034	74.00
76.97	07697	CARDIAC REHABILITATION	0	157	9,072	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26	2,601	150,105	171,815	1,829	90.00
90.01	09001	IBMT JOINT VENTURE	124	1,200	69,264	13,257	883	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	1	623	35,936	81,999	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	864	49,843	0	0	90.03
90.04	09004	BARIATRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	116	3,038	175,359	0	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	9,061	3,675	212,121	234,769	56,000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	185,497	127,909	5,975,434	3,497,371	337,783	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	171	9,875	19,905	0	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	11	650	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,513	260,505	359,751	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		ADMINISTRATIVE	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5.02	5.03	7.00	8.00	
194.00	07955	0	2,262	130,551	2,220	0	194.00
194.01	07952	0	531	30,637	41,302	1,616	194.01
194.02	07950	0	967	55,828	0	0	194.02
194.03	07951	0	181	10,426	0	0	194.03
194.04	07954	0	496	28,632	44,251	934	194.04
194.05	07956	0	205	11,843	0	0	194.05
194.06	07953	0	5,844	337,313	86,315	0	194.06
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		185,497	143,090	6,851,694	4,051,115	340,333	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 12:32 pm	
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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00520						5.02
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	435,901					9.00
10.00	01000	7,806	666,021				10.00
11.00	01100	7,593	0	688,537			11.00
13.00	01300	12,475	0	23,912	1,189,129		13.00
14.00	01400	6,146	0	21,629	0	605,701	14.00
15.00	01500	7,989	0	28,928	0	1,411	15.00
16.00	01600	3,460	0	0	0	0	16.00
21.00	02100	0	0	8,511	0	199	21.00
22.00	02200	0	0	2,054	0	0	22.00
23.00	02300	0	0	1,149	0	4	23.00
23.01	02302	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	61,170	359,909	127,704	642,592	1,362	30.00
31.00	03100	10,137	70,845	34,647	126,488	417	31.00
31.01	02060	3,468	30,657	11,759	54,735	108	31.01
32.00	03200	22,338	92,946	41,449	165,947	426	32.00
34.00	03400	12,355	47,915	20,773	85,548	201	34.00
41.00	04100	7,685	30,231	8,684	53,975	111	41.00
43.00	04300	1,466	33,518	3,219	59,844	81	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	49,475	0	62,839	0	18,418	50.00
52.00	05200	8,669	0	14,284	0	815	52.00
54.00	05400	45,754	0	60,064	0	1,426	54.00
54.01	05402	0	0	95	0	40	54.01
54.02	03450	0	0	0	0	0	54.02
54.03	03630	1,502	0	3,939	0	18	54.03
55.00	05500	0	0	68	0	422	55.00
56.00	05600	36	0	1,254	0	3	56.00
59.00	05900	14,079	0	8,857	0	251	59.00
60.00	06000	16,042	0	3,687	0	317	60.00
64.00	06400	288	0	1,623	0	3	64.00
65.00	06500	3,297	0	36,149	0	309	65.00
66.00	06600	5,891	0	19,522	0	275	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	0	0	7,623	0	59	67.00
68.00	06800	391	0	3,693	0	31	68.00
69.00	06900	7,594	0	6,340	0	47	69.00
69.01	06901	0	0	0	0	0	69.01
70.00	07000	0	0	8,266	0	239	70.00
71.00	07100	0	0	0	0	300,131	71.00
72.00	07200	0	0	0	0	275,048	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	3,125	0	2,263	0	21	74.00
76.97	07697	0	0	2,458	0	45	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	18,827	0	27,464	0	279	90.00
90.01	09001	1,453	0	5,096	0	67	90.01
90.02	09002	8,985	0	6,700	0	259	90.02
90.03	09003	0	0	6,281	0	87	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	198	0	1,004	90.05
90.06	09006	0	0	0	0	0	90.06
91.00	09100	25,726	0	48,973	0	1,066	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		375,222	666,021	672,154	1,189,129	605,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,181	0	1,946	0	84	190.00
190.01	19001	0	0	0	0	0	190.01
192.00	19200	39,422	0	9,379	0	182	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162			Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/27/2014 12:32 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
194.00	07955	MARKETING & COMMUNITY RELATIONS	243	0	1,492	0	270	194.00
194.01	07952	WOMEN'S CENTER	4,526	0	431	0	102	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	4,849	0	1,747	0	40	194.04
194.05	07956	FOUNDATION	0	0	1,191	0	23	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	9,458	0	197	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	435,901	666,021	688,537	1,189,129	605,701	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			15.00	16.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 ADMITTING						5.01
5.02 00520 PATIENT ACCOUNTING						5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	838,984					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	314,269				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	44,266			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		24,522		22.00
23.00 02300 PARAMED PRGM	0	0			5,782	23.00
23.01 02302 EMERGENCY MEDICAL SERVICES	0	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	15,571				30.00
31.00 03100 INTENSIVE CARE UNIT	0	3,792				31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	2,689				31.01
32.00 03200 CORONARY CARE UNIT	0	3,790				32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	2,453				34.00
41.00 04100 SUBPROVIDER - I&R	0	1,368				41.00
43.00 04300 NURSERY	0	977				43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	23,452				50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,259				52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	44,299				54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	3,489				54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0				54.02
54.03 03630 ULTRA SOUND	0	3,625				54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	3,733				55.00
56.00 05600 RADIOISOTOPE	0	924				56.00
59.00 05900 CARDIAC CATHETERIZATION	0	10,427				59.00
60.00 06000 LABORATORY	0	34,286				60.00
64.00 06400 INTRAVENOUS THERAPY	0	394				64.00
65.00 06500 RESPIRATORY THERAPY	0	7,377				65.00
66.00 06600 PHYSICAL THERAPY	0	4,914				66.00
66.01 06601 SPORTS MEDICINE	0	0				66.01
67.00 06700 OCCUPATIONAL THERAPY	0	1,394				67.00
68.00 06800 SPEECH PATHOLOGY	0	840				68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,164				69.00
69.01 06901 CARDIAC CATH LAB	0	0				69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,551				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,514				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	14,125				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	838,984	53,647				73.00
74.00 07400 RENAL DIALYSIS	0	895				74.00
76.97 07697 CARDIAC REHABILITATION	0	264				76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	3,024				90.00
90.01 09001 IBMT JOINT VENTURE	0	1,006				90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	1,116				90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	930				90.03
90.04 09004 BARIATRICS	0	0				90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	5,669				90.05
90.06 09006 CARDIAC REHAB	0	0				90.06
91.00 09100 EMERGENCY	0	30,311				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0				116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	838,984	314,269	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			15.00	16.00		
190.01 19001 MEDICAL OFFICE & PARKING	0	0				190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00 07955 MARKETING & COMMUNITY RELATIONS	0	0				194.00
194.01 07952 WOMEN'S CENTER	0	0				194.01
194.02 07950 SOUTH EMERSON SURGERY CENTER	0	0				194.02
194.03 07951 SOUTHEAST SURGERY CENTER	0	0				194.03
194.04 07954 OTHER NONREIMBURSABLE COST CENTERS	0	0				194.04
194.05 07956 FOUNDATION	0	0				194.05
194.06 07953 FRANCISCAN SURGERY CENTER	0	0				194.06
200.00 Cross Foot Adjustments			44,266	24,522	5,782	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	838,984	314,269	44,266	24,522	5,782	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/27/2014 12:32 pm		
Cost Center Description		EMERGENCY MEDICAL SERVICES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	ADMITTING				5.01
5.02	00520	PATIENT ACCOUNTING				5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL				5.03
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM				23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		6,921,988	0	6,921,988
31.00	03100	INTENSIVE CARE UNIT		1,270,552	0	1,270,552
31.01	02060	NEONATAL INTENSIVE CARE UNIT		464,759	0	464,759
32.00	03200	CORONARY CARE UNIT		2,396,237	0	2,396,237
34.00	03400	SURGICAL INTENSIVE CARE UNIT		1,296,595	0	1,296,595
41.00	04100	SUBPROVIDER - IRF		782,864	0	782,864
43.00	04300	NURSERY		239,673	0	239,673
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		4,755,021	0	4,755,021
52.00	05200	DELIVERY ROOM & LABOR ROOM		839,280	0	839,280
54.00	05400	RADIOLOGY-DIAGNOSTIC		4,345,514	0	4,345,514
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC		20,826	0	20,826
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC		0	0	0
54.03	03630	ULTRA SOUND		163,283	0	163,283
55.00	05500	RADIOLOGY - THERAPEUTIC		49,902	0	49,902
56.00	05600	RADIOISOTOPE		21,046	0	21,046
59.00	05900	CARDIAC CATHETERIZATION		1,293,002	0	1,293,002
60.00	06000	LABORATORY		1,715,102	0	1,715,102
64.00	06400	INTRAVENOUS THERAPY		34,540	0	34,540
65.00	06500	RESPIRATORY THERAPY		471,452	0	471,452
66.00	06600	PHYSICAL THERAPY		615,214	0	615,214
66.01	06601	SPORTS MEDICINE		0	0	0
67.00	06700	OCCUPATIONAL THERAPY		38,421	0	38,421
68.00	06800	SPEECH PATHOLOGY		53,045	0	53,045
69.00	06900	ELECTROCARDIOLOGY		677,199	0	677,199
69.01	06901	CARDIAC CATH LAB		0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY		68,307	0	68,307
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		755,281	0	755,281
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		643,400	0	643,400
73.00	07300	DRUGS CHARGED TO PATIENTS		1,465,055	0	1,465,055
74.00	07400	RENAL DIALYSIS		279,156	0	279,156
76.97	07697	CARDIAC REHABILITATION		12,025	0	12,025
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		1,742,640	0	1,742,640
90.01	09001	IBMT JOINT VENTURE		197,843	0	197,843
90.02	09002	PSYCHIATRIC COUNSELING CENTER		787,780	0	787,780
90.03	09003	SOUTH INDY MRI & REHAB		58,069	0	58,069
90.04	09004	BARITRICS		0	0	0
90.05	09005	CV DIAGNOSTIC SERVICES		185,705	0	185,705
90.06	09006	CARDIAC REHAB		0	0	0
91.00	09100	EMERGENCY		2,489,271	0	2,489,271
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY		0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0
116.00	11600	HOSPICE		0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	37,150,047	0	37,150,047
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		192,464	0	192,464

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description			EMERGENCY MEDICAL SERVICES	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
190.01	19001	MEDICAL OFFICE & PARKING		661	0	661	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		3,534,738	0	3,534,738	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS		154,715	0	154,715	194.00
194.01	07952	WOMEN'S CENTER		407,591	0	407,591	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER		56,795	0	56,795	194.02
194.03	07951	SOUTHEAST SURGERY CENTER		10,607	0	10,607	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS		432,865	0	432,865	194.04
194.05	07956	FOUNDATION		13,273	0	13,273	194.05
194.06	07953	FRANCISCAN SURGERY CENTER		1,125,533	0	1,125,533	194.06
200.00		Cross Foot Adjustments	0	74,570	0	74,570	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	43,153,859	0	43,153,859	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00	4.00	5.01	5A.02	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	717,840					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		717,840				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	207	207	146,239,812			4.00
5.01 00540 ADMITTING	3,548	3,548	1,928,260	756,442,133		5.01
5.02 00520 PATIENT ACCOUNTING	2,739	2,739	0	0	-7,665,150	5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL	22,475	22,475	5,927,952	0	0	5.03
7.00 00700 OPERATION OF PLANT	72,203	72,203	4,646,671	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	5,300	5,300	216,679	0	0	8.00
9.00 00900 HOUSEKEEPING	5,841	5,841	3,316,443	0	0	9.00
10.00 01000 DIETARY	10,843	10,843	738,790	0	0	10.00
11.00 01100 CAFETERIA	10,548	10,548	2,092,277	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	17,329	17,329	5,069,376	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	8,538	8,538	2,163,882	0	0	14.00
15.00 01500 PHARMACY	11,098	11,098	5,572,753	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,807	4,807	0	0	0	16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,658,074	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,378,206	0	0	22.00
23.00 02300 PARAMED PRGM	0	0	206,499	0	0	23.00
23.01 02302 EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	84,971	84,971	22,782,563	75,854,599	0	30.00
31.00 03100 INTENSIVE CARE UNIT	14,082	14,082	6,890,274	20,722,260	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	4,818	4,818	2,512,533	14,691,481	0	31.01
32.00 03200 CORONARY CARE UNIT	31,030	31,030	8,151,738	20,711,258	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	17,163	17,163	3,679,789	13,403,145	0	34.00
41.00 04100 SUBPROVIDER - IRF	10,675	10,675	1,553,236	7,475,368	0	41.00
43.00 04300 NURSERY	2,037	2,037	681,322	5,339,858	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	68,728	68,728	11,096,347	58,198,820	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	12,043	12,043	2,750,634	23,166,995	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	63,559	63,559	10,042,742	55,216,695	0	54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	14,329	151,174	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03 03630 ULTRA SOUND	2,087	2,087	778,999	5,307,407	0	54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	12,724	65,013	0	55.00
56.00 05600 RADIOISOTOPE	50	50	251,433	1,011,928	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	19,558	19,558	1,640,158	26,621,163	0	59.00
60.00 06000 LABORATORY	22,284	22,284	731,343	72,751,310	0	60.00
64.00 06400 INTRAVENOUS THERAPY	400	400	316,247	1,945,678	0	64.00
65.00 06500 RESPIRATORY THERAPY	4,580	4,580	6,132,937	35,768,344	0	65.00
66.00 06600 PHYSICAL THERAPY	8,183	8,183	3,355,729	14,244,114	0	66.00
66.01 06601 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,245,201	4,972,648	0	67.00
68.00 06800 SPEECH PATHOLOGY	543	543	673,148	2,153,936	0	68.00
69.00 06900 ELECTROCARDIOLOGY	10,549	10,549	1,017,224	11,553,791	0	69.00
69.01 06901 CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,385,897	1,480,642	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	89,327,452	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	35,647,160	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	115,882,869	0	73.00
74.00 07400 RENAL DIALYSIS	4,341	4,341	484,361	4,703,762	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	0	394,567	1,454	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	26,154	26,154	4,634,945	105,010	0	90.00
90.01 09001 IBMT JOINT VENTURE	2,018	2,018	948,859	506,470	0	90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	12,482	12,482	1,088,939	4,613	0	90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	0	863,389	620	0	90.03
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	0	4,335,276	473,421	0	90.05
90.06 09006 CARDIAC REHAB	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	35,737	35,737	8,239,688	36,981,675	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	633,548	633,548	143,602,433	756,442,133	-7,665,150	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	ADMITTING (INPATIENT CHARGES)	Reconciliation			
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5.01
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,030	3,030	138,691	0	0	190.00
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,762	54,762	1,772,075	0	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	338	338	266,191	0	0	194.00
194.01	07952	WOMEN'S CENTER	6,287	6,287	43,577	0	0	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	6,736	6,736	226,960	0	0	194.04
194.05	07956	FOUNDATION	0	0	151,267	0	0	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	13,139	13,139	38,618	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	25,038,112	12,463,012	49,903,920	6,019,444		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.879795	17.361824	0.341247	0.007958		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			10,814	185,497		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000074	0.000245		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		PATIENT ACCOUNTING (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		
		5.02	5A.03	5.03	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	ADMINITTING					5.01	
5.02	00520	PATIENT ACCOUNTING	518,831,201				5.02	
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	88,755,795	-90,067,010	436,429,341		5.03	
7.00	00700	OPERATION OF PLANT	17,200,626	0	17,454,748	616,668	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,765,790	0	1,791,878	5,300	8.00	
9.00	00900	HOUSEKEEPING	5,685,266	0	5,769,260	5,841	9.00	
10.00	01000	DIETARY	1,263,122	0	1,281,783	10,843	10.00	
11.00	01100	CAFETERIA	3,729,937	0	3,785,043	10,548	11.00	
13.00	01300	NURSING ADMINISTRATION	8,220,691	0	8,342,143	17,329	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	4,608,091	0	4,676,171	8,538	14.00	
15.00	01500	PHARMACY	9,104,675	0	9,239,187	11,098	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,734,138	0	1,759,758	4,807	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,186,300	0	2,218,600	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,380,042	0	1,400,431	0	22.00	
23.00	02300	PARAMED PRGM	284,678	0	288,884	0	23.00	
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,141,369	0	36,675,322	84,971	30.00	
31.00	03100	INTENSIVE CARE UNIT	10,309,892	0	10,462,210	14,082	31.00	
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,459,424	0	4,525,308	4,818	31.01	
32.00	03200	CORONARY CARE UNIT	12,934,663	0	13,125,760	31,030	32.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,073,540	0	6,163,270	17,163	34.00	
41.00	04100	SUBPROVIDER - IIRF	2,762,373	0	2,803,184	10,675	41.00	
43.00	04300	NURSERY	1,094,296	0	1,110,463	2,037	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,569,980	0	32,036,395	68,728	50.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,641,054	0	4,709,621	12,043	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,604,437	0	26,997,491	63,559	54.00	
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	1,059,093	0	1,074,740	0	54.01	
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.02	
54.03	03630	ULTRA SOUND	1,294,393	0	1,313,516	2,087	54.03	
55.00	05500	RADIOLOGY - THERAPEUTIC	2,817,436	0	2,859,061	0	55.00	
56.00	05600	RADIOISOTOPE	914,832	0	928,348	50	56.00	
59.00	05900	CARDIAC CATHETERIZATION	5,793,261	0	5,878,851	19,558	59.00	
60.00	06000	LABORATORY	20,504,584	0	20,807,519	22,284	60.00	
64.00	06400	INTRAVENOUS THERAPY	506,380	0	513,861	400	64.00	
65.00	06500	RESPIRATORY THERAPY	8,993,003	0	9,125,866	4,580	65.00	
66.00	06600	PHYSICAL THERAPY	5,911,081	0	5,998,411	8,183	66.00	
66.01	06601	SPORTS MEDICINE	0	0	0	0	66.01	
67.00	06700	OCCUPATIONAL THERAPY	1,729,856	0	1,755,413	0	67.00	
68.00	06800	SPEECH PATHOLOGY	961,236	0	975,437	543	68.00	
69.00	06900	ELECTROCARDIOLOGY	2,202,495	0	2,235,035	10,549	69.00	
69.01	06901	CARDIAC CATH LAB	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	3,418,306	0	3,468,808	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,344,151	0	25,718,585	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,317,562	0	21,632,508	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	33,557,400	0	34,053,177	0	73.00	
74.00	07400	RENAL DIALYSIS	945,953	0	959,929	4,341	74.00	
76.97	07697	CARDIAC REHABILITATION	569,445	0	577,858	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,422,209	0	9,561,413	26,154	90.00	
90.01	09001	IBMT JOINT VENTURE	4,347,797	0	4,412,031	2,018	90.01	
90.02	09002	PSYCHIATRIC COUNSELING CENTER	2,255,709	0	2,289,035	12,482	90.02	
90.03	09003	SOUTH INDY MRI & REHAB	3,128,710	0	3,174,934	0	90.03	
90.04	09004	BARITRICS	0	0	0	0	90.04	
90.05	09005	CV DIAGNOSTIC SERVICES	11,007,445	0	11,170,069	0	90.05	
90.06	09006	CARDIAC REHAB	0	0	0	0	90.06	
91.00	09100	EMERGENCY	13,315,060	0	13,511,777	35,737	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	363,991	92.00	
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	463,827,576	-90,067,010	380,613,092	532,376	2,195,529	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	619,854	0	629,012	3,030	190.00	
190.01	19001	MEDICAL OFFICE & PARKING	40,798	0	41,401	0	190.01	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		PATIENT ACCOUNTING (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		
		5.02	5A.03	5.03	7.00	8.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	16,352,162	0	16,593,749	54,762	0	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	8,194,795	0	8,315,865	338	0	194.00
194.01	07952	WOMEN'S CENTER	1,923,127	0	1,951,539	6,287	10,502	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	3,504,399	0	3,556,173	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	654,422	0	664,090	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	1,797,260	0	1,823,813	6,736	6,071	194.04
194.05	07956	FOUNDATION	743,373	0	754,356	0	0	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	21,173,435	0	21,486,251	13,139	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,665,150		90,067,010	21,056,919	2,342,646	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.014774		0.206372	34.146281	1.059014	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	143,090		6,851,694	4,051,115	340,333	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000276		0.015699	6.569361	0.153851	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	ADMITTING						5.01
5.02	00520	PATIENT ACCOUNTING						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	605,527					9.00
10.00	01000	DIETARY	10,843	90,768				10.00
11.00	01100	CAFETERIA	10,548	0	3,829,600			11.00
13.00	01300	NURSING ADMINISTRATION	17,329	0	132,998	90,768		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,538	0	120,302	0	51,113,549	14.00
15.00	01500	PHARMACY	11,098	0	160,897	0	119,036	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,807	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	47,337	0	16,809	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	11,422	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	6,392	0	302	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,971	49,050	710,272	49,050	114,901	30.00
31.00	03100	INTENSIVE CARE UNIT	14,082	9,655	192,706	9,655	35,215	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,818	4,178	65,405	4,178	9,128	31.01
32.00	03200	CORONARY CARE UNIT	31,030	12,667	230,539	12,667	35,971	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,163	6,530	115,540	6,530	16,933	34.00
41.00	04100	SUBPROVIDER - I&R	10,675	4,120	48,301	4,120	9,349	41.00
43.00	04300	NURSERY	2,037	4,568	17,904	4,568	6,867	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,728	0	349,510	0	1,554,274	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,043	0	79,449	0	68,760	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,559	0	334,072	0	120,357	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	531	0	3,375	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	2,087	0	21,909	0	1,518	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	380	0	35,642	55.00
56.00	05600	RADIOISOTOPE	50	0	6,973	0	222	56.00
59.00	05900	CARDIAC CATHETERIZATION	19,558	0	49,261	0	21,175	59.00
60.00	06000	LABORATORY	22,284	0	20,508	0	26,753	60.00
64.00	06400	INTRAVENOUS THERAPY	400	0	9,027	0	264	64.00
65.00	06500	RESPIRATORY THERAPY	4,580	0	201,061	0	26,099	65.00
66.00	06600	PHYSICAL THERAPY	8,183	0	108,583	0	23,182	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	42,398	0	4,950	67.00
68.00	06800	SPEECH PATHOLOGY	543	0	20,540	0	2,585	68.00
69.00	06900	ELECTROCARDIOLOGY	10,549	0	35,261	0	3,991	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	45,973	0	20,210	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	25,327,063	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	23,210,818	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,341	0	12,584	0	1,784	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	13,669	0	3,796	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,154	0	152,751	0	23,550	90.00
90.01	09001	IBMT JOINT VENTURE	2,018	0	28,342	0	5,644	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	12,482	0	37,265	0	21,828	90.02
90.03	09003	SOUTH INDI MRI & REHAB	0	0	34,933	0	7,349	90.03
90.04	09004	BARITRICS	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	1,099	0	84,699	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100	EMERGENCY	35,737	0	272,388	0	89,998	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	521,235	90,768	3,738,482	90,768	51,054,397	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,030	0	10,826	0	7,102	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (TOTAL PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			9.00	10.00	11.00	13.00	14.00	
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,762	0	52,163	0	15,323	192.00
194.00	07955	MARKETING & COMMUNITY RELATIONS	338	0	8,296	0	22,819	194.00
194.01	07952	WOMEN'S CENTER	6,287	0	2,396	0	8,588	194.01
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	0	194.02
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	6,736	0	9,719	0	3,391	194.04
194.05	07956	FOUNDATION	0	0	6,624	0	1,929	194.05
194.06	07953	FRANCISCAN SURGERY CENTER	13,139	0	1,094	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,159,322	2,044,755	5,051,057	11,035,753	6,198,936	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.823291	22.527267	1.318952	121.581978	0.121278	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	435,901	666,021	688,537	1,189,129	605,701	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.719870	7.337619	0.179793	13.100751	0.011850	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			15.00	16.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 ADMITTING						5.01
5.02 00520 PATIENT ACCOUNTING						5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	100					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,713,067,690				16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,938			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		1,938		22.00
23.00 02300 PARAMED PRGM	0	0			100	23.00
23.01 02302 EMERGENCY MEDICAL SERVICES	0	0			0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	85,088,196	1,294	1,294	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	20,722,260	58	58	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	14,691,481	23	23	0	31.01
32.00 03200 CORONARY CARE UNIT	0	20,711,258	0	0	0	32.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	13,403,145	0	0	0	34.00
41.00 04100 SUBPROVIDER - IRF	0	7,475,368	0	0	0	41.00
43.00 04300 NURSERY	0	5,339,858	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	128,154,611	204	204	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	23,273,749	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	242,069,551	0	0	0	54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	19,066,972	0	0	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03 03630 ULTRA SOUND	0	19,806,243	0	0	0	54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	20,396,662	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	5,046,971	0	0	0	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	56,980,751	0	0	0	59.00
60.00 06000 LABORATORY	0	187,356,083	0	0	100	60.00
64.00 06400 INTRAVENOUS THERAPY	0	2,152,160	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	40,308,776	54	54	0	65.00
66.00 06600 PHYSICAL THERAPY	0	26,855,122	57	57	0	66.00
66.01 06601 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	7,619,249	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,590,110	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	17,289,306	93	93	0	69.00
69.01 06901 CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	19,406,294	62	62	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	123,025,224	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	77,183,813	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	100	288,902,166	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	4,889,990	16	16	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	1,444,582	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	16,524,815	77	77	0	90.00
90.01 09001 IBMT JOINT VENTURE	0	5,498,577	0	0	0	90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	6,100,911	0	0	0	90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	5,083,087	0	0	0	90.03
90.04 09004 BARIATRICS	0	0	0	0	0	90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	30,977,193	0	0	0	90.05
90.06 09006 CARDIAC REHAB	0	0	0	0	0	90.06
91.00 09100 EMERGENCY	0	165,633,156	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	1,713,067,690	1,938	1,938	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)			
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
			15.00	16.00			21.00	22.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
190.01	19001	MEDICAL OFFICE & PARKING	0	0	0	0	190.01	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
194.00	07955	MARKETING & COMMUNITY RELATIONS	0	0	0	0	194.00	
194.01	07952	WOMEN'S CENTER	0	0	0	0	194.01	
194.02	07950	SOUTH EMERSON SURGERY CENTER	0	0	0	0	194.02	
194.03	07951	SOUTHEAST SURGERY CENTER	0	0	0	0	194.03	
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04	
194.05	07956	FOUNDATION	0	0	0	0	194.05	
194.06	07953	FRANCISCAN SURGERY CENTER	0	0	0	0	194.06	
200.00		Cross Foot Adjustments					200.00	
201.00		Negative Cost Centers					201.00	
202.00		Cost to be allocated (per Wkst. B, Part I)	11,882,717	2,343,899	2,740,931	1,704,506	356,970	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	118,827.170000	0.001368	1,414.309082	879.518060	3,569.700000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	838,984	314,269	44,266	24,522	5,782	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	8,389.840000	0.000183	22.841073	12.653251	57.820000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	
		23.01	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00540	ADMITTING	5.01
5.02	00520	PATIENT ACCOUNTING	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	5.03
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM	23.00
23.01	02302	EMERGENCY MEDICAL SERVICES	23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
41.00	04100	SUBPROVIDER - I RF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
54.03	03630	ULTRA SOUND	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
66.01	06601	SPORTS MEDICINE	66.01
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIAC CATH LAB	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	IBMT JOINT VENTURE	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	90.02
90.03	09003	SOUTH INDY MRI & REHAB	90.03
90.04	09004	BARIATRICS	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	90.05
90.06	09006	CARDIAC REHAB	90.06
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet B-1

Date/Time Prepared:
5/27/2014 12:32 pm

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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/27/2014 12:32 pm		
		Title XVII I		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,045,006		57,045,006	0	57,045,006	30.00
31.00	03100	INTENSIVE CARE UNIT	15,107,696		15,107,696	0	15,107,696	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,403,550		6,403,550	0	6,403,550	31.01
32.00	03200	CORONARY CARE UNIT	19,623,686		19,623,686	0	19,623,686	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,448,037		9,448,037	0	9,448,037	34.00
41.00	04100	SUBPROVIDER - IRF	4,584,490		4,584,490	0	4,584,490	41.00
43.00	04300	NURSERY	2,134,861		2,134,861	0	2,134,861	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,853,266		42,853,266	2,519	42,855,785	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,530,851		6,530,851	0	6,530,851	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,349,834		36,349,834	63,172	36,413,006	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	1,323,729		1,323,729	0	1,323,729	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	0	54.02
54.03	03630	ULTRA SOUND	1,799,513		1,799,513	0	1,799,513	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	3,481,818		3,481,818	5,850	3,487,668	55.00
56.00	05600	RADIOISOTOPE	1,143,839		1,143,839	0	1,143,839	56.00
59.00	05900	CARDIAC CATHETERIZATION	8,196,038		8,196,038	0	8,196,038	59.00
60.00	06000	LABORATORY	26,769,782		26,769,782	23,274	26,793,056	60.00
64.00	06400	INTRAVENOUS THERAPY	653,178		653,178	0	653,178	64.00
65.00	06500	RESPIRATORY THERAPY	11,543,227	0	11,543,227	0	11,543,227	65.00
66.00	06600	PHYSICAL THERAPY	7,821,570	0	7,821,570	0	7,821,570	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,184,625	0	2,184,625	0	2,184,625	67.00
68.00	06800	SPEECH PATHOLOGY	1,235,385	0	1,235,385	0	1,235,385	68.00
69.00	06900	ELECTROCARDIOLOGY	3,259,125		3,259,125	0	3,259,125	69.00
69.01	06901	CARDIAC CATH LAB	0		0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,276,959		4,276,959	1,598	4,278,557	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,266,084		34,266,084	0	34,266,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,017,401		29,017,401	0	29,017,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,359,155		53,359,155	0	53,359,155	73.00
74.00	07400	RENAL DIALYSIS	1,388,206		1,388,206	0	1,388,206	74.00
76.97	07697	CARDIAC REHABILITATION	717,577		717,577	0	717,577	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,976,432		12,976,432	0	12,976,432	90.00
90.01	09001	IBMT JOINT VENTURE	5,466,986		5,466,986	80,104	5,547,090	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	3,395,364		3,395,364	0	3,395,364	90.02
90.03	09003	SOUTH INDY MRI & REHAB	3,884,071		3,884,071	0	3,884,071	90.03
90.04	09004	BARIATRICS	0		0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	13,529,357		13,529,357	0	13,529,357	90.05
90.06	09006	CARDIAC REHAB	0		0	0	0	90.06
91.00	09100	EMERGENCY	18,925,284		18,925,284	19,708	18,944,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,354,743		7,354,743	0	7,354,743	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	458,050,725	0	458,050,725	196,225	458,246,950	200.00
201.00		Less Observation Beds	7,354,743		7,354,743		7,354,743	201.00
202.00		Total (see instructions)	450,695,982	0	450,695,982	196,225	450,892,207	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

		Title XVII I			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	73,428,278		73,428,278		30.00
31.00	03100	INTENSIVE CARE UNIT	20,722,260		20,722,260		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	14,691,481		14,691,481		31.01
32.00	03200	CORONARY CARE UNIT	20,711,258		20,711,258		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,403,145		13,403,145		34.00
41.00	04100	SUBPROVIDER - IRF	7,475,368		7,475,368		41.00
43.00	04300	NURSERY	5,339,858		5,339,858		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	58,198,820	69,955,791	128,154,611	0.334387	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,166,995	106,754	23,273,749	0.280610	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,216,695	186,852,856	242,069,551	0.150163	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	151,174	18,915,798	19,066,972	0.069425	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	54.02
54.03	03630	ULTRA SOUND	5,307,407	14,498,836	19,806,243	0.090856	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	65,013	20,331,649	20,396,662	0.170705	55.00
56.00	05600	RADIOISOTOPE	1,011,928	4,035,043	5,046,971	0.226639	56.00
59.00	05900	CARDIAC CATHETERIZATION	26,621,163	30,359,588	56,980,751	0.143839	59.00
60.00	06000	LABORATORY	72,751,310	114,604,773	187,356,083	0.142882	60.00
64.00	06400	INTRAVENOUS THERAPY	1,945,678	206,482	2,152,160	0.303499	64.00
65.00	06500	RESPIRATORY THERAPY	35,768,344	4,540,432	40,308,776	0.286370	65.00
66.00	06600	PHYSICAL THERAPY	14,244,114	12,611,008	26,855,122	0.291251	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,972,648	2,646,601	7,619,249	0.286724	67.00
68.00	06800	SPEECH PATHOLOGY	2,153,936	2,436,174	4,590,110	0.269141	68.00
69.00	06900	ELECTROCARDIOLOGY	11,553,791	5,735,515	17,289,306	0.188505	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,480,642	17,925,652	19,406,294	0.220390	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	89,327,452	33,697,772	123,025,224	0.278529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	35,647,160	41,536,653	77,183,813	0.375952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,882,869	173,019,297	288,902,166	0.184696	73.00
74.00	07400	RENAL DIALYSIS	4,703,762	186,228	4,889,990	0.283887	74.00
76.97	07697	CARDIAC REHABILITATION	1,454	1,443,128	1,444,582	0.496737	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	105,010	16,419,805	16,524,815	0.785269	90.00
90.01	09001	IBMT JOINT VENTURE	506,470	4,992,107	5,498,577	0.994255	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	4,613	6,096,298	6,100,911	0.556534	90.02
90.03	09003	SOUTH INDY MRI & REHAB	620	5,082,467	5,083,087	0.764117	90.03
90.04	09004	BARITRICS	0	0	0	0.000000	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	473,421	30,503,772	30,977,193	0.436752	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0.000000	90.06
91.00	09100	EMERGENCY	36,981,675	128,651,481	165,633,156	0.114260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,426,321	9,233,597	11,659,918	0.630771	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	756,442,133	956,625,557	1,713,067,690		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	756,442,133	956,625,557	1,713,067,690		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 12:32 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.334407		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.280610		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150424		54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0.069425		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.03	03630 ULTRA SOUND	0.090856		54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0.170992		55.00
56.00	05600 RADIOISOTOPE	0.226639		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.143839		59.00
60.00	06000 LABORATORY	0.143006		60.00
64.00	06400 INTRAVENOUS THERAPY	0.303499		64.00
65.00	06500 RESPIRATORY THERAPY	0.286370		65.00
66.00	06600 PHYSICAL THERAPY	0.291251		66.00
66.01	06601 SPORTS MEDICINE	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.286724		67.00
68.00	06800 SPEECH PATHOLOGY	0.269141		68.00
69.00	06900 ELECTROCARDIOLOGY	0.188505		69.00
69.01	06901 CARDIAC CATH LAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.220473		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278529		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.375952		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.184696		73.00
74.00	07400 RENAL DIALYSIS	0.283887		74.00
76.97	07697 CARDIAC REHABILITATION	0.496737		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.785269		90.00
90.01	09001 IBMT JOINT VENTURE	1.008823		90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0.556534		90.02
90.03	09003 SOUTH INDY MRI & REHAB	0.764117		90.03
90.04	09004 BARIATRICS	0.000000		90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0.436752		90.05
90.06	09006 CARDIAC REHAB	0.000000		90.06
91.00	09100 EMERGENCY	0.114379		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.630771		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150162

Period: From 01/01/2013 To 12/31/2013

Worksheet C Part I Date/Time Prepared: 5/27/2014 12:32 pm

		Title XIX		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,045,006		57,045,006	0	57,045,006	30.00
31.00	03100	INTENSIVE CARE UNIT	15,107,696		15,107,696	0	15,107,696	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,403,550		6,403,550	0	6,403,550	31.01
32.00	03200	CORONARY CARE UNIT	19,623,686		19,623,686	0	19,623,686	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	9,448,037		9,448,037	0	9,448,037	34.00
41.00	04100	SUBPROVIDER - IRF	4,584,490		4,584,490	0	4,584,490	41.00
43.00	04300	NURSERY	2,134,861		2,134,861	0	2,134,861	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	42,853,266		42,853,266	2,519	42,855,785	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,530,851		6,530,851	0	6,530,851	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,349,834		36,349,834	63,172	36,413,006	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	1,323,729		1,323,729	0	1,323,729	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0		0	0	0	54.02
54.03	03630	ULTRA SOUND	1,799,513		1,799,513	0	1,799,513	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	3,481,818		3,481,818	5,850	3,487,668	55.00
56.00	05600	RADIOISOTOPE	1,143,839		1,143,839	0	1,143,839	56.00
59.00	05900	CARDIAC CATHETERIZATION	8,196,038		8,196,038	0	8,196,038	59.00
60.00	06000	LABORATORY	26,769,782		26,769,782	23,274	26,793,056	60.00
64.00	06400	INTRAVENOUS THERAPY	653,178		653,178	0	653,178	64.00
65.00	06500	RESPIRATORY THERAPY	11,543,227	0	11,543,227	0	11,543,227	65.00
66.00	06600	PHYSICAL THERAPY	7,821,570	0	7,821,570	0	7,821,570	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	2,184,625	0	2,184,625	0	2,184,625	67.00
68.00	06800	SPEECH PATHOLOGY	1,235,385	0	1,235,385	0	1,235,385	68.00
69.00	06900	ELECTROCARDIOLOGY	3,259,125		3,259,125	0	3,259,125	69.00
69.01	06901	CARDIAC CATH LAB	0		0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	4,276,959		4,276,959	1,598	4,278,557	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,266,084		34,266,084	0	34,266,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,017,401		29,017,401	0	29,017,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,359,155		53,359,155	0	53,359,155	73.00
74.00	07400	RENAL DIALYSIS	1,388,206		1,388,206	0	1,388,206	74.00
76.97	07697	CARDIAC REHABILITATION	717,577		717,577	0	717,577	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,976,432		12,976,432	0	12,976,432	90.00
90.01	09001	IBMT JOINT VENTURE	5,466,986		5,466,986	80,104	5,547,090	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	3,395,364		3,395,364	0	3,395,364	90.02
90.03	09003	SOUTH INDY MRI & REHAB	3,884,071		3,884,071	0	3,884,071	90.03
90.04	09004	BARIATRICS	0		0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	13,529,357		13,529,357	0	13,529,357	90.05
90.06	09006	CARDIAC REHAB	0		0	0	0	90.06
91.00	09100	EMERGENCY	18,925,284		18,925,284	19,708	18,944,992	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,354,743		7,354,743	0	7,354,743	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	458,050,725	0	458,050,725	196,225	458,246,950	200.00
201.00		Less Observation Beds	7,354,743		7,354,743		7,354,743	201.00
202.00		Total (see instructions)	450,695,982	0	450,695,982	196,225	450,892,207	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet C
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,428,278		73,428,278		30.00
31.00	03100	INTENSIVE CARE UNIT	20,722,260		20,722,260		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	14,691,481		14,691,481		31.01
32.00	03200	CORONARY CARE UNIT	20,711,258		20,711,258		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,403,145		13,403,145		34.00
41.00	04100	SUBPROVIDER - IRF	7,475,368		7,475,368		41.00
43.00	04300	NURSERY	5,339,858		5,339,858		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	58,198,820	69,955,791	128,154,611	0.334387	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,166,995	106,754	23,273,749	0.280610	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,216,695	186,852,856	242,069,551	0.150163	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	151,174	18,915,798	19,066,972	0.069425	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0.000000	54.02
54.03	03630	ULTRA SOUND	5,307,407	14,498,836	19,806,243	0.090856	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	65,013	20,331,649	20,396,662	0.170705	55.00
56.00	05600	RADIOISOTOPE	1,011,928	4,035,043	5,046,971	0.226639	56.00
59.00	05900	CARDIAC CATHETERIZATION	26,621,163	30,359,588	56,980,751	0.143839	59.00
60.00	06000	LABORATORY	72,751,310	114,604,773	187,356,083	0.142882	60.00
64.00	06400	INTRAVENOUS THERAPY	1,945,678	206,482	2,152,160	0.303499	64.00
65.00	06500	RESPIRATORY THERAPY	35,768,344	4,540,432	40,308,776	0.286370	65.00
66.00	06600	PHYSICAL THERAPY	14,244,114	12,611,008	26,855,122	0.291251	66.00
66.01	06601	SPORTS MEDICINE	0	0	0	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	4,972,648	2,646,601	7,619,249	0.286724	67.00
68.00	06800	SPEECH PATHOLOGY	2,153,936	2,436,174	4,590,110	0.269141	68.00
69.00	06900	ELECTROCARDIOLOGY	11,553,791	5,735,515	17,289,306	0.188505	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,480,642	17,925,652	19,406,294	0.220390	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	89,327,452	33,697,772	123,025,224	0.278529	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	35,647,160	41,536,653	77,183,813	0.375952	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,882,869	173,019,297	288,902,166	0.184696	73.00
74.00	07400	RENAL DIALYSIS	4,703,762	186,228	4,889,990	0.283887	74.00
76.97	07697	CARDIAC REHABILITATION	1,454	1,443,128	1,444,582	0.496737	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	105,010	16,419,805	16,524,815	0.785269	90.00
90.01	09001	IBMT JOINT VENTURE	506,470	4,992,107	5,498,577	0.994255	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	4,613	6,096,298	6,100,911	0.556534	90.02
90.03	09003	SOUTH INDY MRI & REHAB	620	5,082,467	5,083,087	0.764117	90.03
90.04	09004	BARITRICS	0	0	0	0.000000	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	473,421	30,503,772	30,977,193	0.436752	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0.000000	90.06
91.00	09100	EMERGENCY	36,981,675	128,651,481	165,633,156	0.114260	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,426,321	9,233,597	11,659,918	0.630771	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	756,442,133	956,625,557	1,713,067,690		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	756,442,133	956,625,557	1,713,067,690		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/27/2014 12:32 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.334407		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.280610		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150424		54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0.069425		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000		54.02
54.03	03630 ULTRA SOUND	0.090856		54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0.170992		55.00
56.00	05600 RADIOISOTOPE	0.226639		56.00
59.00	05900 CARDIAC CATHETERIZATION	0.143839		59.00
60.00	06000 LABORATORY	0.143006		60.00
64.00	06400 INTRAVENOUS THERAPY	0.303499		64.00
65.00	06500 RESPIRATORY THERAPY	0.286370		65.00
66.00	06600 PHYSICAL THERAPY	0.291251		66.00
66.01	06601 SPORTS MEDICINE	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	0.286724		67.00
68.00	06800 SPEECH PATHOLOGY	0.269141		68.00
69.00	06900 ELECTROCARDIOLOGY	0.188505		69.00
69.01	06901 CARDIAC CATH LAB	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.220473		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278529		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.375952		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.184696		73.00
74.00	07400 RENAL DIALYSIS	0.283887		74.00
76.97	07697 CARDIAC REHABILITATION	0.496737		76.97
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.785269		90.00
90.01	09001 IBMT JOINT VENTURE	1.008823		90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0.556534		90.02
90.03	09003 SOUTH INDY MRI & REHAB	0.764117		90.03
90.04	09004 BARIATRICS	0.000000		90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0.436752		90.05
90.06	09006 CARDIAC REHAB	0.000000		90.06
91.00	09100 EMERGENCY	0.114379		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.630771		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150162

Period: From 01/01/2013 To 12/31/2013

Worksheet C Part II Date/Time Prepared: 5/27/2014 12:32 pm

Cost Center Description		Title XIX					Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount				
		1.00	2.00	3.00	4.00	5.00				
ANCILLARY SERVICE COST CENTERS										
50.00	05000	OPERATING ROOM	42,853,266	4,755,021	38,098,245	0	0	50.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,530,851	839,280	5,691,571	0	0	52.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,349,834	4,345,514	32,004,320	0	0	54.00		
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	1,323,729	20,826	1,302,903	0	0	54.01		
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02		
54.03	03630	ULTRA SOUND	1,799,513	163,283	1,636,230	0	0	54.03		
55.00	05500	RADIOLOGY - THERAPEUTIC	3,481,818	49,902	3,431,916	0	0	55.00		
56.00	05600	RADIOISOTOPE	1,143,839	21,046	1,122,793	0	0	56.00		
59.00	05900	CARDIAC CATHETERIZATION	8,196,038	1,293,002	6,903,036	0	0	59.00		
60.00	06000	LABORATORY	26,769,782	1,715,102	25,054,680	0	0	60.00		
64.00	06400	INTRAVENOUS THERAPY	653,178	34,540	618,638	0	0	64.00		
65.00	06500	RESPIRATORY THERAPY	11,543,227	471,452	11,071,775	0	0	65.00		
66.00	06600	PHYSICAL THERAPY	7,821,570	615,214	7,206,356	0	0	66.00		
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	66.01		
67.00	06700	OCCUPATIONAL THERAPY	2,184,625	38,421	2,146,204	0	0	67.00		
68.00	06800	SPEECH PATHOLOGY	1,235,385	53,045	1,182,340	0	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	3,259,125	677,199	2,581,926	0	0	69.00		
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	69.01		
70.00	07000	ELECTROENCEPHALOGRAPHY	4,276,959	68,307	4,208,652	0	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,266,084	755,281	33,510,803	0	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,017,401	643,400	28,374,001	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	53,359,155	1,465,055	51,894,100	0	0	73.00		
74.00	07400	RENAL DIALYSIS	1,388,206	279,156	1,109,050	0	0	74.00		
76.97	07697	CARDIAC REHABILITATION	717,577	12,025	705,552	0	0	76.97		
OUTPATIENT SERVICE COST CENTERS										
90.00	09000	CLINIC	12,976,432	1,742,640	11,233,792	0	0	90.00		
90.01	09001	IBMT JOINT VENTURE	5,466,986	197,843	5,269,143	0	0	90.01		
90.02	09002	PSYCHIATRIC COUNSELING CENTER	3,395,364	787,780	2,607,584	0	0	90.02		
90.03	09003	SOUTH INDY MRI & REHAB	3,884,071	58,069	3,826,002	0	0	90.03		
90.04	09004	BARITRICS	0	0	0	0	0	90.04		
90.05	09005	CV DIAGNOSTIC SERVICES	13,529,357	185,705	13,343,652	0	0	90.05		
90.06	09006	CARDIAC REHAB	0	0	0	0	0	90.06		
91.00	09100	EMERGENCY	18,925,284	2,489,271	16,436,013	0	0	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,354,743	892,447	6,462,296	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS										
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS										
113.00	11300	INTEREST EXPENSE						113.00		
116.00	11600	HOSPICE	0	0	0	0	0	116.00		
200.00		Subtotal (sum of lines 50 thru 199)	343,703,399	24,669,826	319,033,573	0	0	200.00		
201.00		Less Observation Beds	7,354,743	892,447	6,462,296	0	0	201.00		
202.00		Total (line 200 minus line 201)	336,348,656	23,777,379	312,571,277	0	0	202.00		

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

Provider CCN: 150162

Period: From 01/01/2013 To 12/31/2013

Worksheet C Part II Date/Time Prepared: 5/27/2014 12:32 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	42,853,266	128,154,611	0.334387		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,530,851	23,273,749	0.280610		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	36,349,834	242,069,551	0.150163		54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	1,323,729	19,066,972	0.069425		54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000		54.02
54.03	03630 ULTRA SOUND	1,799,513	19,806,243	0.090856		54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	3,481,818	20,396,662	0.170705		55.00
56.00	05600 RADIOISOTOPE	1,143,839	5,046,971	0.226639		56.00
59.00	05900 CARDIAC CATHETERIZATION	8,196,038	56,980,751	0.143839		59.00
60.00	06000 LABORATORY	26,769,782	187,356,083	0.142882		60.00
64.00	06400 INTRAVENOUS THERAPY	653,178	2,152,160	0.303499		64.00
65.00	06500 RESPIRATORY THERAPY	11,543,227	40,308,776	0.286370		65.00
66.00	06600 PHYSICAL THERAPY	7,821,570	26,855,122	0.291251		66.00
66.01	06601 SPORTS MEDICINE	0	0	0.000000		66.01
67.00	06700 OCCUPATIONAL THERAPY	2,184,625	7,619,249	0.286724		67.00
68.00	06800 SPEECH PATHOLOGY	1,235,385	4,590,110	0.269141		68.00
69.00	06900 ELECTROCARDIOLOGY	3,259,125	17,289,306	0.188505		69.00
69.01	06901 CARDIAC CATH LAB	0	0	0.000000		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	4,276,959	19,406,294	0.220390		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	34,266,084	123,025,224	0.278529		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,017,401	77,183,813	0.375952		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	53,359,155	288,902,166	0.184696		73.00
74.00	07400 RENAL DIALYSIS	1,388,206	4,889,990	0.283887		74.00
76.97	07697 CARDIAC REHABILITATION	717,577	1,444,582	0.496737		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	12,976,432	16,524,815	0.785269		90.00
90.01	09001 IBMT JOINT VENTURE	5,466,986	5,498,577	0.994255		90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	3,395,364	6,100,911	0.556534		90.02
90.03	09003 SOUTH INDY MRI & REHAB	3,884,071	5,083,087	0.764117		90.03
90.04	09004 BARIATRICS	0	0	0.000000		90.04
90.05	09005 CV DIAGNOSTIC SERVICES	13,529,357	30,977,193	0.436752		90.05
90.06	09006 CARDIAC REHAB	0	0	0.000000		90.06
91.00	09100 EMERGENCY	18,925,284	165,633,156	0.114260		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,354,743	11,659,918	0.630771		92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	343,703,399	1,557,296,042			200.00
201.00	Less Observation Beds	7,354,743	0			201.00
202.00	Total (line 200 minus line 201)	336,348,656	1,557,296,042			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 12:32 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,921,988	0	6,921,988	56,310	122.93	30.00
31.00	INTENSIVE CARE UNIT	1,270,552		1,270,552	9,655	131.60	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	464,759		464,759	4,178	111.24	31.01
32.00	CORONARY CARE UNIT	2,396,237		2,396,237	12,667	189.17	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,296,595		1,296,595	6,530	198.56	34.00
41.00	SUBPROVIDER - IRF	782,864	0	782,864	4,120	190.02	41.00
43.00	NURSERY	239,673		239,673	4,568	52.47	43.00
200.00	Total (Lines 30-199)	13,372,668		13,372,668	98,028		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	18,878	2,320,673				
31.00	INTENSIVE CARE UNIT	5,192	683,267				
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				
32.00	CORONARY CARE UNIT	7,294	1,379,806				
34.00	SURGICAL INTENSIVE CARE UNIT	3,321	659,418				
41.00	SUBPROVIDER - IRF	2,348	446,167				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	37,033	5,489,331				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XVIII		Capital Costs (column 3 x column 4)	
					Hospital	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,755,021	128,154,611	0.037104	23,558,952	874,131	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	839,280	23,273,749	0.036061	57,285	2,066	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,345,514	242,069,551	0.017952	26,252,641	471,287	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	20,826	19,066,972	0.001092	102,017	111	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0	0	54.02
54.03	03630	ULTRA SOUND	163,283	19,806,243	0.008244	2,419,742	19,948	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	49,902	20,396,662	0.002447	39,255	96	55.00
56.00	05600	RADIOISOTOPE	21,046	5,046,971	0.004170	416,722	1,738	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,293,002	56,980,751	0.022692	11,343,850	257,415	59.00
60.00	06000	LABORATORY	1,715,102	187,356,083	0.009154	32,019,598	293,107	60.00
64.00	06400	INTRAVENOUS THERAPY	34,540	2,152,160	0.016049	968,781	15,548	64.00
65.00	06500	RESPIRATORY THERAPY	471,452	40,308,776	0.011696	16,090,723	188,197	65.00
66.00	06600	PHYSICAL THERAPY	615,214	26,855,122	0.022909	4,867,039	111,499	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	38,421	7,619,249	0.005043	2,726,210	13,748	67.00
68.00	06800	SPEECH PATHOLOGY	53,045	4,590,110	0.011556	927,180	10,714	68.00
69.00	06900	ELECTROCARDIOLOGY	677,199	17,289,306	0.039169	5,685,942	222,713	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0.000000	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	68,307	19,406,294	0.003520	613,610	2,160	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	755,281	123,025,224	0.006139	38,689,825	237,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	643,400	77,183,813	0.008336	16,970,951	141,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,465,055	288,902,166	0.005071	44,127,844	223,772	73.00
74.00	07400	RENAL DIALYSIS	279,156	4,889,990	0.057087	2,664,605	152,114	74.00
76.97	07697	CARDIAC REHABILITATION	12,025	1,444,582	0.008324	485	4	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,742,640	16,524,815	0.105456	89,808	9,471	90.00
90.01	09001	IBMT JOINT VENTURE	197,843	5,498,577	0.035981	90,014	3,239	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	787,780	6,100,911	0.129125	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	58,069	5,083,087	0.011424	0	0	90.03
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	185,705	30,977,193	0.005995	126,561	759	90.05
90.06	09006	CARDIAC REHAB	0	0	0.000000	0	0	90.06
91.00	09100	EMERGENCY	2,489,271	165,633,156	0.015029	18,717,866	281,311	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	892,447	11,659,918	0.076540	1,228,677	94,043	92.00
200.00		Total (lines 50-199)	24,669,826	1,557,296,042		250,796,183	3,628,178	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/27/2014 12:32 pm
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Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,310	0.00	18,878	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,655	0.00	5,192	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,178	0.00	0	0		31.01
32.00	03200	CORONARY CARE UNIT	12,667	0.00	7,294	0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,530	0.00	3,321	0		34.00
41.00	04100	SUBPROVIDER - IRF	4,120	0.00	2,348	0		41.00
43.00	04300	NURSERY	4,568	0.00	0	0		43.00
200.00		Total (lines 30-199)	98,028		37,033	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	0	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	356,970	0	0	356,970	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
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
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	0	69.01
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	0	0	0	0	0	90.03
90.04	09004	BARIATRICS	0	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	0	90.06
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	356,970	0	0	356,970	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:32 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	128,154,611	0.000000	0.000000	23,558,952	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,273,749	0.000000	0.000000	57,285	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	242,069,551	0.000000	0.000000	26,252,641	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	19,066,972	0.000000	0.000000	102,017	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0.000000	0	54.02
54.03	03630	ULTRA SOUND	0	19,806,243	0.000000	0.000000	2,419,742	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	20,396,662	0.000000	0.000000	39,255	55.00
56.00	05600	RADIOISOTOPE	0	5,046,971	0.000000	0.000000	416,722	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,980,751	0.000000	0.000000	11,343,850	59.00
60.00	06000	LABORATORY	356,970	187,356,083	0.001905	0.001905	32,019,598	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,152,160	0.000000	0.000000	968,781	64.00
65.00	06500	RESPIRATORY THERAPY	0	40,308,776	0.000000	0.000000	16,090,723	65.00
66.00	06600	PHYSICAL THERAPY	0	26,855,122	0.000000	0.000000	4,867,039	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	7,619,249	0.000000	0.000000	2,726,210	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,590,110	0.000000	0.000000	927,180	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,289,306	0.000000	0.000000	5,685,942	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,406,294	0.000000	0.000000	613,610	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	123,025,224	0.000000	0.000000	38,689,825	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	77,183,813	0.000000	0.000000	16,970,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,902,166	0.000000	0.000000	44,127,844	73.00
74.00	07400	RENAL DIALYSIS	0	4,889,990	0.000000	0.000000	2,664,605	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,444,582	0.000000	0.000000	485	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	16,524,815	0.000000	0.000000	89,808	90.00
90.01	09001	IBMT JOINT VENTURE	0	5,498,577	0.000000	0.000000	90,014	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	6,100,911	0.000000	0.000000	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	5,083,087	0.000000	0.000000	0	90.03
90.04	09004	BARITRICS	0	0	0.000000	0.000000	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	30,977,193	0.000000	0.000000	126,561	90.05
90.06	09006	CARDIAC REHAB	0	0	0.000000	0.000000	0	90.06
91.00	09100	EMERGENCY	0	165,633,156	0.000000	0.000000	18,717,866	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,659,918	0.000000	0.000000	1,228,677	92.00
200.00		Total (lines 50-199)	356,970	1,557,296,042			250,796,183	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	18,953,653	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	59,524,786	0	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	9,377,732	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.02
54.03	03630 ULTRA SOUND	0	6,070,735	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	3,573,136	0	55.00
56.00	05600 RADIOISOTOPE	0	352,333	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,004,684	0	59.00
60.00	06000 LABORATORY	60,997	3,210,571	6,116	60.00
64.00	06400 INTRAVENOUS THERAPY	0	49,331	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,335,915	0	65.00
66.00	06600 PHYSICAL THERAPY	0	4,437	0	66.00
66.01	06601 SPORTS MEDICINE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	579	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,352,647	0	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,717,615	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,532,478	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	14,894,391	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	62,364,860	0	73.00
74.00	07400 RENAL DIALYSIS	0	133,407	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	581,499	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	2,257,317	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	114,838	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	1,261,756	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	1,856	0	90.03
90.04	09004 BARIATRICS	0	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	9,341,650	0	90.05
90.06	09006 CARDIAC REHAB	0	0	0	90.06
91.00	09100 EMERGENCY	0	22,329,101	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,011,344	0	92.00
200.00	Total (Lines 50-199)	60,997	247,352,651	6,116	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:32 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.334387	18,953,653	0	0	6,337,855	50.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.280610	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.150163	59,524,786	0	0	8,938,420	54.00	
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0.069425	9,377,732	0	0	651,049	54.01	
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.02	
54.03 03630 ULTRA SOUND	0.090856	6,070,735	0	0	551,563	54.03	
55.00 05500 RADIOLOGY - THERAPEUTIC	0.170705	3,573,136	0	0	609,952	55.00	
56.00 05600 RADIOISOTOPE	0.226639	352,333	0	0	79,852	56.00	
59.00 05900 CARDIAC CATHETERIZATION	0.143839	9,004,684	0	0	1,295,225	59.00	
60.00 06000 LABORATORY	0.142882	3,210,571	64,910	0	458,733	60.00	
64.00 06400 INTRAVENOUS THERAPY	0.303499	49,331	0	0	14,972	64.00	
65.00 06500 RESPIRATORY THERAPY	0.286370	1,335,915	0	0	382,566	65.00	
66.00 06600 PHYSICAL THERAPY	0.291251	4,437	0	0	1,292	66.00	
66.01 06601 SPORTS MEDICINE	0.000000	0	0	0	0	66.01	
67.00 06700 OCCUPATIONAL THERAPY	0.286724	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0.269141	579	0	0	156	68.00	
69.00 06900 ELECTROCARDIOLOGY	0.188505	5,352,647	0	0	1,009,001	69.00	
69.01 06901 CARDIAC CATH LAB	0.000000	0	0	0	0	69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	0.220390	2,717,615	0	0	598,935	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278529	12,532,478	3,003	0	3,490,659	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.375952	14,894,391	0	0	5,599,576	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.184696	62,364,860	142,512	0	11,518,540	73.00	
74.00 07400 RENAL DIALYSIS	0.283887	133,407	0	0	37,873	74.00	
76.97 07697 CARDIAC REHABILITATION	0.496737	581,499	0	0	288,852	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.785269	2,257,317	0	0	1,772,601	90.00	
90.01 09001 IBMT JOINT VENTURE	0.994255	114,838	0	0	114,178	90.01	
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0.556534	1,261,756	0	0	702,210	90.02	
90.03 09003 SOUTH INDY MRI & REHAB	0.764117	1,856	0	0	1,418	90.03	
90.04 09004 BARIATRICS	0.000000	0	0	0	0	90.04	
90.05 09005 CV DIAGNOSTIC SERVICES	0.436752	9,341,650	0	0	4,079,984	90.05	
90.06 09006 CARDIAC REHAB	0.000000	0	0	0	0	90.06	
91.00 09100 EMERGENCY	0.114260	22,329,101	0	0	2,551,323	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.630771	2,011,344	0	0	1,268,697	92.00	
200.00		Subtotal (see instructions)	247,352,651	210,425	0	52,355,482	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	247,352,651	210,425	0	52,355,482	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:32 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0		54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0		54.02
54.03 03630 ULTRA SOUND	0	0		54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	9,274	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 SPORTS MEDICINE	0	0		66.01
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC CATH LAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	836	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	26,321	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 IBMT JOINT VENTURE	0	0		90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	0		90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	0		90.03
90.04 09004 BARIATRICS	0	0		90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	0		90.05
90.06 09006 CARDIAC REHAB	0	0		90.06
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	36,431	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	36,431	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/27/2014 12:32 pm		
		Component CCN: 15T162		Title XVIII		Subprovider - IRF PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,755,021	128,154,611	0.037104	32,234	1,196	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	839,280	23,273,749	0.036061	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,345,514	242,069,551	0.017952	172,131	3,090	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	20,826	19,066,972	0.001092	13,221	14	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0	0	54.02
54.03	03630	ULTRA SOUND	163,283	19,806,243	0.008244	35,674	294	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	49,902	20,396,662	0.002447	552	1	55.00
56.00	05600	RADIOISOTOPE	21,046	5,046,971	0.004170	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,293,002	56,980,751	0.022692	0	0	59.00
60.00	06000	LABORATORY	1,715,102	187,356,083	0.009154	325,869	2,983	60.00
64.00	06400	INTRAVENOUS THERAPY	34,540	2,152,160	0.016049	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	471,452	40,308,776	0.011696	221,273	2,588	65.00
66.00	06600	PHYSICAL THERAPY	615,214	26,855,122	0.022909	1,422,450	32,587	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	38,421	7,619,249	0.005043	1,165,951	5,880	67.00
68.00	06800	SPEECH PATHOLOGY	53,045	4,590,110	0.011556	387,627	4,479	68.00
69.00	06900	ELECTROCARDIOLOGY	677,199	17,289,306	0.039169	15,292	599	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0.000000	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	68,307	19,406,294	0.003520	1,692	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	755,281	123,025,224	0.006139	521,947	3,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	643,400	77,183,813	0.008336	42,785	357	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,465,055	288,902,166	0.005071	686,127	3,479	73.00
74.00	07400	RENAL DIALYSIS	279,156	4,889,990	0.057087	95,492	5,451	74.00
76.97	07697	CARDIAC REHABILITATION	12,025	1,444,582	0.008324	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,742,640	16,524,815	0.105456	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	197,843	5,498,577	0.035981	0	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	787,780	6,100,911	0.129125	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	58,069	5,083,087	0.011424	0	0	90.03
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	185,705	30,977,193	0.005995	7,709	46	90.05
90.06	09006	CARDIAC REHAB	0	0	0.000000	0	0	90.06
91.00	09100	EMERGENCY	2,489,271	165,633,156	0.015029	24,676	371	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,659,918	0.000000	0	0	92.00
200.00		Total (lines 50-199)	23,777,379	1,557,296,042		5,172,702	66,625	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:32 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630 ULTRA SOUND	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	356,970	0	356,970	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
90.06	09006 CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	356,970	0	356,970	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:32 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	128,154,611	0.000000	0.000000	32,234 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	23,273,749	0.000000	0.000000	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	242,069,551	0.000000	0.000000	172,131 54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	19,066,972	0.000000	0.000000	13,221 54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0.000000	0 54.02
54.03 03630 ULTRA SOUND	0	19,806,243	0.000000	0.000000	35,674 54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	20,396,662	0.000000	0.000000	552 55.00
56.00 05600 RADIOISOTOPE	0	5,046,971	0.000000	0.000000	0 56.00
59.00 05900 CARDIAC CATHETERIZATION	0	56,980,751	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	356,970	187,356,083	0.001905	0.001905	325,869 60.00
64.00 06400 INTRAVENOUS THERAPY	0	2,152,160	0.000000	0.000000	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	40,308,776	0.000000	0.000000	221,273 65.00
66.00 06600 PHYSICAL THERAPY	0	26,855,122	0.000000	0.000000	1,422,450 66.00
66.01 06601 SPORTS MEDICINE	0	0	0.000000	0.000000	0 66.01
67.00 06700 OCCUPATIONAL THERAPY	0	7,619,249	0.000000	0.000000	1,165,951 67.00
68.00 06800 SPEECH PATHOLOGY	0	4,590,110	0.000000	0.000000	387,627 68.00
69.00 06900 ELECTROCARDIOLOGY	0	17,289,306	0.000000	0.000000	15,292 69.00
69.01 06901 CARDIAC CATH LAB	0	0	0.000000	0.000000	0 69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	19,406,294	0.000000	0.000000	1,692 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	123,025,224	0.000000	0.000000	521,947 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	77,183,813	0.000000	0.000000	42,785 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	288,902,166	0.000000	0.000000	686,127 73.00
74.00 07400 RENAL DIALYSIS	0	4,889,990	0.000000	0.000000	95,492 74.00
76.97 07697 CARDIAC REHABILITATION	0	1,444,582	0.000000	0.000000	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	16,524,815	0.000000	0.000000	0 90.00
90.01 09001 IBMT JOINT VENTURE	0	5,498,577	0.000000	0.000000	0 90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	6,100,911	0.000000	0.000000	0 90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	5,083,087	0.000000	0.000000	0 90.03
90.04 09004 BARIATRICS	0	0	0.000000	0.000000	0 90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	30,977,193	0.000000	0.000000	7,709 90.05
90.06 09006 CARDIAC REHAB	0	0	0.000000	0.000000	0 90.06
91.00 09100 EMERGENCY	0	165,633,156	0.000000	0.000000	24,676 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,659,918	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	356,970	1,557,296,042			5,172,702 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:32 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.02
54.03	03630 ULTRA SOUND	0	0	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	621	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 SPORTS MEDICINE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	0	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	0	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	0	0	90.03
90.04	09004 BARIATRICS	0	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	0	0	90.05
90.06	09006 CARDIAC REHAB	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	621	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/27/2014 12:32 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,921,988	0	6,921,988	56,310	122.93	30.00
31.00	INTENSIVE CARE UNIT	1,270,552		1,270,552	9,655	131.60	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	464,759		464,759	4,178	111.24	31.01
32.00	CORONARY CARE UNIT	2,396,237		2,396,237	12,667	189.17	32.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,296,595		1,296,595	6,530	198.56	34.00
41.00	SUBPROVIDER - IRF	782,864	0	782,864	4,120	190.02	41.00
43.00	NURSERY	239,673		239,673	4,568	52.47	43.00
200.00	Total (lines 30-199)	13,372,668		13,372,668	98,028		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	3,244	398,785				
31.00	INTENSIVE CARE UNIT	645	84,882				
31.01	NEONATAL INTENSIVE CARE UNIT	279	31,036				
32.00	CORONARY CARE UNIT	847	160,227				
34.00	SURGICAL INTENSIVE CARE UNIT	436	86,572				
41.00	SUBPROVIDER - IRF	104	19,762				
43.00	NURSERY	305	16,003				
200.00	Total (lines 30-199)	5,860	797,267				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,755,021	128,154,611	0.037104	3,806,655	141,242	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	839,280	23,273,749	0.036061	7,343,252	264,805	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,345,514	242,069,551	0.017952	4,414,708	79,253	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	20,826	19,066,972	0.001092	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0	0	54.02
54.03	03630	ULTRA SOUND	163,283	19,806,243	0.008244	505,847	4,170	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	49,902	20,396,662	0.002447	1,096	3	55.00
56.00	05600	RADIOISOTOPE	21,046	5,046,971	0.004170	68,121	284	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,293,002	56,980,751	0.022692	1,432,447	32,505	59.00
60.00	06000	LABORATORY	1,715,102	187,356,083	0.009154	8,023,038	73,443	60.00
64.00	06400	INTRAVENOUS THERAPY	34,540	2,152,160	0.016049	137,924	2,214	64.00
65.00	06500	RESPIRATORY THERAPY	471,452	40,308,776	0.011696	4,184,318	48,940	65.00
66.00	06600	PHYSICAL THERAPY	615,214	26,855,122	0.022909	612,861	14,040	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	38,421	7,619,249	0.005043	463,984	2,340	67.00
68.00	06800	SPEECH PATHOLOGY	53,045	4,590,110	0.011556	96,566	1,116	68.00
69.00	06900	ELECTROCARDIOLOGY	677,199	17,289,306	0.039169	779,015	30,513	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0.000000	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	68,307	19,406,294	0.003520	157,870	556	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	755,281	123,025,224	0.006139	7,485,874	45,956	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	643,400	77,183,813	0.008336	1,956,879	16,313	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,465,055	288,902,166	0.005071	13,703,517	69,491	73.00
74.00	07400	RENAL DIALYSIS	279,156	4,889,990	0.057087	537,736	30,698	74.00
76.97	07697	CARDIAC REHABILITATION	12,025	1,444,582	0.008324	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,742,640	16,524,815	0.105456	981	103	90.00
90.01	09001	IBMT JOINT VENTURE	197,843	5,498,577	0.035981	129,279	4,652	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	787,780	6,100,911	0.129125	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	58,069	5,083,087	0.011424	0	0	90.03
90.04	09004	BARITRICS	0	0	0.000000	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	185,705	30,977,193	0.005995	4,171	25	90.05
90.06	09006	CARDIAC REHAB	0	0	0.000000	0	0	90.06
91.00	09100	EMERGENCY	2,489,271	165,633,156	0.015029	3,663,365	55,057	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	892,447	11,659,918	0.076540	298,096	22,816	92.00
200.00		Total (lines 50-199)	24,669,826	1,557,296,042		59,807,600	940,535	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/27/2014 12:32 pm
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	56,310	0.00	3,244	0		30.00
31.00	03100	INTENSIVE CARE UNIT	9,655	0.00	645	0		31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,178	0.00	279	0		31.01
32.00	03200	CORONARY CARE UNIT	12,667	0.00	847	0		32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,530	0.00	436	0		34.00
41.00	04100	SUBPROVIDER - IRF	4,120	0.00	104	0		41.00
43.00	04300	NURSERY	4,568	0.00	305	0		43.00
200.00		Total (lines 30-199)	98,028		5,860	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	54.02
54.03	03630	ULTRA SOUND	0	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	356,970	0	0	356,970	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
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
66.01	06601	SPORTS MEDICINE	0	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0	0	0	0	69.01
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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	0	0	0	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	0	0	0	0	0	90.03
90.04	09004	BARIATRICS	0	0	0	0	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	0	0	0	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0	0	0	0	90.06
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	356,970	0	0	356,970	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet D
Part IV
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	128,154,611	0.000000	0.000000	3,806,655	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	23,273,749	0.000000	0.000000	7,343,252	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	242,069,551	0.000000	0.000000	4,414,708	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	19,066,972	0.000000	0.000000	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0.000000	0	54.02
54.03	03630	ULTRA SOUND	0	19,806,243	0.000000	0.000000	505,847	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	20,396,662	0.000000	0.000000	1,096	55.00
56.00	05600	RADIOISOTOPE	0	5,046,971	0.000000	0.000000	68,121	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,980,751	0.000000	0.000000	1,432,447	59.00
60.00	06000	LABORATORY	356,970	187,356,083	0.001905	0.001905	8,023,038	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,152,160	0.000000	0.000000	137,924	64.00
65.00	06500	RESPIRATORY THERAPY	0	40,308,776	0.000000	0.000000	4,184,318	65.00
66.00	06600	PHYSICAL THERAPY	0	26,855,122	0.000000	0.000000	612,861	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	7,619,249	0.000000	0.000000	463,984	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,590,110	0.000000	0.000000	96,566	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,289,306	0.000000	0.000000	779,015	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0.000000	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,406,294	0.000000	0.000000	157,870	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	123,025,224	0.000000	0.000000	7,485,874	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	77,183,813	0.000000	0.000000	1,956,879	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,902,166	0.000000	0.000000	13,703,517	73.00
74.00	07400	RENAL DIALYSIS	0	4,889,990	0.000000	0.000000	537,736	74.00
76.97	07697	CARDIAC REHABILITATION	0	1,444,582	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	16,524,815	0.000000	0.000000	981	90.00
90.01	09001	IBMT JOINT VENTURE	0	5,498,577	0.000000	0.000000	129,279	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	6,100,911	0.000000	0.000000	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	5,083,087	0.000000	0.000000	0	90.03
90.04	09004	BARIATRICS	0	0	0.000000	0.000000	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	30,977,193	0.000000	0.000000	4,171	90.05
90.06	09006	CARDIAC REHAB	0	0	0.000000	0.000000	0	90.06
91.00	09100	EMERGENCY	0	165,633,156	0.000000	0.000000	3,663,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,659,918	0.000000	0.000000	298,096	92.00
200.00		Total (lines 50-199)	356,970	1,557,296,042			59,807,600	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:32 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	5,549,709	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	42,385	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,471,685	0	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	547,078	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.02
54.03	03630 ULTRA SOUND	0	3,161,080	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	725,770	0	55.00
56.00	05600 RADIOISOTOPE	0	367,570	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,383,459	0	59.00
60.00	06000 LABORATORY	15,284	15,064,910	28,699	60.00
64.00	06400 INTRAVENOUS THERAPY	0	12,089	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	713,133	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,910,967	0	66.00
66.01	06601 SPORTS MEDICINE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	1,006,929	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,339,749	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	660,455	0	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,607,308	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,259,614	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,992,394	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	19,288,277	0	73.00
74.00	07400 RENAL DIALYSIS	0	10,486	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	35,490	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	1,579,678	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	239,858	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	1,734,947	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	76,811	0	90.03
90.04	09004 BARIATRICS	0	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	1,288,243	0	90.05
90.06	09006 CARDIAC REHAB	0	0	0	90.06
91.00	09100 EMERGENCY	0	31,569,240	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,302,412	0	92.00
200.00	Total (Lines 50-199)	15,284	119,941,726	28,699	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:32 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0.334387	5,549,709	0	0	1,855,751	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.280610	42,385	0	0	11,894	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.150163	20,471,685	0	0	3,074,090	54.00
54.01 05402	CARDIAC NUCLEAR DIAGNOSTIC	0.069425	547,078	0	0	37,981	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	0	0	54.02
54.03 03630	ULTRA SOUND	0.090856	3,161,080	0	0	287,203	54.03
55.00 05500	RADIOLOGY - THERAPEUTIC	0.170705	725,770	0	0	123,893	55.00
56.00 05600	RADIOISOTOPE	0.226639	367,570	0	0	83,306	56.00
59.00 05900	CARDIAC CATHETERIZATION	0.143839	1,383,459	0	0	198,995	59.00
60.00 06000	LABORATORY	0.142882	15,064,910	0	0	2,152,504	60.00
64.00 06400	INTRAVENOUS THERAPY	0.303499	12,089	0	0	3,669	64.00
65.00 06500	RESPIRATORY THERAPY	0.286370	713,133	0	0	204,220	65.00
66.00 06600	PHYSICAL THERAPY	0.291251	1,910,967	0	0	556,571	66.00
66.01 06601	SPORTS MEDICINE	0.000000	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	0.286724	1,006,929	0	0	288,711	67.00
68.00 06800	SPEECH PATHOLOGY	0.269141	1,339,749	0	0	360,581	68.00
69.00 06900	ELECTROCARDIOLOGY	0.188505	660,455	0	0	124,499	69.00
69.01 06901	CARDIAC CATH LAB	0.000000	0	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0.220390	2,607,308	0	0	574,625	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278529	4,259,614	0	0	1,186,426	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0.375952	1,992,394	0	0	749,045	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.184696	19,288,277	0	0	3,562,468	73.00
74.00 07400	RENAL DIALYSIS	0.283887	10,486	0	0	2,977	74.00
76.97 07697	CARDIAC REHABILITATION	0.496737	35,490	0	0	17,629	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0.785269	1,579,678	0	0	1,240,472	90.00
90.01 09001	IBMT JOINT VENTURE	0.994255	239,858	0	0	238,480	90.01
90.02 09002	PSYCHIATRIC COUNSELING CENTER	0.556534	1,734,947	0	0	965,557	90.02
90.03 09003	SOUTH INDY MRI & REHAB	0.764117	76,811	0	0	58,693	90.03
90.04 09004	BARITRICS	0.000000	0	0	0	0	90.04
90.05 09005	CV DIAGNOSTIC SERVICES	0.436752	1,288,243	0	0	562,643	90.05
90.06 09006	CARDIAC REHAB	0.000000	0	0	0	0	90.06
91.00 09100	EMERGENCY	0.114260	31,569,240	0	0	3,607,101	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.630771	2,302,412	0	0	1,452,295	92.00
200.00	Subtotal (see instructions)		119,941,726	0	0	23,582,279	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		119,941,726	0	0	23,582,279	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/27/2014 12:32 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
54.03	03630	ULTRA SOUND	0	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	SPORTS MEDICINE	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC CATH LAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	IBMT JOINT VENTURE	0	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0	0	90.03
90.04	09004	BARIATRICS	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0	0	90.05
90.06	09006	CARDIAC REHAB	0	0	90.06
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/27/2014 12:32 pm		
		Component CCN: 15T162		Title XIX		Subprovider - IRF PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,755,021	128,154,611	0.037104	33,264	1,234	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	839,280	23,273,749	0.036061	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,345,514	242,069,551	0.017952	21,232	381	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	20,826	19,066,972	0.001092	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0	0	54.02
54.03	03630	ULTRA SOUND	163,283	19,806,243	0.008244	0	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	49,902	20,396,662	0.002447	0	0	55.00
56.00	05600	RADIOISOTOPE	21,046	5,046,971	0.004170	2,665	11	56.00
59.00	05900	CARDIAC CATHETERIZATION	1,293,002	56,980,751	0.022692	0	0	59.00
60.00	06000	LABORATORY	1,715,102	187,356,083	0.009154	47,219	432	60.00
64.00	06400	INTRAVENOUS THERAPY	34,540	2,152,160	0.016049	3,325	53	64.00
65.00	06500	RESPIRATORY THERAPY	471,452	40,308,776	0.011696	12,297	144	65.00
66.00	06600	PHYSICAL THERAPY	615,214	26,855,122	0.022909	161,941	3,710	66.00
66.01	06601	SPORTS MEDICINE	0	0	0.000000	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	38,421	7,619,249	0.005043	2,021	10	67.00
68.00	06800	SPEECH PATHOLOGY	53,045	4,590,110	0.011556	2,070	24	68.00
69.00	06900	ELECTROCARDIOLOGY	677,199	17,289,306	0.039169	3,349	131	69.00
69.01	06901	CARDIAC CATH LAB	0	0	0.000000	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	68,307	19,406,294	0.003520	7,213	25	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	755,281	123,025,224	0.006139	11,485	71	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	643,400	77,183,813	0.008336	41,937	350	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,465,055	288,902,166	0.005071	68,581	348	73.00
74.00	07400	RENAL DIALYSIS	279,156	4,889,990	0.057087	0	0	74.00
76.97	07697	CARDIAC REHABILITATION	12,025	1,444,582	0.008324	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,742,640	16,524,815	0.105456	3,113	328	90.00
90.01	09001	IBMT JOINT VENTURE	197,843	5,498,577	0.035981	0	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	787,780	6,100,911	0.129125	0	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	58,069	5,083,087	0.011424	0	0	90.03
90.04	09004	BARIATRICS	0	0	0.000000	0	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	185,705	30,977,193	0.005995	0	0	90.05
90.06	09006	CARDIAC REHAB	0	0	0.000000	0	0	90.06
91.00	09100	EMERGENCY	2,489,271	165,633,156	0.015029	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,659,918	0.000000	0	0	92.00
200.00		Total (lines 50-199)	23,777,379	1,557,296,042		421,712	7,252	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:32 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
54.03	03630 ULTRA SOUND	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	356,970	0	356,970	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	0	0	0	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	0	0	0	0	90.03
90.04	09004 BARIATRICS	0	0	0	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	0	0	0	0	90.05
90.06	09006 CARDIAC REHAB	0	0	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	356,970	0	356,970	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:32 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	128,154,611	0.000000	0.000000	33,264	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	23,273,749	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	242,069,551	0.000000	0.000000	21,232	54.00
54.01 05402 CARDIAC NUCLEAR DIAGNOSTIC	0	19,066,972	0.000000	0.000000	0	54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0.000000	0.000000	0	54.02
54.03 03630 ULTRA SOUND	0	19,806,243	0.000000	0.000000	0	54.03
55.00 05500 RADIOLOGY - THERAPEUTIC	0	20,396,662	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	5,046,971	0.000000	0.000000	2,665	56.00
59.00 05900 CARDIAC CATHETERIZATION	0	56,980,751	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	356,970	187,356,083	0.001905	0.001905	47,219	60.00
64.00 06400 INTRAVENOUS THERAPY	0	2,152,160	0.000000	0.000000	3,325	64.00
65.00 06500 RESPIRATORY THERAPY	0	40,308,776	0.000000	0.000000	12,297	65.00
66.00 06600 PHYSICAL THERAPY	0	26,855,122	0.000000	0.000000	161,941	66.00
66.01 06601 SPORTS MEDICINE	0	0	0.000000	0.000000	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0	7,619,249	0.000000	0.000000	2,021	67.00
68.00 06800 SPEECH PATHOLOGY	0	4,590,110	0.000000	0.000000	2,070	68.00
69.00 06900 ELECTROCARDIOLOGY	0	17,289,306	0.000000	0.000000	3,349	69.00
69.01 06901 CARDIAC CATH LAB	0	0	0.000000	0.000000	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	19,406,294	0.000000	0.000000	7,213	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	123,025,224	0.000000	0.000000	11,485	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	77,183,813	0.000000	0.000000	41,937	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	288,902,166	0.000000	0.000000	68,581	73.00
74.00 07400 RENAL DIALYSIS	0	4,889,990	0.000000	0.000000	0	74.00
76.97 07697 CARDIAC REHABILITATION	0	1,444,582	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	16,524,815	0.000000	0.000000	3,113	90.00
90.01 09001 IBMT JOINT VENTURE	0	5,498,577	0.000000	0.000000	0	90.01
90.02 09002 PSYCHIATRIC COUNSELING CENTER	0	6,100,911	0.000000	0.000000	0	90.02
90.03 09003 SOUTH INDY MRI & REHAB	0	5,083,087	0.000000	0.000000	0	90.03
90.04 09004 BARIATRICS	0	0	0.000000	0.000000	0	90.04
90.05 09005 CV DIAGNOSTIC SERVICES	0	30,977,193	0.000000	0.000000	0	90.05
90.06 09006 CARDIAC REHAB	0	0	0.000000	0.000000	0	90.06
91.00 09100 EMERGENCY	0	165,633,156	0.000000	0.000000	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,659,918	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	356,970	1,557,296,042			421,712	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/27/2014 12:32 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	54.02
54.03	03630 ULTRA SOUND	0	0	0	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	90	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 SPORTS MEDICINE	0	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC CATH LAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	0	0	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0	0	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0	0	0	90.03
90.04	09004 BARIATRICS	0	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0	0	0	90.05
90.06	09006 CARDIAC REHAB	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	90	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2014 12:32 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,310	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,310	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		49,050	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)		18,878	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)		57,045,006	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)		57,045,006	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)		57,045,006	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)		1,013.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,124,358	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		19,124,358	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2014 12:32 pm	
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	15,107,696	9,655	1,564.75	5,192	8,124,182		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	6,403,550	4,178	1,532.68	0	0		43.01
44.00 CORONARY CARE UNIT	19,623,686	12,667	1,549.20	7,294	11,299,865		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT	9,448,037	6,530	1,446.87	3,321	4,805,055		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					56,135,906		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					99,489,366		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					5,043,164		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,689,175		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,732,339		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					90,757,027		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					7,260		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,013.05		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,354,743		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 12:32 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,921,988	57,045,006	0.121343	7,354,743	892,447	90.00
91.00	Nursing School cost	0	57,045,006	0.000000	7,354,743	0	91.00
92.00	Allied health cost	0	57,045,006	0.000000	7,354,743	0	92.00
93.00	All other Medical Education	0	57,045,006	0.000000	7,354,743	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15T162		Date/Time Prepared: 5/27/2014 12:32 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,120	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,120	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,120	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,348	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)		4,584,490	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)		4,584,490	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)		4,584,490	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)		1,112,714	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,612,714	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,612,714	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T162				Date/Time Prepared: 5/27/2014 12:32 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,328,555	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,941,269	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)					446,167	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					67,246	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					513,413	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,427,856	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15T162				Date/Time Prepared: 5/27/2014 12:32 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	782,864	4,584,490	0.170764	0	0	90.00
91.00	Nursing School cost	0	4,584,490	0.000000	0	0	91.00
92.00	Allied health cost	0	4,584,490	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,584,490	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2014 12:32 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		56,310	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		56,310	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		49,050	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,244	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)		4,568	15.00
16.00	Nursery days (title V or XIX only)		305	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)		57,045,006	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)		57,045,006	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)		57,045,006	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)		1,013.05	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,286,334	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,286,334	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/27/2014 12:32 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,134,861	4,568	467.35	305	142,542	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,107,696	9,655	1,564.75	645	1,009,264	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	6,403,550	4,178	1,532.68	279	427,618	43.01
44.00	CORONARY CARE UNIT	19,623,686	12,667	1,549.20	847	1,312,172	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	9,448,037	6,530	1,446.87	436	630,835	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					13,416,329	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,225,094	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)					777,505	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					955,819	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,733,324	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,491,770	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,260	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,013.05	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,354,743	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 12:32 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,921,988	57,045,006	0.121343	7,354,743	892,447	90.00
91.00	Nursing School cost	0	57,045,006	0.000000	7,354,743	0	91.00
92.00	Allied health cost	0	57,045,006	0.000000	7,354,743	0	92.00
93.00	All other Medical Education	0	57,045,006	0.000000	7,354,743	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 15T162		Date/Time Prepared: 5/27/2014 12:32 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,120	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,120	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,120	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)		104	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)		4,568	15.00
16.00	Nursery days (title V or XIX only)		305	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)		4,584,490	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)		4,584,490	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)		4,584,490	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)		1,112.74	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		115,725	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)		115,725	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 15T162				Date/Time Prepared: 5/27/2014 12:32 pm		
		Title XIX		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						110,804	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						226,529	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)						19,762	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						7,342	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						27,104	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						199,425	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150162 Component CCN: 15T162		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/27/2014 12:32 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	782,864	4,584,490	0.170764	0	0	90.00
91.00	Nursing School cost	0	4,584,490	0.000000	0	0	91.00
92.00	Allied health cost	0	4,584,490	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,584,490	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		28,370,214	30.00
31.00	03100	INTENSIVE CARE UNIT		11,355,924	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		11,238,349	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		6,149,238	34.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.334407	23,558,952	7,878,278 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280610	57,285	16,075 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150424	26,252,641	3,949,027 54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0.069425	102,017	7,083 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0 54.02
54.03	03630	ULTRA SOUND	0.090856	2,419,742	219,848 54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0.170992	39,255	6,712 55.00
56.00	05600	RADIOISOTOPE	0.226639	416,722	94,445 56.00
59.00	05900	CARDIAC CATHETERIZATION	0.143839	11,343,850	1,631,688 59.00
60.00	06000	LABORATORY	0.143006	32,019,598	4,578,995 60.00
64.00	06400	INTRAVENOUS THERAPY	0.303499	968,781	294,024 64.00
65.00	06500	RESPIRATORY THERAPY	0.286370	16,090,723	4,607,900 65.00
66.00	06600	PHYSICAL THERAPY	0.291251	4,867,039	1,417,530 66.00
66.01	06601	SPORTS MEDICINE	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.286724	2,726,210	781,670 67.00
68.00	06800	SPEECH PATHOLOGY	0.269141	927,180	249,542 68.00
69.00	06900	ELECTROCARDIOLOGY	0.188505	5,685,942	1,071,828 69.00
69.01	06901	CARDIAC CATH LAB	0.000000	0	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220473	613,610	135,284 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278529	38,689,825	10,776,238 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.375952	16,970,951	6,380,263 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184696	44,127,844	8,150,236 73.00
74.00	07400	RENAL DIALYSIS	0.283887	2,664,605	756,447 74.00
76.97	07697	CARDIAC REHABILITATION	0.496737	485	241 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.785269	89,808	70,523 90.00
90.01	09001	IBMT JOINT VENTURE	1.008823	90,014	90,808 90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0.556534	0	0 90.02
90.03	09003	SOUTH INDY MRI & REHAB	0.764117	0	0 90.03
90.04	09004	BARITRICS	0.000000	0	0 90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.436752	126,561	55,276 90.05
90.06	09006	CARDIAC REHAB	0.000000	0	0 90.06
91.00	09100	EMERGENCY	0.114379	18,717,866	2,140,931 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.630771	1,228,677	775,014 92.00
200.00		Total (sum of lines 50-94 and 96-98)		250,796,183	56,135,906 200.00
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)		250,796,183	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T162		Date/Time Prepared: 5/27/2014 12:32 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
41.00	04100 SUBPROVIDER - IRF		958,280		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.334407	32,234	10,779	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.280610	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150424	172,131	25,893	54.00
54.01	05402 CARDIAC NUCLEAR DIAGNOSTIC	0.069425	13,221	918	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	0	54.02
54.03	03630 ULTRA SOUND	0.090856	35,674	3,241	54.03
55.00	05500 RADIOLOGY - THERAPEUTIC	0.170992	552	94	55.00
56.00	05600 RADIOISOTOPE	0.226639	0	0	56.00
59.00	05900 CARDIAC CATHETERIZATION	0.143839	0	0	59.00
60.00	06000 LABORATORY	0.143006	325,869	46,601	60.00
64.00	06400 INTRAVENOUS THERAPY	0.303499	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.286370	221,273	63,366	65.00
66.00	06600 PHYSICAL THERAPY	0.291251	1,422,450	414,290	66.00
66.01	06601 SPORTS MEDICINE	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.286724	1,165,951	334,306	67.00
68.00	06800 SPEECH PATHOLOGY	0.269141	387,627	104,326	68.00
69.00	06900 ELECTROCARDIOLOGY	0.188505	15,292	2,883	69.00
69.01	06901 CARDIAC CATH LAB	0.000000	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.220473	1,692	373	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278529	521,947	145,377	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.375952	42,785	16,085	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.184696	686,127	126,725	73.00
74.00	07400 RENAL DIALYSIS	0.283887	95,492	27,109	74.00
76.97	07697 CARDIAC REHABILITATION	0.496737	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.785269	0	0	90.00
90.01	09001 IBMT JOINT VENTURE	1.008823	0	0	90.01
90.02	09002 PSYCHIATRIC COUNSELING CENTER	0.556534	0	0	90.02
90.03	09003 SOUTH INDY MRI & REHAB	0.764117	0	0	90.03
90.04	09004 BARIATRICS	0.000000	0	0	90.04
90.05	09005 CV DIAGNOSTIC SERVICES	0.436752	7,709	3,367	90.05
90.06	09006 CARDIAC REHAB	0.000000	0	0	90.06
91.00	09100 EMERGENCY	0.114379	24,676	2,822	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.630771	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,172,702	1,328,555	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)		5,172,702		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/27/2014 12:32 pm
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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		9,536,465		30.00
31.00	03100		2,582,925		31.00
31.01	02060		7,627,049		31.01
32.00	03200		1,201,258		32.00
34.00	03400		759,757		34.00
41.00	04100		0		41.00
43.00	04300		3,279,337		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0.334407	3,806,655	1,272,972	50.00
52.00	05200	0.280610	7,343,252	2,060,590	52.00
54.00	05400	0.150424	4,414,708	664,078	54.00
54.01	05402	0.069425	0	0	54.01
54.02	03450	0.000000	0	0	54.02
54.03	03630	0.090856	505,847	45,959	54.03
55.00	05500	0.170992	1,096	187	55.00
56.00	05600	0.226639	68,121	15,439	56.00
59.00	05900	0.143839	1,432,447	206,042	59.00
60.00	06000	0.143006	8,023,038	1,147,343	60.00
64.00	06400	0.303499	137,924	41,860	64.00
65.00	06500	0.286370	4,184,318	1,198,263	65.00
66.00	06600	0.291251	612,861	178,496	66.00
66.01	06601	0.000000	0	0	66.01
67.00	06700	0.286724	463,984	133,035	67.00
68.00	06800	0.269141	96,566	25,990	68.00
69.00	06900	0.188505	779,015	146,848	69.00
69.01	06901	0.000000	0	0	69.01
70.00	07000	0.220473	157,870	34,806	70.00
71.00	07100	0.278529	7,485,874	2,085,033	71.00
72.00	07200	0.375952	1,956,879	735,693	72.00
73.00	07300	0.184696	13,703,517	2,530,985	73.00
74.00	07400	0.283887	537,736	152,656	74.00
76.97	07697	0.496737	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0.785269	981	770	90.00
90.01	09001	1.008823	129,279	130,420	90.01
90.02	09002	0.556534	0	0	90.02
90.03	09003	0.764117	0	0	90.03
90.04	09004	0.000000	0	0	90.04
90.05	09005	0.436752	4,171	1,822	90.05
90.06	09006	0.000000	0	0	90.06
91.00	09100	0.114379	3,663,365	419,012	91.00
92.00	09200	0.630771	298,096	188,030	92.00
200.00			59,807,600	13,416,329	200.00
201.00			0	0	201.00
202.00			59,807,600		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15T162		Date/Time Prepared: 5/27/2014 12:32 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
41.00	04100	SUBPROVIDER - IRF		239,502	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.334407	33,264	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280610	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150424	21,232	54.00
54.01	05402	CARDIAC NUCLEAR DIAGNOSTIC	0.069425	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000	0	54.02
54.03	03630	ULTRA SOUND	0.090856	0	54.03
55.00	05500	RADIOLOGY - THERAPEUTIC	0.170992	0	55.00
56.00	05600	RADIOISOTOPE	0.226639	2,665	56.00
59.00	05900	CARDIAC CATHETERIZATION	0.143839	0	59.00
60.00	06000	LABORATORY	0.143006	47,219	60.00
64.00	06400	INTRAVENOUS THERAPY	0.303499	3,325	64.00
65.00	06500	RESPIRATORY THERAPY	0.286370	12,297	65.00
66.00	06600	PHYSICAL THERAPY	0.291251	161,941	66.00
66.01	06601	SPORTS MEDICINE	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.286724	2,021	67.00
68.00	06800	SPEECH PATHOLOGY	0.269141	2,070	68.00
69.00	06900	ELECTROCARDIOLOGY	0.188505	3,349	69.00
69.01	06901	CARDIAC CATH LAB	0.000000	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.220473	7,213	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278529	11,485	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.375952	41,937	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.184696	68,581	73.00
74.00	07400	RENAL DIALYSIS	0.283887	0	74.00
76.97	07697	CARDIAC REHABILITATION	0.496737	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.785269	3,113	90.00
90.01	09001	IBMT JOINT VENTURE	1.008823	0	90.01
90.02	09002	PSYCHIATRIC COUNSELING CENTER	0.556534	0	90.02
90.03	09003	SOUTH INDY MRI & REHAB	0.764117	0	90.03
90.04	09004	BARIATRICS	0.000000	0	90.04
90.05	09005	CV DIAGNOSTIC SERVICES	0.436752	0	90.05
90.06	09006	CARDIAC REHAB	0.000000	0	90.06
91.00	09100	EMERGENCY	0.114379	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.630771	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		421,712	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)		421,712	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 12:32 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
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, 2013 (see instructions)		48,638,445	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		16,207,789	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		4,972,516	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		17,438,381	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		398.24	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)		15.30	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		2.22	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		-0.75	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		16.77	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		19.08	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.31	11.00
12.00	Current year allowable FTE (see instructions)		17.08	12.00
13.00	Total allowable FTE count for the prior year.		18.15	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.		17.52	14.00
15.00	Sum of lines 12 through 14 divided by 3.		17.58	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		17.58	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.044144	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.043166	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.043166	21.00
22.00	IME payment adjustment (see instructions)		1,917,643	22.00
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)		2.31	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
29.00	Total IME payment (sum of lines 22 and 28)		1,917,643	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.55	30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.04	31.00
32.00	Sum of lines 30 and 31		20.59	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.20	33.00
34.00	Disproportionate share adjustment (see instructions)		3,266,805	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 12:32 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000321852	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,911,599	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			733,883	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		733,883		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
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
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)			0	46.00
47.00	Subtotal (see instructions)		75,737,081		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 SCH and MDH only (see instructions)		75,737,081		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		6,229,183		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		662,296		52.00
53.00	Nursing and Allied Health Managed Care payment		48,662		53.00
54.00	Special add-on payments for new technologies		1,815		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		60,997		58.00
59.00	Total (sum of amounts on lines 49 through 58)		82,740,034		59.00
60.00	Primary payer payments		17,061		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		82,722,973		61.00
62.00	Deductibles billed to program beneficiaries		5,913,164		62.00
63.00	Coinurance billed to program beneficiaries		256,816		63.00
64.00	Allowable bad debts (see instructions)		495,675		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		322,189		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		327,774		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		76,875,182		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		10,720		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			-69,390	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			51,944	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-418,314	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/27/2014 12:32 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		76,428,702		71.00
71.01	Sequestration adjustment (see instructions)		1,154,073		71.01
72.00	Interim payments		76,331,042		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		-1,056,413		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,875,529		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part 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		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/27/2014 12:32 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		36,431	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		52,349,366	2.00
3.00	PPS payments		39,914,668	3.00
4.00	Outlier payment (see instructions)		529,254	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 Worksheet D, Part IV, column 13, line 200		6,116	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		36,431	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		210,425	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		210,425	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)		210,425	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		173,994	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)		36,431	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		40,450,038	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		601	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		8,360,904	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		32,124,964	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		335,454	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		32,460,418	30.00
31.00	Primary payer payments		12,945	31.00
32.00	Subtotal (line 30 minus line 31)		32,447,473	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		713,046	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		463,480	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		511,279	36.00
37.00	Subtotal (see instructions)		32,910,953	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	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)		32,910,953	40.00
40.01	Sequestration adjustment (see instructions)		496,955	40.01
41.00	Interim payments		32,135,319	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		278,679	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 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: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		76,180,242		32,135,319	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/01/2013	150,800		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)		150,800		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)		76,331,042		32,135,319	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		278,679	6.01
6.02	SETTLEMENT TO PROGRAM		1,056,413		0	6.02
7.00	Total Medicare program liability (see instructions)		75,274,629		32,413,998	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150162
Component CCN: 15T162

Period:
From 01/01/2013
To 12/31/2013

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2014 12:32 pm

Title XVIII

Subprovider -
IRF

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					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		3,843,346		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)		3,843,346		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		54,330		0	6.02
7.00	Total Medicare program liability (see instructions)		3,789,016		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet E-1
Part II
Date/Time Prepared:
5/27/2014 12:32 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			17,601 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			34,685 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			9,538 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			82,080 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,713,067,690 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			75,344,006 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,236,252 8.00
9.00	Sequestration adjustment amount (see instructions)			44,725 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,191,527 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,350,360 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)			-158,833 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/27/2014 12:32 pm
		Title XVIIII	Subprovider - IRF	PPS
			Prior to 10/01	On/After 10/01
			1.00	1.01
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	2,576,674	748,839	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0200		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	91,472	18,197	3.00
4.00	Outlier Payments	441,958		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	11.287671		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	3,877,140		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	3,877,140		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	3,877,140		19.00
20.00	Deductibles	21,284		20.00
21.00	Subtotal (line 19 minus line 20)	3,855,856		21.00
22.00	Coinurance	3,256		22.00
23.00	Subtotal (line 21 minus line 22)	3,852,600		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0		26.00
27.00	Subtotal (sum of lines 23 and 25)	3,852,600		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	621		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS	-6,114		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	3,847,107		32.00
32.01	Sequestration adjustment (see instructions)	58,091		32.01
33.00	Interim payments	3,843,346		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-54,330		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	441,958		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 12:32 pm
		Title XIX	Hospital	PPS
			Inpatient	Outpatient
			1.00	2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges	59,807,600	119,941,726	9.00
10.00	Organ acquisition charges, net of revenue	0	0	10.00
11.00	Incentive from target amount computation	0	0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	59,807,600	119,941,726	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	59,807,600	119,941,726	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	59,807,600	119,941,726	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs	15,284	28,699	26.00
27.00	Subtotal (sum of lines 22 through 26)	15,284	28,699	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	15,284	28,699	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	15,284	28,699	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	15,284	28,699	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	15,284	28,699	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	15,284	28,699	40.00
41.00	Interim payments	15,284	28,699	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150162 Component CCN: 15T162	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2014 12:32 pm
		Title XIX	Subprovider - IRF	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		421,712	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		421,712	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		421,712	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		421,712	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		90	26.00
27.00	Subtotal (sum of lines 22 through 26)		90	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		90	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		90	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		90	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		90	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		90	40.00
41.00	Interim payments		90	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 12:32 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.40	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-0.75	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.85	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			19.08	6.00
7.00	Enter the lesser of line 5 or line 6			15.85	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	7.82	11.25	19.07	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	6.50	9.35	15.85	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.31		10.00
11.00	Total weighted FTE count	6.50	9.66		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	13.23	3.22		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	13.23	3.22		17.00
18.00	Per resident amount	114,461.67	114,461.67		18.00
19.00	Approved amount for resident costs	1,514,328	368,567	1,882,895	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			3.23	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,882,895	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	37,033	10,067		26.00
27.00	Total Inpatient Days (see instructions)	86,200	86,200		27.00
28.00	Ratio of inpatient days to total inpatient days	0.429617	0.116787		28.00
29.00	Program direct GME amount	808,924	219,898		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		31,072		30.00
31.00	Net Program direct GME amount			997,750	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/27/2014 12:32 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		4,889,990	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		103,430,635	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		17,061	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		103,413,574	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		52,391,913	42.00
43.00	Primary payer payments (see instructions)		12,945	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		52,378,968	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		155,792,542	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.663790	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.336210	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		997,750	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		662,296	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		335,454	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 150162 Period: From 01/01/2013 To 12/31/2013 Worksheet G
 Date/Time Prepared: 5/27/2014 12:32 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	33,094,649	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	261,224,355	0	0	0	4.00
5.00	Other receivable	9,341,593	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-182,551,091	0	0	0	6.00
7.00	Inventory	7,484,482	0	0	0	7.00
8.00	Prepaid expenses	2,460,947	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	5,637,868	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	136,692,803	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	39,571,615	0	0	0	13.00
14.00	Accumulated depreciation	-17,509,173	0	0	0	14.00
15.00	Buildings	541,001,511	0	0	0	15.00
16.00	Accumulated depreciation	-239,375,848	0	0	0	16.00
17.00	Leasehold improvements	2,681,186	0	0	0	17.00
18.00	Accumulated depreciation	-1,186,339	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	143,646,743	0	0	0	23.00
24.00	Accumulated depreciation	-63,559,085	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)	405,270,610	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	28,292,131	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	45,780,691	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	74,072,822	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	616,036,235	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	27,043,379	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	19,690,821	0	0	0	39.00
40.00	Notes and loans payable (short term)	853,086	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	13,204,705	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	60,791,991	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-3,016,422	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-3,016,422	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	57,775,569	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	558,260,666				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)	558,260,666	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	616,036,235	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet G-1

Date/Time Prepared:
5/27/2014 12:32 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		564,454,864		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		102,524,385			2.00
3.00	Total (sum of line 1 and line 2)		666,979,249		0	3.00
4.00	TO FIX AMOUNT ON PBC BALANCE SHEET	155,154		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)		155,154		0	10.00
11.00	Subtotal (line 3 plus line 10)		667,134,403		0	11.00
12.00	FUND EQUITY CHANGES	106,099,404		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)		106,099,404		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		561,034,999		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	TO FIX AMOUNT ON PBC BALANCE SHEET		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	FUND EQUITY CHANGES		0			12.00
13.00			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: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2014 12:32 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	92,655,446		92,655,446	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	7,477,393		7,477,393	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)	100,132,839		100,132,839	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	36,547,443		36,547,443	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	0		0	11.01
12.00	CORONARY CARE UNIT	23,958,304		23,958,304	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	14,489,368		14,489,368	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	74,995,115		74,995,115	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	175,127,954		175,127,954	17.00
18.00	Ancillary services	545,757,478	730,425,173	1,276,182,651	18.00
19.00	Outpatient services	43,917,045	207,728,508	251,645,553	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		0	0	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	859	7,492,560	7,493,419	26.00
27.00	OTHER	10,909,741	88,106,593	99,016,334	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	775,713,077	1,033,752,834	1,809,465,911	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		455,143,853		29.00
30.00	INTERNAL SHARED SERVICES ALLOCATION	79,107,991			30.00
31.00	ADDITIONAL SHARED SERVICES ALLOCATION	4,006,773			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)		83,114,764		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)		538,258,617		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150162

Period:
From 01/01/2013
To 12/31/2013

Worksheet G-3

Date/Time Prepared:
5/27/2014 12:32 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,809,465,911	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,203,598,952	2.00
3.00	Net patient revenues (line 1 minus line 2)	605,866,959	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	538,258,617	4.00
5.00	Net income from service to patients (line 3 minus line 4)	67,608,342	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	405,700	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	952,616	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	2,098,631	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	-60	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,524,921	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	-13	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	505,889	20.00
21.00	Rental of vending machines	56,098	21.00
22.00	Rental of hospital space	1,734,325	22.00
23.00	Governmental appropriations	17,382	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	26,620,554	24.00
25.00	Total other income (sum of lines 6-24)	34,916,043	25.00
26.00	Total (line 5 plus line 25)	102,524,385	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)	102,524,385	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150162	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/27/2014 12:32 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,157,976	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		736,454	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)		224.88	3.00
4.00	Number of interns & residents (see instructions)		17.58	4.00
5.00	Indirect medical education percentage (see instructions)		2.23	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		115,023	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		17.04	8.00
9.00	Sum of lines 7 and 8		20.59	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.26	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		219,730	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		6,229,183	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