

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 2:36 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: 5/28/2014	Time: 2:36 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 IU HEALTH NORTH HOSPITAL (150161) 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.

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

 CHIEF FINANCIAL OFFICER
 Title

 05/28/2014
 Date

Cost Center Description	Title V 1.00	Title XVII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	172,762	82,333	-45,660	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
200.00 Total	0	172,762	82,333	-45,660	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: 150161		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 2:34 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 11700 NORTH MERIDIAN ST			PO Box:				1.00				
2.00	City: CARMEL			State: IN		Zip Code: 46032-4656		County: HAMILTON			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			IU HEALTH NORTH HOSPITAL	150161	26900	1	12/20/2005	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2013		12/31/2013		20.00	
21.00	Type of Control (see instructions)								4		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						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.								2		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.			1,249	1,935	0	5	2,658	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.			0	0	0	0	0	0		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				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.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, 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)	N				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)				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)			N	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)		0.00	0.00	0.000000	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

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	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
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
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.			N			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)					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		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			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	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If 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	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	375,256	0	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059		140.00

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1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, 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	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	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					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	161.00

		1.00	
Multi campus			
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 2:34 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		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	04/21/2014	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

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

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/21/2014	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.	MANAGER, COST REPORTING	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 2:34 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 2:34 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,656	738	21,939			1.00
2.00 HMO and other (see instructions)	2,991	4,294				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,656	738	21,939			7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	34	1,004			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	115	3,401			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		526	4,644			13.00
14.00 Total (see instructions)	6,656	1,413	30,988	0.00	934.57	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	16			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	934.57	27.00
28.00 Observation Bed Days		288	1,518			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)	3	140	1,438			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 2:34 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,552	968	6,197	1.00
2.00 HMO and other (see instructions)				584			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT							11.01
11.02 PREMATURE INTENSIVE CARE UNIT							11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,552	968	6,197		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 2:34 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	58,217,262	-219,305	57,997,957	1,943,912.00	29.84
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		210,085	0	210,085	801.00	262.28
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,949,880	-1,653	1,948,227	72,098.00	27.02
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		50,916	0	50,916	696.00	73.16
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		8,809,302	0	8,809,302	259,838.00	33.90
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		15,745,786	0	15,745,786		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		518,705	0	518,705		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	657,222	-1,903	655,319	23,360.00	28.05
27.00	Administrative & General	5.00	6,021,504	-9,359	6,012,145	158,587.00	37.91
28.00	Administrative & General under contract (see inst.)		131,697	0	131,697	506.00	260.27
29.00	Maintenance & Repairs	6.00	1,482,833	0	1,482,833	50,135.00	29.58
30.00	Operation of Plant	7.00	238,252	0	238,252	6,001.00	39.70
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	1,534,027	-4,949	1,529,078	110,171.00	13.88
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	908,422	-538	907,884	59,599.00	15.23
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	1,109,503	-1,457	1,108,046	71,816.00	15.43
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,826,073	-15,555	3,810,518	106,921.00	35.64
39.00	Central Services and Supply	14.00	618,124	-1,597	616,527	32,229.00	19.13
40.00	Pharmacy	15.00	2,512,972	-10,103	2,502,869	59,605.00	41.99
41.00	Medical Records & Medical Records Library	16.00	0	0	0	0.00	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 2:34 pm

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	269,326	-1,804	267,522	8,311.00	32.19	42.00
43.00	Other General Service	18.00	188,789	-727	188,062	13,422.00	14.01	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150161

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2014 2:34 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	58,348,959	-219,305	58,129,654	1,944,418.00	29.90	1.00
2.00	Excluded area salaries (see instructions)	1,949,880	-1,653	1,948,227	72,098.00	27.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	56,399,079	-217,652	56,181,427	1,872,320.00	30.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,860,218	0	8,860,218	260,534.00	34.01	4.00
5.00	Subtotal wage-related costs (see inst.)	15,745,786	0	15,745,786	0.00	28.03	5.00
6.00	Total (sum of lines 3 thru 5)	81,005,083	-217,652	80,787,431	2,132,854.00	37.88	6.00
7.00	Total overhead cost (see instructions)	19,498,744	-47,992	19,450,752	700,663.00	27.76	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 2:34 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,897,775	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		86,467	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)		8,332,301	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		267,316	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		64,257	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)		357,539	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		4,518	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		4,081,357	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		899,213	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		273,749	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		16,264,492	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150161

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2014 2:34 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	192,791	16,264,491	1.00
2.00	Hospital	192,791	16,264,491	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 2:34 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)		0.323692		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		9,715,418		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		48,802,449		6.00	
7.00	Medicaid cost (line 1 times line 6)		15,796,962		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)		6,081,544		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)		736,956		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		4,538,913		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		1,469,210		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)		732,254		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)		6,813,798		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		13,697,107	4,327,668	18,024,775	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		4,433,644	1,400,832	5,834,476	21.00
22.00	Partial payment by patients approved for charity care		271,302	634,349	905,651	22.00
23.00	Cost of charity care (line 21 minus line 22)		4,162,342	766,483	4,928,825	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		5,127,417			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		250,353			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		4,877,064			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,578,667			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,507,492			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,321,290			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

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

Worksheet A
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	10,908,631	10,908,631	1.00	
1.01 00101 NEW CAP REL COSTS-INTEREST		0	0	14,981,094	14,981,094	1.01	
1.02 00102 MOB LEASED SPACE		0	0	824,071	824,071	1.02	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,006,557	5,006,557	2.00	
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	657,222	898,896	1,556,118	10,655,249	12,211,367	4.00	
5.01 00510 NONPATIENT TELEPHONES	0	137,449	137,449	0	137,449	5.01	
5.02 00511 DATA PROCESSING	115,020	164,546	279,566	-50,811	228,755	5.02	
5.03 00512 PURCHASING, RECEIVING AND STORES	412,444	273,258	685,702	-178,292	507,410	5.03	
5.04 00513 ADMITTING	1,360,881	664,045	2,024,926	-292,360	1,732,566	5.04	
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	4,133,159	58,757,426	62,890,585	-31,402,715	31,487,870	5.05	
6.00 00600 MAINTENANCE & REPAIRS	1,482,833	4,652,359	6,135,192	-369,141	5,766,051	6.00	
7.00 00700 OPERATION OF PLANT	238,252	266,187	504,439	-55,007	449,432	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	0	7,674	7,674	0	7,674	8.00	
9.00 00900 HOUSEKEEPING	1,534,027	4,396,520	5,930,547	-515,844	5,414,703	9.00	
10.00 01000 DIETARY	908,422	736,758	1,645,180	-239,347	1,405,833	10.00	
11.00 01100 CAFETERIA	1,109,503	1,878,905	2,988,408	-290,610	2,697,798	11.00	
13.00 01300 NURSING ADMINISTRATION	3,826,073	1,304,754	5,130,827	-786,250	4,344,577	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	618,124	1,647,570	2,265,694	5,709,438	7,975,132	14.00	
15.00 01500 PHARMACY	2,512,972	4,130,192	6,643,164	-3,810,826	2,832,338	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	339,734	339,734	-8	339,726	16.00	
17.00 01700 SOCIAL SERVICE	269,326	83,091	352,417	-54,186	298,231	17.00	
18.00 01850 PATIENT TRANSPORTATION	188,789	80,727	269,516	-63,774	205,742	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	12,424,027	7,042,901	19,466,928	-4,278,792	15,188,136	30.00	
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00	
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	1,048,865	1,838,678	2,887,543	-242,663	2,644,880	34.01	
34.02 03402 PREMATURE INTENSIVE CARE UNIT	2,156,994	1,458,110	3,615,104	-524,129	3,090,975	34.02	
43.00 04300 NURSERY	0	0	0	1,041,216	1,041,216	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,976,432	18,849,294	22,825,726	-17,089,054	5,736,672	50.00	
51.00 05100 RECOVERY ROOM	2,106,409	752,628	2,859,037	-566,014	2,293,023	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,462,100	1,489,091	3,951,191	-1,271,554	2,679,637	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,950,801	1,742,285	4,693,086	-1,000,203	3,692,883	54.00	
56.00 05600 RADIOISOTOPE	186,399	191,489	377,888	-162,412	215,476	56.00	
60.00 06000 LABORATORY	1,587,598	5,068,836	6,656,434	-653,912	6,002,522	60.00	
65.00 06500 RESPIRATORY THERAPY	1,731,066	623,466	2,354,532	-442,124	1,912,408	65.00	
66.00 06600 PHYSICAL THERAPY	1,941,646	671,372	2,613,018	-402,344	2,210,674	66.00	
69.00 06900 ELECTROCARDIOLOGY	198,377	210,371	408,748	-26,777	381,971	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	172,551	334,398	506,949	-40,252	466,697	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,951,628	4,951,628	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,671,242	9,671,242	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	3,410,102	3,410,102	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	1,405,653	1,613,642	3,019,295	-1,297,674	1,721,621	75.01	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 ADULT SLEEP LAB	86,194	153,594	239,788	-22,283	217,505	90.01	
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02	
90.03 09003 IVF	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	2,465,223	2,045,526	4,510,749	-658,603	3,852,146	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	56,267,382	124,505,772	180,773,154	371,267	181,144,421	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	695,078	2,860,831	3,555,909	-161,302	3,394,607	192.01	
192.02 19202 PURCHASED SERVICES	0	0	0	0	0	192.02	
192.03 19203 ZI NSVILLE SCHOOL NURSES	0	0	0	0	0	192.03	
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	-246,402	-246,402	-291	-246,693	192.04	
192.05 19205 BARIATRIC PHYSICIANS	1,254,802	1,382,277	2,637,079	-209,674	2,427,405	192.05	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
200.00	TOTAL (SUM OF LINES 118-199)	58,217,262	128,502,478	186,719,740	0	186,719,740	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150161

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

Worksheet A
Date/Time Prepared:
5/28/2014 2:34 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	-1,192,345	9,716,286	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	-70,774	14,910,320	1.01
1.02	00102	MOB LEASED SPACE	0	824,071	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	926,962	5,933,519	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,569,977	13,781,344	4.00
5.01	00510	NONPATIENT TELEPHONES	-135,717	1,732	5.01
5.02	00511	DATA PROCESSING	10,107,981	10,336,736	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	372,599	880,009	5.03
5.04	00513	ADMITTING	150,749	1,883,315	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-13,997,131	17,490,739	5.05
6.00	00600	MAINTENANCE & REPAIRS	-539,499	5,226,552	6.00
7.00	00700	OPERATION OF PLANT	919,619	1,369,051	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,674	8.00
9.00	00900	HOUSEKEEPING	157,817	5,572,520	9.00
10.00	01000	DIETARY	-24,864	1,380,969	10.00
11.00	01100	CAFETERIA	-1,506,482	1,191,316	11.00
13.00	01300	NURSING ADMINISTRATION	-141,198	4,203,379	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,243	7,973,889	14.00
15.00	01500	PHARMACY	-5,000	2,827,338	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	623,212	962,938	16.00
17.00	01700	SOCIAL SERVICE	0	298,231	17.00
18.00	01850	PATIENT TRANSPORTATION	0	205,742	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,012,430	13,175,706	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-1,503,971	1,140,909	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-716,009	2,374,966	34.02
43.00	04300	NURSERY	0	1,041,216	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-957,118	4,779,554	50.00
51.00	05100	RECOVERY ROOM	0	2,293,023	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,679,637	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-113,058	3,579,825	54.00
56.00	05600	RADIOLOGY	0	215,476	56.00
60.00	06000	LABORATORY	-154,064	5,848,458	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,912,408	65.00
66.00	06600	PHYSICAL THERAPY	-13,264	2,197,410	66.00
69.00	06900	ELECTROCARDIOLOGY	-144,019	237,952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	466,697	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,951,628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,671,242	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,410,102	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-289,157	1,432,464	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ADULT SLEEP LAB	-19,530	197,975	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	90.02
90.03	09003	IVF	0	0	90.03
91.00	09100	EMERGENCY	-897,808	2,954,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,605,765	171,538,656	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	-191,080	3,203,527	192.01
192.02	19202	PURCHASED SERVICES	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-484,362	-731,055	192.04
192.05	19205	BARIATRIC PHYSICIANS	-169,060	2,258,345	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-10,450,267	176,269,473	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BILLABLE SUPPLIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	169	1.00
2.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	223	2.00
3.00	RADIO SOTOPE	56.00	0	1,040	3.00
4.00	ELECTROENCEPHALOGRAPHY	70.00	0	54	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,951,628	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
TOTALS			0	4,953,114	
B - NON-BILLABLE SUPPLIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	95,464	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,513,071	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			0	6,608,535	
C - DRUGS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	8,443	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,410,102	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
TOTALS			0	3,418,545	

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
D - IMPLANTABLE DEVICES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	44,709	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,671,242	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	9,715,951	
F - LEASES					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,958,845	1.00
2.00	MOB LEASED SPACE	1.02	0	824,071	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	441,428	3.00
4.00	DIETARY	10.00	0	183	4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	116	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
	TOTALS		0	3,224,643	
G - PACU					
1.00	ADULTS & PEDIATRICS	30.00	20,025	1,983	1.00
	TOTALS		20,025	1,983	
I - NURSERY					
1.00	NURSERY	43.00	935,477	105,739	1.00
2.00		0.00	0	0	2.00
	TOTALS		935,477	105,739	
J - MARKETING					
1.00	LABORATORY	60.00	0	277	1.00
2.00	OTHER NON-REIMBURSABLE	192.01	0	16,658	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	16,935	
K - INTEREST					
1.00	NEW CAP REL COSTS-INTEREST	1.01	0	14,981,094	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
	TOTALS		0	14,981,094	

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
L - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	8,949,786	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUI P	2.00	0	4,565,129	2.00
3.00		0.00	0	0	3.00
TOTALS			0	13,514,915	
M - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	10,657,338	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
TOTALS			0	10,657,338	
N - STD BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,903	1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	113	2.00
3.00	ADMINI TTING	5.04	0	6,706	3.00
4.00	OTHER ADMINI STRATIVE AND GENERAL	5.05	0	2,540	4.00
5.00	HOUSEKEEPING	9.00	0	4,949	5.00
6.00	DI ETARY	10.00	0	538	6.00
7.00	CAFETERIA	11.00	0	1,457	7.00
8.00	NURSI NG ADMINI STRATION	13.00	0	15,555	8.00
9.00	CENTRAL SERVI CES & SUPPLY	14.00	0	1,597	9.00
10.00	PHARMACY	15.00	0	10,103	10.00
11.00	SOCI AL SERVI CE	17.00	0	1,804	11.00
12.00	PATI ENT TRANSPORTATI ON	18.00	0	727	12.00
13.00	ADULTS & PEDI ATRI CS	30.00	0	76,073	13.00
14.00	PEDI ATRI C INTENSIVE CARE UNI T	34.01	0	2,106	14.00
15.00	PREMATURE INTENSIVE CARE UNI T	34.02	0	10,587	15.00
16.00	OPERATI NG ROOM	50.00	0	8,024	16.00
17.00	RECOVERY ROOM	51.00	0	7,785	17.00
18.00	RADI OLOGY-DI AGNOSTI C	54.00	0	10,688	18.00
19.00	LABORATORY	60.00	0	6,163	19.00
20.00	RESPI RATORY THERAPY	65.00	0	14,430	20.00
21.00	PHYSI CAL THERAPY	66.00	0	9,631	21.00
22.00	CARDI AC CATHERI ZATI ON LABORATORY	75.01	0	2,186	22.00
23.00	EMERGENCY	91.00	0	9,339	23.00
24.00	BARI ATRI C PHYSI CI ANS	192.05	0	1,653	24.00
25.00	DELI VERY ROOM & LABOR ROOM	52.00	0	12,648	25.00
TOTALS			0	219,305	

RECLASSIFICATIONS

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	0 - POST-PARTUM				
1.00	ADULTS & PEDIATRICS	30.00	35,760	4,068	1.00
	TOTALS		35,760	4,068	
500.00	Grand Total: Increases		991,262	67,422,165	500.00

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33	0	1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	69,052	0	2.00
3.00	ADMINISTRATIVE	5.04	0	118	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	72,283	0	4.00
5.00	HOUSEKEEPING	9.00	0	927	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	152	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	588,049	0	7.00
8.00	PHARMACY	15.00	0	80,628	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	63,705	0	9.00
10.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	4,273	0	10.00
11.00	OPERATING ROOM	50.00	0	2,966,710	0	11.00
12.00	RECOVERY ROOM	51.00	0	9,841	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	170,437	0	13.00
14.00	LABORATORY	60.00	0	152,380	0	14.00
15.00	RESPIRATORY THERAPY	65.00	0	13,759	0	15.00
16.00	PHYSICAL THERAPY	66.00	0	27,174	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	1,013	0	17.00
18.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	471,521	0	18.00
19.00	ADULT SLEEP LAB	90.01	0	15	0	19.00
20.00	EMERGENCY	91.00	0	46,109	0	20.00
21.00	BARITRIC PHYSICIANS	192.05	0	1,257	0	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	213,678	0	22.00
	TOTALS		0	4,953,114		
B - NON-BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,078	0	1.00
2.00	DATA PROCESSING	5.02	0	25	0	2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	11,794	0	3.00
4.00	ADMINISTRATIVE	5.04	0	19,039	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	1,115	0	5.00
6.00	OPERATION OF PLANT	7.00	0	94	0	6.00
7.00	HOUSEKEEPING	9.00	0	12,843	0	7.00
8.00	DIETARY	10.00	0	7,342	0	8.00
9.00	CAFETERIA	11.00	0	1,055	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	1,060	0	10.00
11.00	PHARMACY	15.00	0	73,768	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	924,912	0	12.00
13.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	41,689	0	13.00
14.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	129,905	0	14.00
15.00	OPERATING ROOM	50.00	0	3,814,179	0	15.00
16.00	RECOVERY ROOM	51.00	0	201,354	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	187,118	0	17.00
18.00	RADIOISOTOPE	56.00	0	135,383	0	18.00
19.00	LABORATORY	60.00	0	234,075	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	125,872	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	23,965	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	2,595	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,411	0	23.00
24.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	28,591	0	24.00
25.00	ADULT SLEEP LAB	90.01	0	707	0	25.00
26.00	EMERGENCY	91.00	0	222,546	0	26.00
27.00	OTHER NON-REIMBURSABLE	192.01	0	1,014	0	27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	291	0	28.00
29.00	BARITRIC PHYSICIANS	192.05	0	2,741	0	29.00
30.00	DELIVERY ROOM & LABOR ROOM	52.00	0	390,974	0	30.00
	TOTALS		0	6,608,535		
C - DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	851	0	1.00
2.00	PHARMACY	15.00	0	3,288,248	0	2.00
3.00	SOCIAL SERVICE	17.00	0	2,178	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	388	0	4.00
5.00	OPERATING ROOM	50.00	0	124,442	0	5.00
6.00	RECOVERY ROOM	51.00	0	70	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	212	0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	1,752	0	8.00
9.00	EMERGENCY	91.00	0	10	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	394	0	10.00

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
TOTALS						0	3,418,545
D - IMPLANTABLE DEVICES							
1.00	PURCHASING, RECEIVING AND STORES	5.03	0	1,853	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	36,426	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	957	0	3.00	
4.00	OPERATING ROOM	50.00	0	9,083,635	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	7,530	0	6.00	
7.00	ELECTROCARDIOLOGY	69.00	0	420	0	7.00	
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,774	0	8.00	
9.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	534,211	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	48,118	0	10.00	
TOTALS						0	9,715,951
F - LEASES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	59	10	1.00	
2.00	DATA PROCESSING	5.02	0	25,945	10	2.00	
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	46	10	3.00	
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	370	0	4.00	
5.00	MAINTENANCE & REPAIRS	5.05	0	2,323,338	0	5.00	
6.00	OPERATION OF PLANT	6.00	0	36,856	0	6.00	
7.00	CAFETERIA	7.00	0	16,068	0	7.00	
8.00	NURSING ADMINISTRATION	11.00	0	5,074	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	13.00	0	52,032	0	9.00	
10.00	PHARMACY	14.00	0	38	0	10.00	
11.00	MEDICAL RECORDS & LIBRARY	15.00	0	51,999	0	11.00	
12.00	ADULTS & PEDIATRICS	16.00	0	8	0	12.00	
13.00	PREMATURE INTENSIVE CARE UNIT	30.00	0	46,564	0	13.00	
14.00	OPERATING ROOM	34.02	0	11,601	0	14.00	
15.00	RECOVERY ROOM	50.00	0	333,455	0	15.00	
16.00	RADIOLOGY-DIAGNOSTIC	51.00	0	163	0	16.00	
17.00	LABORATORY	54.00	0	192,532	0	17.00	
18.00	RESPIRATORY THERAPY	60.00	0	5,187	0	18.00	
19.00	PHYSICAL THERAPY	65.00	0	4,854	0	19.00	
20.00	CARDIAC CATHETERIZATION LABORATORY	66.00	0	84,142	0	20.00	
21.00	EMERGENCY	75.01	0	482	0	21.00	
22.00	OTHER NON-REIMBURSABLE	91.00	0	469	0	22.00	
23.00	TOTALS	192.01	0	33,361	0	23.00	
TOTALS						0	3,224,643
G - PACU							
1.00	RECOVERY ROOM	51.00	20,025	1,983	0	1.00	
TOTALS						20,025	1,983
I - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	915,060	103,416	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	20,417	2,323	0	2.00	
TOTALS						935,477	105,739
J - MARKETING							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	919	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	9,661	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	123	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	253	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	850	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,235	0	6.00	
7.00	PHYSICAL THERAPY	66.00	0	531	0	7.00	
8.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	808	0	8.00	
9.00	EMERGENCY	91.00	0	2,524	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	31	0	10.00	
TOTALS						0	16,935
K - INTEREST							
1.00	DATA PROCESSING	5.02	0	6,328	11	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	22	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	14,962,696	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	60	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	204	0	5.00	
6.00	RECOVERY ROOM	51.00	0	61	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,181	0	7.00	

RECLASSIFICATIONS

Provider CCN: 150161

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

Worksheet A-6
Date/Time Prepared:
5/28/2014 2:34 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
8.00	LABORATORY	60.00	0	33	0	8.00	
9.00	PHYSICAL THERAPY	66.00	0	176	0	9.00	
10.00	CARDIAC CATHETERIZATION	75.01	0	151	0	10.00	
11.00	LABORATORY ADULT SLEEP LAB	90.01	0	182	0	11.00	
	TOTALS		0	14,981,094			
L - DEPRECIATION							
1.00	DATA PROCESSING	5.02	0	2,280	9	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	13,512,028	9	2.00	
3.00	PHARMACY	15.00	0	607	0	3.00	
	TOTALS		0	13,514,915			
M - BENEFITS							
1.00	DATA PROCESSING	5.02	0	16,233	0	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	95,547	0	2.00	
3.00	ADMINISTRATIVE	5.04	0	272,811	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	743,777	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	258,764	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	38,845	0	6.00	
7.00	HOUSEKEEPING	9.00	0	502,074	0	7.00	
8.00	DIETARY	10.00	0	232,188	0	8.00	
9.00	CAFETERIA	11.00	0	284,481	0	9.00	
10.00	NURSING ADMINISTRATION	13.00	0	732,693	0	10.00	
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	178,269	0	11.00	
12.00	PHARMACY	15.00	0	315,576	0	12.00	
13.00	SOCIAL SERVICE	17.00	0	52,008	0	13.00	
14.00	PATIENT TRANSPORTATION	18.00	0	63,774	0	14.00	
15.00	ADULTS & PEDIATRICS	30.00	0	2,284,572	0	15.00	
16.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	201,197	0	16.00	
17.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	378,350	0	17.00	
18.00	OPERATING ROOM	50.00	0	766,633	0	18.00	
19.00	RECOVERY ROOM	51.00	0	332,517	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	437,673	0	20.00	
21.00	RADIOISOTOPE	56.00	0	28,069	0	21.00	
22.00	LABORATORY	60.00	0	262,514	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	297,427	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	258,826	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	20,997	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	26,121	0	26.00	
27.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	261,910	0	27.00	
28.00	ADULT SLEEP LAB	90.01	0	21,379	0	28.00	
29.00	EMERGENCY	91.00	0	386,945	0	29.00	
30.00	OTHER NON-REIMBURSABLE	192.01	0	143,585	0	30.00	
31.00	BIOPHYSICIAN	192.05	0	205,676	0	31.00	
32.00	DELIVERY ROOM & LABOR ROOM	52.00	0	555,907	0	32.00	
	TOTALS		0	10,657,338			
N - STD BENEFITS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,903	0	0	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	113	0	0	2.00	
3.00	ADMINISTRATIVE	5.04	6,706	0	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	2,540	0	0	4.00	
5.00	HOUSEKEEPING	9.00	4,949	0	0	5.00	
6.00	DIETARY	10.00	538	0	0	6.00	
7.00	CAFETERIA	11.00	1,457	0	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	15,555	0	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	1,597	0	0	9.00	
10.00	PHARMACY	15.00	10,103	0	0	10.00	
11.00	SOCIAL SERVICE	17.00	1,804	0	0	11.00	
12.00	PATIENT TRANSPORTATION	18.00	727	0	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	76,073	0	0	13.00	
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	2,106	0	0	14.00	
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	10,587	0	0	15.00	
16.00	OPERATING ROOM	50.00	8,024	0	0	16.00	
17.00	RECOVERY ROOM	51.00	7,785	0	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	10,688	0	0	18.00	

RECLASSIFICATIONS

Provider CCN: 150161

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

Worksheet A-6

Date/Time Prepared:
5/28/2014 2:34 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
19.00	LABORATORY	60.00	6,163	0	0	0		19.00
20.00	RESPIRATORY THERAPY	65.00	14,430	0	0	0		20.00
21.00	PHYSICAL THERAPY	66.00	9,631	0	0	0		21.00
22.00	CARDIAC CATHETERIZATION	75.01	2,186	0	0	0		22.00
23.00	LABORATORY EMERGENCY	91.00	9,339	0	0	0		23.00
24.00	BARIATRIC PHYSICIANS	192.05	1,653	0	0	0		24.00
25.00	DELIVERY ROOM & LABOR ROOM	52.00	12,648	0	0	0		25.00
	TOTALS		219,305	0				
	O - POST-PARTUM							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	35,760	4,068	0	0		1.00
	TOTALS		35,760	4,068				
500.00	Grand Total: Decreases		1,210,567	67,202,860				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2014 2:34 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	0	0	0	0	1.00	
2.00	Land Improvements	11,942,000	0	0	0	2.00	
3.00	Buildings and Fixtures	148,755,000	0	0	0	3.00	
4.00	Building Improvements	8,435,000	386,000	0	386,000	4.00	
5.00	Fixed Equipment	25,122,000	0	0	0	5.00	
6.00	Movable Equipment	68,465,000	0	0	0	628,000	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	262,719,000	386,000	0	386,000	628,000	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	262,719,000	386,000	0	386,000	628,000	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0			1.00	
2.00	Land Improvements	11,942,000	0			2.00	
3.00	Buildings and Fixtures	148,755,000	0			3.00	
4.00	Building Improvements	8,821,000	0			4.00	
5.00	Fixed Equipment	25,122,000	0			5.00	
6.00	Movable Equipment	67,837,000	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	262,477,000	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	262,477,000	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2014 2:34 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
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150161

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2014 2:34 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	194,640,000	0	194,640,000	0.741551	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	67,837,000	0	67,837,000	0.258449	0	2.00
3.00	Total (sum of lines 1-2)	262,477,000	0	262,477,000	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	7,757,441	1,958,845	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	824,071	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,492,091	441,428	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,249,532	3,224,344	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	9,716,286	1.00
1.01	NEW CAP REL COSTS-INTEREST	14,910,320	0	0	0	14,910,320	1.01
1.02	MOB LEASED SPACE	0	0	0	0	824,071	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,933,519	2.00
3.00	Total (sum of lines 1-2)	14,910,320	0	0	0	31,384,196	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150161

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

Worksheet A-8

Date/Time Prepared:
5/28/2014 2:34 pm

1.00	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)			ONEW CAP REL COSTS-INTEREST	1.01	0	1.01
1.02	Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02	0	1.02
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-2,139	CAFETERIA	11.00	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)	B	-135,717	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-7,115,846			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	14,994,750			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-1,454,289	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	-5,326	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		ORESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01	0	26.01
26.02	Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02	0	26.02
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant			0	0.00	0	29.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
30.00	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99			ADULTS & PEDIATRICS	30.00		30.99
31.00	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00		0		0.00		0 32.00
33.00		0		0.00		0 33.00
34.00	A	80,088	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 34.00
35.00	A	-7,587	OTHER ADMINISTRATIVE AND GENERAL	5.05		0 35.00
36.00	A	-11,067,115	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 36.00
37.00	B	-133	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 37.00
37.01	B	-283,368	OTHER ADMINISTRATIVE AND GENERAL	5.05		0 37.01
37.02	B	-517,709	MAINTENANCE & REPAIRS	6.00		0 37.02
37.03	B	-6,097	NURSING ADMINISTRATION	13.00		0 37.03
37.04	B	-718	ADMITTING	5.04		0 37.04
37.05	B	-5,000	PHARMACY	15.00		0 37.05
37.06	B	-711	PURCHASING, RECEIVING AND STORES	5.03		0 37.06
37.07	B	-900	ADULTS & PEDIATRICS	30.00		0 37.07
37.08	B	-4,856	PHYSICAL THERAPY	66.00		0 37.08
38.00	B	-7,500	OTHER ADMINISTRATIVE AND GENERAL	5.05		0 38.00
38.01	B	-35,304	NURSING ADMINISTRATION	13.00		0 38.01
38.02	B	-7,080	ADULTS & PEDIATRICS	30.00		0 38.02
39.00	B	-10,873	NURSING ADMINISTRATION	13.00		0 39.00
39.01	B	-28,484	OPERATING ROOM	50.00		0 39.01
40.00	B	-24,864	DIETARY	10.00		0 40.00
40.01	B	-8,510	CAFETERIA	11.00		0 40.01
41.00	B	-4,850,923	OTHER ADMINISTRATIVE AND GENERAL	5.05		0 41.00
41.01	B	-22,337	EMERGENCY	91.00		0 41.01
41.02	B	249,252	PHYSICIANS' PRIVATE OFFICES	192.04		0 41.02
41.03	B	-169,060	BARIATRIC PHYSICIANS	192.05		0 41.03
42.00		0		0.00		0 42.00
43.00	A	-1,911	RADIOLOGY-DIAGNOSTIC	54.00		0 43.00
44.00		0		0.00		0 44.00
45.00		0		0.00		0 45.00
45.01		0		0.00		0 45.01
45.02		0		0.00		0 45.02
45.03		0		0.00		0 45.03
45.04		0		0.00		0 45.04
45.05		0		0.00		0 45.05
45.06		0		0.00		0 45.06
45.07		0		0.00		0 45.07
45.08		0		0.00		0 45.08
45.09		0		0.00		0 45.09
45.10		0		0.00		0 45.10
45.11		0		0.00		0 45.11
45.12		0		0.00		0 45.12
45.13		0		0.00		0 45.13
45.14		0		0.00		0 45.14
45.15		0		0.00		0 45.15
45.16		0		0.00		0 45.16
45.17		0		0.00		0 45.17
45.18		0		0.00		0 45.18
45.19		0		0.00		0 45.19
45.20		0		0.00		0 45.20
45.21		0		0.00		0 45.21
45.22		0		0.00		0 45.22
45.23		0		0.00		0 45.23
45.24		0		0.00		0 45.24
50.00		-10,450,267				50.00
TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)						

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

Provider CCN: 150161

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2014 2:34 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	718,795	1,911,140	1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	14,891,267	14,962,041	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	926,962	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	12,770,944	213,807	4.00
4.01	5.02	DATA PROCESSING	10,121,800	13,819	4.01
4.02	5.03	PURCHASING, RECEIVING AND ST	383,186	9,876	4.02
4.03	5.04	ADMINISTRATIVE	183,287	31,820	4.03
4.04	5.05	OTHER ADMINISTRATIVE AND GEN	7,813,573	16,024,207	4.04
4.05	6.00	MAINTENANCE & REPAIRS	25,404	47,194	4.05
4.06	7.00	OPERATION OF PLANT	1,037,392	117,773	4.06
4.07	9.00	HOUSEKEEPING	157,817	0	4.07
4.08	11.00	CAFETERIA	22,093	58,311	4.08
4.09	13.00	NURSING ADMINISTRATION	299,022	364,218	4.09
4.10	14.00	CENTRAL SERVICES & SUPPLY	0	1,243	4.10
4.11	16.00	MEDICAL RECORDS & LIBRARY	703,335	80,123	4.11
4.12	30.00	ADULTS & PEDIATRICS	2,019,298	2,019,298	4.12
4.13	34.02	PREMATURE INTENSIVE CARE UNI	25,550	25,550	4.13
4.14	50.00	OPERATING ROOM	289,740	340,486	4.14
4.15	54.00	RADIOLOGY-DIAGNOSTIC	204,202	204,202	4.15
4.16	60.00	LABORATORY	3,663,063	3,691,127	4.16
4.17	66.00	PHYSICAL THERAPY	61,572	69,980	4.17
4.18	69.00	ELECTROCARDIOLOGY	144,019	144,019	4.18
4.19	70.00	ELECTROENCEPHALOGRAPHY	245,171	245,171	4.19
4.20	75.01	CARDIAC CATHETERIZATION LABORA	194,730	330,347	4.20
4.21	90.01	ADULT SLEEP LAB	14,275	33,805	4.21
4.22	91.00	EMERGENCY	550,516	608,012	4.22
4.23	192.01	OTHER NON-REIMBURSABLE	126,399	317,479	4.23
4.24	192.04	PHYSICIANS' PRIVATE OFFICES	0	733,614	4.24
4.25	192.05	BARIATRIC PHYSICIANS	214,129	214,129	4.25
5.00	0	0	57,807,541	42,812,791	5.00

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

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

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

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

6.00	B		0.00	I N UNIV HEALTH	100.00	6.00
7.00	G		0.00	I UH-AHC	0.00	7.00
8.00	G		0.00	I UH-HPI	0.00	8.00
9.00	G		0.00	I UH-MOHC	0.00	9.00
9.01	G		0.00	I UH-TPN	0.00	9.01
9.02	G		0.00	I UH-SAX	0.00	9.02
9.03	G		0.00	I UH-IUHP	0.00	9.03
10.00	G		0.00	I UH-IRP	0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

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

Provider CCN: 150161

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 2:34 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-1,192,345	9		1.00
2.00	-70,774	11		2.00
3.00	926,962	9		3.00
4.00	12,557,137	0		4.00
4.01	10,107,981	0		4.01
4.02	373,310	0		4.02
4.03	151,467	0		4.03
4.04	-8,210,634	0		4.04
4.05	-21,790	0		4.05
4.06	919,619	0		4.06
4.07	157,817	0		4.07
4.08	-36,218	0		4.08
4.09	-65,196	0		4.09
4.10	-1,243	0		4.10
4.11	623,212	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	-50,746	0		4.14
4.15	0	0		4.15
4.16	-28,064	0		4.16
4.17	-8,408	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	-135,617	0		4.20
4.21	-19,530	0		4.21
4.22	-57,496	0		4.22
4.23	-191,080	0		4.23
4.24	-733,614	0		4.24
4.25	0	0		4.25
5.00	14,994,750			5.00

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

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

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

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

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

6.00	HEALTH CARE		6.00
7.00	HOSPITAL		7.00
8.00			8.00
9.00	OCCUP HEALTH		9.00
9.01	HOSPITAL		9.01
9.02	HOSPITAL		9.02
9.03	PHYSICIANS		9.03
10.00	RADIOLOGY		10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150161

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2014 2:34 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	637,119	637,119	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	91,286	0	91,286	177,200	793	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,004,450	2,004,450	0	0	0	3.00
4.00	34.01	AGGREGATE-PEDIATRIC INTENSIVE CARE U	1,503,971	1,503,971	0	0	0	4.00
5.00	34.02	AGGREGATE-PREMATURITY INTENSIVE CARE U	716,009	716,009	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	877,888	877,888	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	111,147	111,147	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	126,000	126,000	0	0	0	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	144,019	144,019	0	0	0	9.00
10.00	75.01	AGGREGATE-CARDIAC CATHETERIZATION LABO	153,540	153,540	0	0	0	10.00
11.00	91.00	AGGREGATE-EMERGENCY	817,975	817,975	0	0	0	11.00
200.00			7,183,404	7,092,118	91,286		793	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	0	0	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	67,558	3,378	0	0	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	34.01	AGGREGATE-PEDIATRIC INTENSIVE CARE U	0	0	0	0	0	4.00
5.00	34.02	AGGREGATE-PREMATURITY INTENSIVE CARE U	0	0	0	0	0	5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	0	0	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	75.01	AGGREGATE-CARDIAC CATHETERIZATION LABO	0	0	0	0	0	10.00
11.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	11.00
200.00			67,558	3,378	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.05	AGGREGATE-OTHER ADMINISTRATIVE AND G	0	0	0	637,119		1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATIVE	0	67,558	23,728	23,728		2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	2,004,450		3.00
4.00	34.01	AGGREGATE-PEDIATRIC INTENSIVE CARE U	0	0	0	1,503,971		4.00
5.00	34.02	AGGREGATE-PREMATURITY INTENSIVE CARE U	0	0	0	716,009		5.00
6.00	50.00	AGGREGATE-OPERATING ROOM	0	0	0	877,888		6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	0	0	111,147		7.00
8.00	60.00	AGGREGATE-LABORATORY	0	0	0	126,000		8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	0	0	144,019		9.00
10.00	75.01	AGGREGATE-CARDIAC CATHETERIZATION LABO	0	0	0	153,540		10.00
11.00	91.00	AGGREGATE-EMERGENCY	0	0	0	817,975		11.00
200.00			0	67,558	23,728	7,115,846		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	9,716,286	9,716,286			1.00
1.01 00101	NEW CAP REL COSTS-INTEREST	14,910,320	0	14,910,320		1.01
1.02 00102	MOB LEASED SPACE	824,071	0	0	824,071	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	5,933,519				5,933,519 2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,781,344	11,577	17,766	36,260	2,573 4.00
5.01 00510	NONPATIENT TELEPHONES	1,732	0	0	0	27,256 5.01
5.02 00511	DATA PROCESSING	10,336,736	139,261	213,705	10,746	121,282 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	880,009	248,399	381,185	5,457	29,754 5.03
5.04 00513	ADMINISTRATIVE	1,883,315	76,788	117,837	0	27,871 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	17,490,739	101,902	156,376	433,598	2,498,237 5.05
6.00 00600	MAINTENANCE & REPAIRS	5,226,552	144,960	222,452	0	70,587 6.00
7.00 00700	OPERATION OF PLANT	1,369,051	1,632,034	2,504,471	36,372	222,598 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,674	0	0	0	63 8.00
9.00 00900	HOUSEKEEPING	5,572,520	133,094	204,242	8,748	67,732 9.00
10.00 01000	DIETARY	1,380,969	59,356	91,085	0	5,973 10.00
11.00 01100	CAFETERIA	1,191,316	335,250	514,465	0	2,766 11.00
13.00 01300	NURSING ADMINISTRATION	4,203,379	55,526	85,209	0	8,389 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,973,889	281,060	431,306	0	191,986 14.00
15.00 01500	PHARMACY	2,827,338	81,219	124,636	0	109,957 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	962,938	21,863	33,551	0	327 16.00
17.00 01700	SOCIAL SERVICE	298,231	14,739	22,618	0	166 17.00
18.00 01850	PATIENT TRANSPORTATION	205,742	0	0	0	243 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,175,706	1,944,841	2,984,497	0	128,175 30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	1,140,909	186,861	286,751	0	28,786 34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	2,374,966	504,812	774,669	0	105,747 34.02
43.00 04300	NURSERY	1,041,216	195,811	300,486	0	11,393 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	4,779,554	1,177,761	1,807,357	0	897,456 50.00
51.00 05100	RECOVERY ROOM	2,293,023	213,333	327,374	0	52,320 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,679,637	537,629	825,029	0	170,500 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,579,825	323,829	496,938	159,413	599,340 54.00
56.00 05600	RADIOISOTOPE	215,476	23,600	36,215	0	16,913 56.00
60.00 06000	LABORATORY	5,848,458	187,974	288,460	0	29,472 60.00
65.00 06500	RESPIRATORY THERAPY	1,912,408	41,255	63,309	0	56,132 65.00
66.00 06600	PHYSICAL THERAPY	2,197,410	7,726	11,855	133,477	17,682 66.00
69.00 06900	ELECTROCARDIOLOGY	237,952	47,556	72,978	0	31,566 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	466,697	16,008	24,565	0	2,101 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,951,628	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	9,671,242	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,410,102	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	1,432,464	294,062	451,258	0	303,078 75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	ADULT SLEEP LAB	197,975	0	0	0	4,367 90.01
90.02 09002	PEDIATRIC SLEEP LAB	0	0	0	0	0 90.02
90.03 09003	IVF	0	0	0	0	0 90.03
91.00 09100	EMERGENCY	2,954,338	444,944	682,798	0	47,336 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	171,538,656	9,485,030	14,555,443	824,071	5,890,124 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,541	60,678	0	642 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	OTHER NON-REIMBURSABLE	3,203,527	64,031	98,260	0	675 192.01
192.02 19202	PURCHASED SERVICES	0	0	0	0	0 192.02
192.03 19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0 192.03
192.04 19204	PHYSICIANS' PRIVATE OFFICES	-731,055	127,684	195,939	0	25,172 192.04
192.05 19205	BARIATRIC PHYSICIANS	2,258,345	0	0	0	16,906 192.05
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	176,269,473	9,716,286	14,910,320	824,071	5,933,519 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,849,520					4.00
5.01	00510	NONPATIENT TELEPHONES	0	28,988				5.01
5.02	00511	DATA PROCESSING	763,209	1,216	11,586,155			5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	154,620	249	104,028	1,803,701		5.03
5.04	00513	ADMINISTRATIVE	321,631	655	273,074	1,557	2,702,728	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	1,549,346	1,340	559,152	0	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	313,547	436	182,050	91	0	6.00
7.00	00700	OPERATION OF PLANT	72,435	1,294	539,647	8	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	347,436	218	91,025	1,051	0	9.00
10.00	01000	DIETARY	191,658	281	117,032	601	0	10.00
11.00	01100	CAFETERIA	237,149	109	45,512	86	0	11.00
13.00	01300	NURSING ADMINISTRATION	854,933	795	331,590	87	25	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	130,411	171	71,519	28,116	0	14.00
15.00	01500	PHARMACY	530,184	343	143,039	6,034	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	89,734	358	149,541	0	0	16.00
17.00	01700	SOCIAL SERVICE	56,822	94	39,011	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	39,831	281	117,032	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,439,915	4,814	2,009,047	68,018	206,199	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	221,288	421	175,548	3,410	17,718	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	455,080	1,091	455,124	10,626	46,208	34.02
43.00	04300	NURSERY	197,366	608	253,569	9,018	23,884	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	838,944	2,899	1,209,329	311,988	599,680	50.00
51.00	05100	RECOVERY ROOM	440,183	764	318,587	16,306	81,934	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	507,599	1,216	507,138	30,763	140,692	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	622,557	3,086	1,287,351	15,306	297,043	54.00
56.00	05600	RADIOISOTOPE	39,326	0	0	11,074	23,344	56.00
60.00	06000	LABORATORY	334,950	701	292,580	55,720	227,731	60.00
65.00	06500	RESPIRATORY THERAPY	365,219	281	117,032	13,705	37,161	65.00
66.00	06600	PHYSICAL THERAPY	409,647	732	305,583	1,960	65,098	66.00
69.00	06900	ELECTROCARDIOLOGY	41,853	0	0	212	43,526	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	36,405	0	0	933	9,849	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	405,028	63,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	791,070	305,915	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	210,771	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	296,563	732	305,583	2,339	97,075	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	18,185	343	143,039	58	3,527	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	520,110	1,418	591,661	18,205	201,779	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,438,136	26,946	10,734,423	1,803,370	2,702,676	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	78	32,509	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	146,647	608	253,569	83	0	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	281	117,032	24	0	192.04
192.05	19205	BARIATRIC PHYSICIANS	264,737	1,075	448,622	224	52	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,849,520	28,988	11,586,155	1,803,701	2,702,728	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560	22,790,690	22,790,690				5.05
6.00	00600	6,160,675	913,246	7,073,921			6.00
7.00	00700	6,377,910	945,449	1,283,706	8,607,065		7.00
8.00	00800	7,737	1,147	0	0	8,884	8.00
9.00	00900	6,426,066	952,587	104,687	155,616	0	9.00
10.00	01000	1,846,955	273,789	46,687	69,400	0	10.00
11.00	01100	2,326,653	344,898	263,697	391,982	0	11.00
13.00	01300	5,539,933	821,229	43,675	64,922	0	13.00
14.00	01400	9,108,458	1,350,220	221,073	328,621	41	14.00
15.00	01500	3,822,750	566,677	63,884	94,963	0	15.00
16.00	01600	1,258,312	186,530	17,197	25,563	0	16.00
17.00	01700	431,681	63,992	11,593	17,233	0	17.00
18.00	01850	363,129	53,830	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,961,212	3,403,754	1,529,750	2,273,952	5,120	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	2,061,692	305,621	146,979	218,482	0	34.01
34.02	03402	4,728,323	700,917	397,069	590,237	376	34.02
43.00	04300	2,033,351	301,420	154,019	228,947	326	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,624,968	1,723,262	926,390	1,377,064	447	50.00
51.00	05100	3,743,824	554,977	167,801	249,433	495	51.00
52.00	05200	5,400,203	800,515	422,882	628,607	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	7,384,688	1,094,691	254,713	378,627	835	54.00
56.00	05600	365,948	54,247	18,563	27,593	0	56.00
60.00	06000	7,266,046	1,077,104	147,855	219,784	15	60.00
65.00	06500	2,606,502	386,383	32,450	48,236	0	65.00
66.00	06600	3,151,170	467,123	6,077	9,033	68	66.00
69.00	06900	475,643	70,508	37,406	55,603	0	69.00
70.00	07000	556,558	82,503	12,591	18,717	0	70.00
71.00	07100	5,420,173	803,476	0	0	0	71.00
72.00	07200	10,768,227	1,596,260	0	0	0	72.00
73.00	07300	3,620,873	536,751	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	3,183,154	471,864	231,300	343,823	367	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	367,494	54,477	0	0	1	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	5,462,589	809,763	349,979	520,239	793	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		169,643,587	21,769,210	6,892,023	8,336,677	8,884	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	133,448	19,782	31,101	46,232	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	3,767,400	558,472	50,365	74,866	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	-264,923	0	100,432	149,290	0	192.04
192.05	19205	2,989,961	443,226	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		176,269,473	22,790,690	7,073,921	8,607,065	8,884	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	7,638,956					9.00
10.00	01000	62,728	2,299,559				10.00
11.00	01100	354,298	85,543	3,767,071			11.00
13.00	01300	58,681	0	275,051	6,803,491		13.00
14.00	01400	297,029	0	82,890	448	11,388,780	14.00
15.00	01500	85,833	0	153,365	0	38,779	15.00
16.00	01600	23,105	0	0	0	0	16.00
17.00	01700	15,576	0	21,405	0	0	17.00
18.00	01850	0	0	34,515	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,055,341	1,957,416	953,368	2,807,172	437,130	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	197,478	44,980	80,214	244,686	21,915	34.01
34.02	03402	533,494	72,814	161,338	545,615	68,289	34.02
43.00	04300	206,936	0	77,432	238,636	57,957	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,244,678	0	341,512	789,629	2,005,044	50.00
51.00	05100	225,454	0	159,037	533,067	104,794	51.00
52.00	05200	568,175	104,424	199,492	580,570	197,704	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	342,228	0	268,629	59,379	98,365	54.00
56.00	05600	24,941	0	12,629	0	71,168	56.00
60.00	06000	198,654	0	144,749	165,365	358,092	60.00
65.00	06500	43,599	0	128,696	0	88,081	65.00
66.00	06600	8,165	0	141,164	0	12,598	66.00
69.00	06900	50,258	0	16,642	0	1,364	69.00
70.00	07000	16,917	0	11,933	0	5,999	70.00
71.00	07100	0	0	0	0	2,602,982	71.00
72.00	07200	0	0	0	0	5,083,991	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	310,769	15,227	97,820	210,179	15,030	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	7,973	0	372	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	470,225	19,155	211,746	588,188	116,999	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		7,394,562	2,299,559	3,581,600	6,762,934	11,386,653	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	41,787	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	67,669	0	74,488	224	533	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	134,938	0	0	0	153	192.04
192.05	19205	0	0	110,983	40,333	1,441	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		7,638,956	2,299,559	3,767,071	6,803,491	11,388,780	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01
1.02 00102 MOB LEASED SPACE							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00510 NONPATIENT TELEPHONES							5.01
5.02 00511 DATA PROCESSING							5.02
5.03 00512 PURCHASING, RECEIVING AND STORES							5.03
5.04 00513 ADMITTING							5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL							5.05
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY	4,826,251						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,510,707					16.00
17.00 01700 SOCIAL SERVICE	0	0	561,480				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	451,474			18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	115,254	388,011	311,991	39,199,471		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	9,904	16,608	13,354	3,361,913		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	0	25,828	56,257	45,235	7,925,792		34.02
43.00 04300 NURSERY	0	13,350	76,818	61,768	3,450,960		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	335,229	0	0	20,368,223		50.00
51.00 05100 RECOVERY ROOM	0	45,797	0	0	5,784,679		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	78,639	23,786	19,126	9,024,123		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	166,031	0	0	10,048,186		54.00
56.00 05600 RADIOISOTOPE	0	13,048	0	0	588,137		56.00
60.00 06000 LABORATORY	0	127,290	0	0	9,704,954		60.00
65.00 06500 RESPIRATORY THERAPY	0	20,771	0	0	3,354,718		65.00
66.00 06600 PHYSICAL THERAPY	0	36,387	0	0	3,831,785		66.00
69.00 06900 ELECTROCARDIOLOGY	0	24,328	0	0	731,752		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	5,505	0	0	710,723		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	35,502	0	0	8,862,133		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	170,990	0	0	17,619,468		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,826,251	117,810	0	0	9,101,685		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	54,260	0	0	4,933,793		75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	1,972	0	0	432,289		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0		90.02
90.03 09003 IVF	0	0	0	0	0		90.03
91.00 09100 EMERGENCY	0	112,783	0	0	8,662,459		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00	4,826,251	1,510,678	561,480	451,474	167,697,243		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	272,350		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	4,594,017		192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0		192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	119,890		192.04
192.05 19205 BARIATRIC PHYSICIANS	0	29	0	0	3,585,973		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
200.00							200.00
201.00	0	0	0	0	0		201.00
202.00	4,826,251	1,510,707	561,480	451,474	176,269,473		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150161

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

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Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	39,199,471
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	3,361,913
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	7,925,792
43.00	04300	NURSERY	0	3,450,960
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	20,368,223
51.00	05100	RECOVERY ROOM	0	5,784,679
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,024,123
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,048,186
56.00	05600	RADIOISOTOPE	0	588,137
60.00	06000	LABORATORY	0	9,704,954
65.00	06500	RESPIRATORY THERAPY	0	3,354,718
66.00	06600	PHYSICAL THERAPY	0	3,831,785
69.00	06900	ELECTROCARDIOLOGY	0	731,752
70.00	07000	ELECTROENCEPHALOGRAPHY	0	710,723
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,862,133
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	17,619,468
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,101,685
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	4,933,793
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	ADULT SLEEP LAB	0	432,289
90.02	09002	PEDIATRIC SLEEP LAB	0	0
90.03	09003	IVF	0	0
91.00	09100	EMERGENCY	0	8,662,459
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	167,697,243
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	272,350
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	4,594,017
192.02	19202	PURCHASED SERVICES	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	119,890
192.05	19205	BARIATRIC PHYSICIANS	0	3,585,973
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	176,269,473

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP		
			1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS		0						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	11,577	17,766	36,260	2,573	4.00
5.01	00510	NONPATIENT TELEPHONES	0	0	0	0	27,256	5.01
5.02	00511	DATA PROCESSING	0	139,261	213,705	10,746	121,282	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	248,399	381,185	5,457	29,754	5.03
5.04	00513	ADMITTING	0	76,788	117,837	0	27,871	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	101,902	156,376	433,598	2,498,237	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	144,960	222,452	0	70,587	6.00
7.00	00700	OPERATION OF PLANT	0	1,632,034	2,504,471	36,372	222,598	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	63	8.00
9.00	00900	HOUSEKEEPING	0	133,094	204,242	8,748	67,732	9.00
10.00	01000	DIETARY	0	59,356	91,085	0	5,973	10.00
11.00	01100	CAFETERIA	0	335,250	514,465	0	2,766	11.00
13.00	01300	NURSING ADMINISTRATION	0	55,526	85,209	0	8,389	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	281,060	431,306	0	191,986	14.00
15.00	01500	PHARMACY	0	81,219	124,636	0	109,957	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,863	33,551	0	327	16.00
17.00	01700	SOCIAL SERVICE	0	14,739	22,618	0	166	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	0	243	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,944,841	2,984,497	0	128,175	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	186,861	286,751	0	28,786	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	504,812	774,669	0	105,747	34.02
43.00	04300	NURSERY	0	195,811	300,486	0	11,393	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	1,177,761	1,807,357	0	897,456	50.00
51.00	05100	RECOVERY ROOM	0	213,333	327,374	0	52,320	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	537,629	825,029	0	170,500	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	323,829	496,938	159,413	599,340	54.00
56.00	05600	RADIOISOTOPE	0	23,600	36,215	0	16,913	56.00
60.00	06000	LABORATORY	0	187,974	288,460	0	29,472	60.00
65.00	06500	RESPIRATORY THERAPY	0	41,255	63,309	0	56,132	65.00
66.00	06600	PHYSICAL THERAPY	0	7,726	11,855	133,477	17,682	66.00
69.00	06900	ELECTROCARDIOLOGY	0	47,556	72,978	0	31,566	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	16,008	24,565	0	2,101	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	294,062	451,258	0	303,078	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	87,248	0	0	0	4,367	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	444,944	682,798	0	47,336	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	87,248	9,485,030	14,555,443	824,071	5,890,124	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	39,541	60,678	0	642	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	64,031	98,260	0	675	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	127,684	195,939	0	25,172	192.04
192.05	19205	BARIATRIC PHYSICIANS	385,888	0	0	0	16,906	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	473,136	9,716,286	14,910,320	824,071	5,933,519	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

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

Worksheet B
Part II
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Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	
		2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	68,176	68,176			4.00
5.01	00510	NONPATIENT TELEPHONES	27,256	0	27,256		5.01
5.02	00511	DATA PROCESSING	484,994	3,759	1,143	489,896	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	664,795	761	234	4,399	670,189
5.04	00513	ADMINISTRATIVE	222,496	1,584	615	11,546	579
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	3,190,113	7,630	1,260	23,643	0
6.00	00600	MAINTENANCE & REPAIRS	437,999	1,544	410	7,698	34
7.00	00700	OPERATION OF PLANT	4,395,475	357	1,216	22,818	3
8.00	00800	LAUNDRY & LINEN SERVICE	63	0	0	0	0
9.00	00900	HOUSEKEEPING	413,816	1,711	205	3,849	390
10.00	01000	DIETARY	156,414	944	264	4,948	223
11.00	01100	CAFETERIA	852,481	1,168	103	11,924	32
13.00	01300	NURSING ADMINISTRATION	149,124	4,210	747	14,021	32
14.00	01400	CENTRAL SERVICES & SUPPLY	904,352	642	161	3,024	10,447
15.00	01500	PHARMACY	315,812	2,611	322	6,048	2,242
16.00	01600	MEDICAL RECORDS & LIBRARY	55,741	442	337	6,323	0
17.00	01700	SOCIAL SERVICE	37,523	280	88	1,649	0
18.00	01850	PATIENT TRANSPORTATION	243	196	264	4,948	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,057,513	11,986	4,531	84,948	25,273
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	502,398	1,090	396	7,423	1,267
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,385,228	2,241	1,026	19,244	3,948
43.00	04300	NURSERY	507,690	972	571	10,722	3,351
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,882,574	4,132	2,726	51,134	115,924
51.00	05100	RECOVERY ROOM	593,027	2,168	718	13,471	6,059
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,533,158	2,500	1,143	21,443	11,431
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,579,520	3,066	2,901	54,433	5,687
56.00	05600	RADIOISOTOPE	76,728	194	0	0	4,115
60.00	06000	LABORATORY	505,906	1,650	659	12,371	20,704
65.00	06500	RESPIRATORY THERAPY	160,696	1,799	264	4,948	5,092
66.00	06600	PHYSICAL THERAPY	170,740	2,017	689	12,921	728
69.00	06900	ELECTROCARDIOLOGY	152,100	206	0	0	79
70.00	07000	ELECTROENCEPHALOGRAPHY	42,674	179	0	0	347
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	150,495
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	293,930
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,048,398	1,460	689	12,921	869
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	91,615	90	322	6,048	21
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	1,175,078	2,561	1,333	25,017	6,764
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,841,916	66,150	25,337	453,882	670,066
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	100,861	0	73	1,375	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	162,966	722	571	10,722	31
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	348,795	0	264	4,948	9
192.05	19205	BARIATRIC PHYSICIANS	402,794	1,304	1,011	18,969	83
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	31,857,332	68,176	27,256	489,896	670,189

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

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

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Part II
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Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING	236,820				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	3,222,646			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	129,134	576,819		6.00
7.00	00700	OPERATION OF PLANT	0	133,687	104,675	4,658,231	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	162	0	0	8.00
9.00	00900	HOUSEKEEPING	0	134,697	8,536	84,221	0
10.00	01000	DIETARY	0	38,714	3,807	37,560	0
11.00	01100	CAFETERIA	0	48,769	21,502	212,144	0
13.00	01300	NURSING ADMINISTRATION	2	116,123	3,561	35,137	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	190,922	18,027	177,853	1
15.00	01500	PHARMACY	0	80,129	5,209	51,395	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,375	1,402	13,835	0
17.00	01700	SOCIAL SERVICE	0	9,048	945	9,327	0
18.00	01850	PATIENT TRANSPORTATION	0	7,612	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	18,055	481,315	124,739	1,230,685	130
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,551	43,215	11,985	118,245	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,046	99,110	32,378	319,442	10
43.00	04300	NURSERY	2,091	42,621	12,559	123,908	8
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,673	243,671	75,539	745,281	11
51.00	05100	RECOVERY ROOM	7,174	78,474	13,683	134,996	13
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,319	113,194	34,482	340,209	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,010	154,790	20,770	204,917	21
56.00	05600	RADIOISOTOPE	2,044	7,671	1,514	14,934	0
60.00	06000	LABORATORY	19,941	152,304	12,056	118,949	0
65.00	06500	RESPIRATORY THERAPY	3,254	54,635	2,646	26,106	0
66.00	06600	PHYSICAL THERAPY	5,700	66,052	496	4,889	2
69.00	06900	ELECTROCARDIOLOGY	3,811	9,970	3,050	30,093	0
70.00	07000	ELECTROENCEPHALOGRAPHY	862	11,666	1,027	10,130	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,562	113,612	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	26,787	225,713	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	18,456	75,897	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	8,500	66,722	18,861	186,081	9
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	309	7,703	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	17,668	114,501	28,538	281,558	20
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	236,815	3,078,208	561,987	4,511,895	225
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,797	2,536	25,021	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	78,968	4,107	40,518	0
192.02	19202	PURCHASED SERVICES	0	0	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	0	8,189	80,797	0
192.05	19205	BARIATRIC PHYSICIANS	5	62,673	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	236,820	3,222,646	576,819	4,658,231	225

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

Period:
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Worksheet B
Part II
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Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	647,425					9.00
10.00	01000	DIETARY	5,316	248,190				10.00
11.00	01100	CAFETERIA	30,028	9,233	1,177,384			11.00
13.00	01300	NURSING ADMINISTRATION	4,973	0	85,966	413,896		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,174	0	25,907	27	1,356,537	14.00
15.00	01500	PHARMACY	7,275	0	47,934	0	4,619	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,958	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,320	0	6,690	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	10,788	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	174,196	211,263	297,973	170,776	52,067	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	16,737	4,855	25,071	14,886	2,610	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	45,215	7,859	50,426	33,193	8,134	34.02
43.00	04300	NURSERY	17,539	0	24,201	14,518	6,903	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	105,490	0	106,738	48,038	238,825	50.00
51.00	05100	RECOVERY ROOM	19,108	0	49,706	32,430	12,482	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,155	11,270	62,350	35,319	23,549	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,005	0	83,959	3,612	11,716	54.00
56.00	05600	RADIOISOTOPE	2,114	0	3,947	0	8,477	56.00
60.00	06000	LABORATORY	16,837	0	45,241	10,060	42,653	60.00
65.00	06500	RESPIRATORY THERAPY	3,695	0	40,223	0	10,491	65.00
66.00	06600	PHYSICAL THERAPY	692	0	44,120	0	1,501	66.00
69.00	06900	ELECTROCARDIOLOGY	4,259	0	5,201	0	162	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,434	0	3,730	0	714	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	310,046	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	605,565	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	26,339	1,643	30,573	12,786	1,790	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	2,492	0	44	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	39,853	2,067	66,180	35,783	13,936	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	626,712	248,190	1,119,416	411,428	1,356,284	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,542	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	5,735	0	23,281	14	63	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZI ONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	11,436	0	0	0	18	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	0	34,687	2,454	172	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	647,425	248,190	1,177,384	413,896	1,356,537	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150161

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01
1.02 00102 MOB LEASED SPACE							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00510 NONPATIENT TELEPHONES							5.01
5.02 00511 DATA PROCESSING							5.02
5.03 00512 PURCHASING, RECEIVING AND STORES							5.03
5.04 00513 ADMITTING							5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL							5.05
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY	523,596						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	106,413					16.00
17.00 01700 SOCIAL SERVICE	0	0	66,870				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	24,051			18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	8,103	46,210	16,620	8,016,383		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	696	1,978	711	755,114		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	0	1,816	6,700	2,410	2,022,426		34.02
43.00 04300 NURSERY	0	939	9,149	3,291	781,033		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	23,770	0	0	5,696,526		50.00
51.00 05100 RECOVERY ROOM	0	3,220	0	0	966,729		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,529	2,833	1,019	2,259,903		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	11,673	0	0	2,192,080		54.00
56.00 05600 RADIOISOTOPE	0	917	0	0	122,655		56.00
60.00 06000 LABORATORY	0	8,949	0	0	968,280		60.00
65.00 06500 RESPIRATORY THERAPY	0	1,460	0	0	315,309		65.00
66.00 06600 PHYSICAL THERAPY	0	2,558	0	0	313,105		66.00
69.00 06900 ELECTROCARDIOLOGY	0	1,710	0	0	210,641		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	387	0	0	73,150		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,496	0	0	582,211		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	12,022	0	0	1,164,017		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	523,596	8,283	0	0	626,232		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	3,815	0	0	1,421,456		75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	139	0	0	108,783		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0		90.02
90.03 09003 IVF	0	0	0	0	0		90.03
91.00 09100 EMERGENCY	0	7,929	0	0	1,818,786		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00	523,596	106,411	66,870	24,051	30,414,819		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	136,205		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	327,698		192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	0		192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	454,456		192.04
192.05 19205 BARIATRIC PHYSICIANS	0	2	0	0	524,154		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
200.00							200.00
201.00	0	0	0	0	0		201.00
202.00	523,596	106,413	66,870	24,051	31,857,332		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 2:34 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	8,016,383
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	755,114
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	2,022,426
43.00	04300	NURSERY	0	781,033
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	5,696,526
51.00	05100	RECOVERY ROOM	0	966,729
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,259,903
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,192,080
56.00	05600	RADIOISOTOPE	0	122,655
60.00	06000	LABORATORY	0	968,280
65.00	06500	RESPIRATORY THERAPY	0	315,309
66.00	06600	PHYSICAL THERAPY	0	313,105
69.00	06900	ELECTROCARDIOLOGY	0	210,641
70.00	07000	ELECTROENCEPHALOGRAPHY	0	73,150
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	582,211
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,164,017
73.00	07300	DRUGS CHARGED TO PATIENTS	0	626,232
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	1,421,456
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	ADULT SLEEP LAB	0	108,783
90.02	09002	PEDIATRIC SLEEP LAB	0	0
90.03	09003	IVF	0	0
91.00	09100	EMERGENCY	0	1,818,786
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	30,414,819
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	136,205
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	327,698
192.02	19202	PURCHASED SERVICES	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	454,456
192.05	19205	BARIATRIC PHYSICIANS	0	524,154
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	31,857,332

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2: 34 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	1.02	2.00			4.00
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	436,414				1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST	0	436,414			1.01	
1.02	00102	MOB LEASED SPACE	0	0	29,295		1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				115,058,389	2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	520	520	1,289	49,885	65,644,099	4.00
5.01	00510	NONPATIENT TELEPHONES	0	0	0	528,524	0	5.01
5.02	00511	DATA PROCESSING	6,255	6,255	382	2,351,794	3,617,462	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	11,157	11,157	194	576,954	732,868	5.03
5.04	00513	ADMINISTRATIVE	3,449	3,449	0	540,450	1,524,471	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	4,577	4,577	15,414	48,444,425	7,343,604	5.05
6.00	00600	MAINTENANCE & REPAIRS	6,511	6,511	0	1,368,765	1,486,154	6.00
7.00	00700	OPERATION OF PLANT	73,304	73,304	1,293	4,316,419	343,330	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,220	0	8.00
9.00	00900	HOUSEKEEPING	5,978	5,978	311	1,313,405	1,646,780	9.00
10.00	01000	DIETARY	2,666	2,666	0	115,828	908,422	10.00
11.00	01100	CAFETERIA	15,058	15,058	0	53,634	1,124,042	11.00
13.00	01300	NURSING ADMINISTRATION	2,494	2,494	0	162,665	4,052,219	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12,624	12,624	0	3,722,833	618,124	14.00
15.00	01500	PHARMACY	3,648	3,648	0	2,132,180	2,512,972	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	982	982	0	6,343	425,321	16.00
17.00	01700	SOCIAL SERVICE	662	662	0	3,215	269,326	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	0	4,718	188,789	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	87,354	87,354	0	2,485,463	11,564,752	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	8,393	8,393	0	558,197	1,048,865	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,674	22,674	0	2,050,547	2,156,994	34.02
43.00	04300	NURSERY	8,795	8,795	0	220,932	935,477	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	52,900	52,900	0	17,402,683	3,976,432	50.00
51.00	05100	RECOVERY ROOM	9,582	9,582	0	1,014,546	2,086,384	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,148	24,148	0	3,306,178	2,405,923	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,545	14,545	5,667	11,621,870	2,950,801	54.00
56.00	05600	RADIOISOTOPE	1,060	1,060	0	327,958	186,399	56.00
60.00	06000	LABORATORY	8,443	8,443	0	571,491	1,587,598	60.00
65.00	06500	RESPIRATORY THERAPY	1,853	1,853	0	1,088,459	1,731,066	65.00
66.00	06600	PHYSICAL THERAPY	347	347	4,745	342,866	1,941,646	66.00
69.00	06900	ELECTROCARDIOLOGY	2,136	2,136	0	612,102	198,377	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	719	719	0	40,744	172,551	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,208	13,208	0	5,877,026	1,405,653	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	84,682	86,194	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	19,985	19,985	0	917,897	2,465,223	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	426,027	426,027	29,295	114,216,898	63,694,219	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,776	1,776	0	12,451	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	2,876	2,876	0	13,086	695,078	192.01
192.02	19202	PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	5,735	5,735	0	488,119	0	192.04
192.05	19205	BARIATRIC PHYSICIANS	0	0	0	327,835	1,254,802	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,716,286	14,910,320	824,071	5,933,519	13,849,520	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	22.263919	34.165540	28.130090	0.051570	0.210979	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					68,176	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.001039	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (TOTAL CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	1,860					5.01
5.02	00511	78	1,782				5.02
5.03	00512	16	16	22,051,052			5.03
5.04	00513	42	42	19,039	515,631,004		5.04
5.05	00560	86	86	0	0	-22,790,690	5.05
6.00	00600	28	28	1,115	0	0	6.00
7.00	00700	83	83	94	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	14	14	12,843	0	0	9.00
10.00	01000	18	18	7,342	0	0	10.00
11.00	01100	7	7	1,055	0	0	11.00
13.00	01300	51	51	1,060	4,776	0	13.00
14.00	01400	11	11	343,724	0	0	14.00
15.00	01500	22	22	73,768	0	0	15.00
16.00	01600	23	23	0	0	0	16.00
17.00	01700	6	6	0	0	0	17.00
18.00	01850	18	18	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	309	309	831,549	39,335,992	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	27	27	41,689	3,380,069	0	34.01
34.02	03402	70	70	129,905	8,815,022	0	34.02
43.00	04300	39	39	110,252	4,556,275	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	186	186	3,814,177	114,438,915	0	50.00
51.00	05100	49	49	199,348	15,630,305	0	51.00
52.00	05200	78	78	376,090	26,839,394	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	198	198	187,118	56,666,029	0	54.00
56.00	05600	0	0	135,383	4,453,189	0	56.00
60.00	06000	45	45	681,195	43,443,543	0	60.00
65.00	06500	18	18	167,555	7,089,072	0	65.00
66.00	06600	47	47	23,965	12,418,603	0	66.00
69.00	06900	0	0	2,595	8,303,233	0	69.00
70.00	07000	0	0	11,411	1,878,790	0	70.00
71.00	07100	0	0	4,951,628	12,116,867	0	71.00
72.00	07200	0	0	9,671,242	58,358,452	0	72.00
73.00	07300	0	0	0	40,208,204	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	47	47	28,591	18,518,725	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	22	22	707	672,880	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	91	91	222,566	38,492,659	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,729	1,651	22,047,006	515,620,994	-22,790,690	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	5	5	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	39	39	1,014	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	18	18	291	0	264,923	192.04
192.05	19205	69	69	2,741	10,010	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		28,988	11,586,155	1,803,701	2,702,728		202.00
203.00		15.584946	6,501.770483	0.081797	0.005242		203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING, RECEIVING AND STORES (COSTED REQUISITIONS)	ADMITTING (TOTAL CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
204.00	Cost to be allocated (per Wkst. B, Part II)	27,256	489,896	670,189	236,820		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	14.653763	274.913580	0.030393	0.000459		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560	153,743,706					5.05
6.00	00600	6,160,675	403,945				6.00
7.00	00700	6,377,910	73,304	330,641			7.00
8.00	00800	7,737	0	0	261,644		8.00
9.00	00900	6,426,066	5,978	5,978	0	324,663	9.00
10.00	01000	1,846,955	2,666	2,666	0	2,666	10.00
11.00	01100	2,326,653	15,058	15,058	5	15,058	11.00
13.00	01300	5,539,933	2,494	2,494	0	2,494	13.00
14.00	01400	9,108,458	12,624	12,624	1,214	12,624	14.00
15.00	01500	3,822,750	3,648	3,648	13	3,648	15.00
16.00	01600	1,258,312	982	982	0	982	16.00
17.00	01700	431,681	662	662	0	662	17.00
18.00	01850	363,129	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	22,961,212	87,354	87,354	150,802	87,354	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	2,061,692	8,393	8,393	0	8,393	34.01
34.02	03402	4,728,323	22,674	22,674	11,067	22,674	34.02
43.00	04300	2,033,351	8,795	8,795	9,591	8,795	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,624,968	52,900	52,900	13,175	52,900	50.00
51.00	05100	3,743,824	9,582	9,582	14,573	9,582	51.00
52.00	05200	5,400,203	24,148	24,148	0	24,148	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	7,384,688	14,545	14,545	24,605	14,545	54.00
56.00	05600	365,948	1,060	1,060	0	1,060	56.00
60.00	06000	7,266,046	8,443	8,443	447	8,443	60.00
65.00	06500	2,606,502	1,853	1,853	0	1,853	65.00
66.00	06600	3,151,170	347	347	1,993	347	66.00
69.00	06900	475,643	2,136	2,136	0	2,136	69.00
70.00	07000	556,558	719	719	0	719	70.00
71.00	07100	5,420,173	0	0	0	0	71.00
72.00	07200	10,768,227	0	0	0	0	72.00
73.00	07300	3,620,873	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	3,183,154	13,208	13,208	10,797	13,208	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	367,494	0	0	21	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	5,462,589	19,985	19,985	23,341	19,985	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		146,852,897	393,558	320,254	261,644	314,276	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	133,448	1,776	1,776	0	1,776	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	3,767,400	2,876	2,876	0	2,876	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	5,735	5,735	0	5,735	192.04
192.05	19205	2,989,961	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		22,790,690	7,073,921	8,607,065	8,884	7,638,956	202.00
203.00		0.148238	17.512090	26.031451	0.033955	23.528878	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	3,222,646	576,819	4,658,231	225	647,425	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.020961	1.427964	14.088486	0.000860	1.994145	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	75,511					10.00
11.00	01100	2,809	70,397				11.00
13.00	01300	0	5,140	30,363			13.00
14.00	01400	0	1,549	2	21,664,780		14.00
15.00	01500	0	2,866	0	73,768	3,410,102	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	400	0	0	0	17.00
18.00	01850	0	645	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	64,276	17,816	12,528	831,549	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,477	1,499	1,092	41,689	0	34.01
34.02	03402	2,391	3,015	2,435	129,905	0	34.02
43.00	04300	0	1,447	1,065	110,252	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	6,382	3,524	3,814,177	0	50.00
51.00	05100	0	2,972	2,379	199,348	0	51.00
52.00	05200	3,429	3,728	2,591	376,090	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	5,020	265	187,118	0	54.00
56.00	05600	0	236	0	135,383	0	56.00
60.00	06000	0	2,705	738	681,195	0	60.00
65.00	06500	0	2,405	0	167,555	0	65.00
66.00	06600	0	2,638	0	23,965	0	66.00
69.00	06900	0	311	0	2,595	0	69.00
70.00	07000	0	223	0	11,411	0	70.00
71.00	07100	0	0	0	4,951,628	0	71.00
72.00	07200	0	0	0	9,671,242	0	72.00
73.00	07300	0	0	0	0	3,410,102	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	500	1,828	938	28,591	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	149	0	707	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	629	3,957	2,625	222,566	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		75,511	66,931	30,182	21,660,734	3,410,102	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	1,392	1	1,014	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	291	0	192.04
192.05	19205	0	2,074	180	2,741	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		2,299,559	3,767,071	6,803,491	11,388,780	4,826,251	202.00
203.00		30.453298	53.511812	224.071765	0.525682	1.415281	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	248,190	1,177,384	413,896	1,356,537	523,596	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.286806	16.724917	13.631591	0.062615	0.153543	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION		
				(PATIENT DAYS)	
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-INTEREST					1.01
1.02 00102 MOB LEASED SPACE					1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00510 NONPATIENT TELEPHONES					5.01
5.02 00511 DATA PROCESSING					5.02
5.03 00512 PURCHASING, RECEIVING AND STORES					5.03
5.04 00513 ADMITTING					5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	515,626,228				16.00
17.00 01700 SOCIAL SERVICE	0	33,944			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	33,944		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	39,335,992	23,457	23,457		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	3,380,069	1,004	1,004		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	8,815,022	3,401	3,401		34.02
43.00 04300 NURSERY	4,556,275	4,644	4,644		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	114,438,915	0	0		50.00
51.00 05100 RECOVERY ROOM	15,630,305	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	26,839,394	1,438	1,438		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	56,666,029	0	0		54.00
56.00 05600 RADIOISOTOPE	4,453,189	0	0		56.00
60.00 06000 LABORATORY	43,443,543	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	7,089,072	0	0		65.00
66.00 06600 PHYSICAL THERAPY	12,418,603	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	8,303,233	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,878,790	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,116,867	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	58,358,452	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	40,208,204	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	18,518,725	0	0		75.01
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	672,880	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0		90.02
90.03 09003 IVF	0	0	0		90.03
91.00 09100 EMERGENCY	38,492,659	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE	0	0	0		113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	515,616,218	33,944	33,944		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0		192.01
192.02 19202 PURCHASED SERVICES	0	0	0		192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.04
192.05 19205 BARIATRIC PHYSICIANS	10,010	0	0		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,510,707	561,480	451,474	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150161

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
				PATIENT TRANSPORTATION (PATIENT DAYS)		
		16.00	17.00	18.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002930	16.541362	13.300554		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	106,413	66,870	24,051		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000206	1.970009	0.708549		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 2:34 pm

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		39,199,471	0	39,199,471	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		3,361,913	0	3,361,913	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		7,925,792	0	7,925,792	34.02
43.00	04300	NURSERY		3,450,960	0	3,450,960	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		20,368,223	0	20,368,223	50.00
51.00	05100	RECOVERY ROOM		5,784,679	0	5,784,679	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		9,024,123	0	9,024,123	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		10,048,186	0	10,048,186	54.00
56.00	05600	RADIOISOTOPE		588,137	0	588,137	56.00
60.00	06000	LABORATORY		9,704,954	0	9,704,954	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,354,718	0	3,354,718	65.00
66.00	06600	PHYSICAL THERAPY	0	3,831,785	0	3,831,785	66.00
69.00	06900	ELECTROCARDIOLOGY		731,752	0	731,752	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		710,723	0	710,723	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,862,133	0	8,862,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		17,619,468	0	17,619,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		9,101,685	0	9,101,685	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		4,933,793	0	4,933,793	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	ADULT SLEEP LAB		432,289	0	432,289	90.01
90.02	09002	PEDIATRIC SLEEP LAB		0	0	0	90.02
90.03	09003	IVF		0	0	0	90.03
91.00	09100	EMERGENCY		8,662,459	0	8,662,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,536,760	0	2,536,760	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)		170,234,003	0	170,234,003	200.00
201.00		Less Observation Beds		2,536,760		2,536,760	201.00
202.00		Total (see instructions)		167,697,243	0	167,697,243	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

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

Worksheet C
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		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,335,992		39,335,992		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	3,380,069		3,380,069		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	8,815,022		8,815,022		34.02
43.00	04300	NURSERY	4,556,275		4,556,275		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,630,206	63,808,709	114,438,915	0.177983	50.00
51.00	05100	RECOVERY ROOM	4,735,930	10,894,375	15,630,305	0.370094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,992,818	846,576	26,839,394	0.336227	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,277,204	46,388,825	56,666,029	0.177323	54.00
56.00	05600	RADIOISOTOPE	725,337	3,727,852	4,453,189	0.132071	56.00
60.00	06000	LABORATORY	20,123,708	23,319,835	43,443,543	0.223392	60.00
65.00	06500	RESPIRATORY THERAPY	5,037,497	2,051,575	7,089,072	0.473224	65.00
66.00	06600	PHYSICAL THERAPY	4,487,518	7,931,085	12,418,603	0.308552	66.00
69.00	06900	ELECTROCARDIOLOGY	2,678,737	5,624,496	8,303,233	0.088129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	918,718	960,072	1,878,790	0.378288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,817,982	5,298,885	12,116,867	0.731388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,623,745	16,734,707	58,358,452	0.301918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,479,673	10,728,531	40,208,204	0.226364	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	6,864,028	11,654,697	18,518,725	0.266422	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	672,880	672,880	0.642446	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	6,688,966	31,803,693	38,492,659	0.225042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	282,263	2,178,013	2,460,276	1.031088	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	273,451,688	244,624,806	518,076,494		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	273,451,688	244,624,806	518,076,494		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 2:34 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT			34.02
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.177983		50.00
51.00	05100 RECOVERY ROOM	0.370094		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.336227		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.177323		54.00
56.00	05600 RADIOISOTOPE	0.132071		56.00
60.00	06000 LABORATORY	0.223392		60.00
65.00	06500 RESPIRATORY THERAPY	0.473224		65.00
66.00	06600 PHYSICAL THERAPY	0.308552		66.00
69.00	06900 ELECTROCARDIOLOGY	0.088129		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378288		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.731388		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.301918		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226364		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.266422		75.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	0.642446		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000		90.02
90.03	09003 IVF	0.000000		90.03
91.00	09100 EMERGENCY	0.225042		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.031088		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

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

Worksheet C
Part I
Date/Time Prepared:
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		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		39,199,471	0	39,199,471	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		3,361,913	0	3,361,913	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		7,925,792	0	7,925,792	34.02
43.00	04300	NURSERY		3,450,960	0	3,450,960	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		20,368,223	0	20,368,223	50.00
51.00	05100	RECOVERY ROOM		5,784,679	0	5,784,679	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		9,024,123	0	9,024,123	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		10,048,186	0	10,048,186	54.00
56.00	05600	RADIOISOTOPE		588,137	0	588,137	56.00
60.00	06000	LABORATORY		9,704,954	0	9,704,954	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,354,718	0	3,354,718	65.00
66.00	06600	PHYSICAL THERAPY	0	3,831,785	0	3,831,785	66.00
69.00	06900	ELECTROCARDIOLOGY		731,752	0	731,752	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		710,723	0	710,723	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,862,133	0	8,862,133	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		17,619,468	0	17,619,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		9,101,685	0	9,101,685	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		4,933,793	0	4,933,793	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	ADULT SLEEP LAB		432,289	0	432,289	90.01
90.02	09002	PEDIATRIC SLEEP LAB		0	0	0	90.02
90.03	09003	IVF		0	0	0	90.03
91.00	09100	EMERGENCY		8,662,459	0	8,662,459	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		2,536,760	0	2,536,760	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)		170,234,003	0	170,234,003	200.00
201.00		Less Observation Beds		2,536,760		2,536,760	201.00
202.00		Total (see instructions)		167,697,243	0	167,697,243	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150161

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

Worksheet C
Part I
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		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	39,335,992		39,335,992		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	3,380,069		3,380,069		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	8,815,022		8,815,022		34.02
43.00	04300	NURSERY	4,556,275		4,556,275		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,630,206	63,808,709	114,438,915	0.177983	50.00
51.00	05100	RECOVERY ROOM	4,735,930	10,894,375	15,630,305	0.370094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,992,818	846,576	26,839,394	0.336227	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,277,204	46,388,825	56,666,029	0.177323	54.00
56.00	05600	RADIOISOTOPE	725,337	3,727,852	4,453,189	0.132071	56.00
60.00	06000	LABORATORY	20,123,708	23,319,835	43,443,543	0.223392	60.00
65.00	06500	RESPIRATORY THERAPY	5,037,497	2,051,575	7,089,072	0.473224	65.00
66.00	06600	PHYSICAL THERAPY	4,487,518	7,931,085	12,418,603	0.308552	66.00
69.00	06900	ELECTROCARDIOLOGY	2,678,737	5,624,496	8,303,233	0.088129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	918,718	960,072	1,878,790	0.378288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,817,982	5,298,885	12,116,867	0.731388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	41,623,745	16,734,707	58,358,452	0.301918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	29,479,673	10,728,531	40,208,204	0.226364	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	6,864,028	11,654,697	18,518,725	0.266422	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	672,880	672,880	0.642446	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	6,688,966	31,803,693	38,492,659	0.225042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	282,263	2,178,013	2,460,276	1.031088	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	273,451,688	244,624,806	518,076,494		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	273,451,688	244,624,806	518,076,494		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 2:34 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		34.02
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.177983	50.00
51.00	05100	RECOVERY ROOM	0.370094	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.336227	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.177323	54.00
56.00	05600	RADIOISOTOPE	0.132071	56.00
60.00	06000	LABORATORY	0.223392	60.00
65.00	06500	RESPIRATORY THERAPY	0.473224	65.00
66.00	06600	PHYSICAL THERAPY	0.308552	66.00
69.00	06900	ELECTROCARDIOLOGY	0.088129	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.378288	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.731388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.301918	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.226364	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.266422	75.01
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0.642446	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000	90.02
90.03	09003	IVF	0.000000	90.03
91.00	09100	EMERGENCY	0.225042	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.031088	92.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 150161

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

Worksheet C Part II Date/Time Prepared: 5/28/2014 2:34 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	20,368,223	5,696,526	14,671,697	0	0	50.00
51.00	05100 RECOVERY ROOM	5,784,679	966,729	4,817,950	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,024,123	2,259,903	6,764,220	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,048,186	2,192,080	7,856,106	0	0	54.00
56.00	05600 RADIOISOTOPE	588,137	122,655	465,482	0	0	56.00
60.00	06000 LABORATORY	9,704,954	968,280	8,736,674	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	3,354,718	315,309	3,039,409	0	0	65.00
66.00	06600 PHYSICAL THERAPY	3,831,785	313,105	3,518,680	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	731,752	210,641	521,111	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	710,723	73,150	637,573	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,862,133	582,211	8,279,922	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,619,468	1,164,017	16,455,451	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,101,685	626,232	8,475,453	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	4,933,793	1,421,456	3,512,337	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	432,289	108,783	323,506	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003 IVF	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	8,662,459	1,818,786	6,843,673	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,536,760	518,772	2,017,988	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (sum of lines 50 thru 199)	116,295,867	19,358,635	96,937,232	0	0	200.00
201.00	Less Observation Beds	2,536,760	518,772	2,017,988	0	0	201.00
202.00	Total (line 200 minus line 201)	113,759,107	18,839,863	94,919,244	0	0	202.00

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

Provider CCN: 150161

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

Worksheet C Part II Date/Time Prepared: 5/28/2014 2:34 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	20,368,223	114,438,915	0.177983		50.00
51.00	05100 RECOVERY ROOM	5,784,679	15,630,305	0.370094		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,024,123	26,839,394	0.336227		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	10,048,186	56,666,029	0.177323		54.00
56.00	05600 RADIOISOTOPE	588,137	4,453,189	0.132071		56.00
60.00	06000 LABORATORY	9,704,954	43,443,543	0.223392		60.00
65.00	06500 RESPIRATORY THERAPY	3,354,718	7,089,072	0.473224		65.00
66.00	06600 PHYSICAL THERAPY	3,831,785	12,418,603	0.308552		66.00
69.00	06900 ELECTROCARDIOLOGY	731,752	8,303,233	0.088129		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	710,723	1,878,790	0.378288		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,862,133	12,116,867	0.731388		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,619,468	58,358,452	0.301918		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,101,685	40,208,204	0.226364		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	4,933,793	18,518,725	0.266422		75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	432,289	672,880	0.642446		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0.000000		90.02
90.03	09003 IVF	0	0	0.000000		90.03
91.00	09100 EMERGENCY	8,662,459	38,492,659	0.225042		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,536,760	2,460,276	1.031088		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	116,295,867	461,989,136			200.00
201.00	Less Observation Beds	2,536,760	0			201.00
202.00	Total (line 200 minus line 201)	113,759,107	461,989,136			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 2:34 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,016,383	0	8,016,383	23,457	341.75	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	755,114		755,114	1,004	752.11	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	2,022,426		2,022,426	3,401	594.66	34.02
43.00	NURSERY	781,033		781,033	4,644	168.18	43.00
200.00	Total (lines 30-199)	11,574,956		11,574,956	32,506		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,656	2,274,688				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	6,656	2,274,688				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150161

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

Worksheet D
Part II
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,696,526	114,438,915	0.049778	15,485,129	770,819	50.00
51.00	05100	RECOVERY ROOM	966,729	15,630,305	0.061850	1,441,418	89,152	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,259,903	26,839,394	0.084201	36,142	3,043	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,192,080	56,666,029	0.038684	4,059,240	157,028	54.00
56.00	05600	RADIOISOTOPE	122,655	4,453,189	0.027543	323,295	8,905	56.00
60.00	06000	LABORATORY	968,280	43,443,543	0.022288	6,094,713	135,839	60.00
65.00	06500	RESPIRATORY THERAPY	315,309	7,089,072	0.044478	1,290,570	57,402	65.00
66.00	06600	PHYSICAL THERAPY	313,105	12,418,603	0.025213	1,990,166	50,178	66.00
69.00	06900	ELECTROCARDIOLOGY	210,641	8,303,233	0.025369	1,128,496	28,629	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73,150	1,878,790	0.038935	119,891	4,668	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	582,211	12,116,867	0.048050	1,761,464	84,638	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,164,017	58,358,452	0.019946	11,818,118	235,724	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	626,232	40,208,204	0.015575	7,802,969	121,531	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,421,456	18,518,725	0.076758	2,690,297	206,502	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	108,783	672,880	0.161668	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003	IVF	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	1,818,786	38,492,659	0.047250	2,947,503	139,270	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	518,772	2,460,276	0.210859	53,672	11,317	92.00
200.00		Total (lines 50-199)	19,358,635	461,989,136		59,043,083	2,104,645	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150161		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/28/2014 2:34 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,457	0.00	6,656	0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,004	0.00	0	0		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	3,401	0.00	0	0		34.02
43.00	04300	NURSERY	4,644	0.00	0	0		43.00
200.00		Total (lines 30-199)	32,506		6,656	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	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	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 2:34 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)	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	114,438,915	0.000000	0.000000	15,485,129	50.00
51.00	05100	RECOVERY ROOM	0	15,630,305	0.000000	0.000000	1,441,418	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,839,394	0.000000	0.000000	36,142	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56,666,029	0.000000	0.000000	4,059,240	54.00
56.00	05600	RADIOISOTOPE	0	4,453,189	0.000000	0.000000	323,295	56.00
60.00	06000	LABORATORY	0	43,443,543	0.000000	0.000000	6,094,713	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,089,072	0.000000	0.000000	1,290,570	65.00
66.00	06600	PHYSICAL THERAPY	0	12,418,603	0.000000	0.000000	1,990,166	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,303,233	0.000000	0.000000	1,128,496	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,878,790	0.000000	0.000000	119,891	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,116,867	0.000000	0.000000	1,761,464	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	58,358,452	0.000000	0.000000	11,818,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,208,204	0.000000	0.000000	7,802,969	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	18,518,725	0.000000	0.000000	2,690,297	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0	672,880	0.000000	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003	IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	38,492,659	0.000000	0.000000	2,947,503	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,460,276	0.000000	0.000000	53,672	92.00
200.00		Total (lines 50-199)	0	461,989,136			59,043,083	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 2:34 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	9,741,624	0	50.00
51.00	05100 RECOVERY ROOM	0	1,569,202	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	7,634,285	0	54.00
56.00	05600 RADIOISOTOPE	0	867,353	0	56.00
60.00	06000 LABORATORY	0	1,091,727	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	581,233	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	2,785,110	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	44,270	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,316,058	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,892,718	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,654,568	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	2,364,483	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	138,140	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0	90.02
90.03	09003 IVF	0	0	0	90.03
91.00	09100 EMERGENCY	0	4,599,576	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	315,075	0	92.00
200.00	Total (lines 50-199)	0	39,595,422	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:34 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	0.177983	9,741,624	0	0	1,733,843 50.00
51.00	05100 RECOVERY ROOM	0.370094	1,569,202	0	0	580,752 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.336227	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.177323	7,634,285	0	0	1,353,734 54.00
56.00	05600 RADIOISOTOPE	0.132071	867,353	0	0	114,552 56.00
60.00	06000 LABORATORY	0.223392	1,091,727	4,959	0	243,883 60.00
65.00	06500 RESPIRATORY THERAPY	0.473224	581,233	0	0	275,053 65.00
66.00	06600 PHYSICAL THERAPY	0.308552	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0.088129	2,785,110	0	0	245,449 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378288	44,270	0	0	16,747 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.731388	1,316,058	0	0	962,549 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.301918	4,892,718	0	0	1,477,200 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226364	1,654,568	0	24,797	374,535 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.266422	2,364,483	0	0	629,950 75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 ADULT SLEEP LAB	0.642446	138,140	0	0	88,747 90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	0 90.02
90.03	09003 IVF	0.000000	0	0	0	0 90.03
91.00	09100 EMERGENCY	0.225042	4,599,576	0	0	1,035,098 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.031088	315,075	0	0	324,870 92.00
200.00	Subtotal (see instructions)		39,595,422	4,959	24,797	9,456,962 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		39,595,422	4,959	24,797	9,456,962 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:34 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	1,108	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,613		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0		90.02
90.03 09003 IVF	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	1,108	5,613		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,108	5,613		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 2:34 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,016,383	0	8,016,383	23,457	341.75	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	755,114		755,114	1,004	752.11	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	2,022,426		2,022,426	3,401	594.66	34.02
43.00	NURSERY	781,033		781,033	4,644	168.18	43.00
200.00	Total (lines 30-199)	11,574,956		11,574,956	32,506		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	738	252,212				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	34	25,572				
34.02	PREMATURE INTENSIVE CARE UNIT	115	68,386				
43.00	NURSERY	526	88,463				
200.00	Total (lines 30-199)	1,413	434,633				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150161

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

Worksheet D
Part II
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,696,526	114,438,915	0.049778	1,316,945	65,555	50.00
51.00	05100	RECOVERY ROOM	966,729	15,630,305	0.061850	97,081	6,004	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,259,903	26,839,394	0.084201	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,192,080	56,666,029	0.038684	389,560	15,070	54.00
56.00	05600	RADIOISOTOPE	122,655	4,453,189	0.027543	27,389	754	56.00
60.00	06000	LABORATORY	968,280	43,443,543	0.022288	552,289	12,309	60.00
65.00	06500	RESPIRATORY THERAPY	315,309	7,089,072	0.044478	450,671	20,045	65.00
66.00	06600	PHYSICAL THERAPY	313,105	12,418,603	0.025213	105,576	2,662	66.00
69.00	06900	ELECTROCARDIOLOGY	210,641	8,303,233	0.025369	81,395	2,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73,150	1,878,790	0.038935	6,167	240	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	582,211	12,116,867	0.048050	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,164,017	58,358,452	0.019946	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	626,232	40,208,204	0.015575	1,537,225	23,942	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,421,456	18,518,725	0.076758	220,049	16,891	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	108,783	672,880	0.161668	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003	IVF	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	1,818,786	38,492,659	0.047250	262,312	12,394	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	518,772	2,460,276	0.210859	0	0	92.00
200.00		Total (lines 50-199)	19,358,635	461,989,136		5,046,659	177,931	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150161		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/28/2014 2:34 pm	
Title XIX			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,457	0.00	738	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,004	0.00	34	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	3,401	0.00	115	0	0	34.02
43.00	04300	NURSERY	4,644	0.00	526	0	0	43.00
200.00		Total (lines 30-199)	32,506		1,413	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 2:34 pm

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	114,438,915	0.000000	0.000000	1,316,945	50.00
51.00	05100	RECOVERY ROOM	0	15,630,305	0.000000	0.000000	97,081	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,839,394	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56,666,029	0.000000	0.000000	389,560	54.00
56.00	05600	RADIOISOTOPE	0	4,453,189	0.000000	0.000000	27,389	56.00
60.00	06000	LABORATORY	0	43,443,543	0.000000	0.000000	552,289	60.00
65.00	06500	RESPIRATORY THERAPY	0	7,089,072	0.000000	0.000000	450,671	65.00
66.00	06600	PHYSICAL THERAPY	0	12,418,603	0.000000	0.000000	105,576	66.00
69.00	06900	ELECTROCARDIOLOGY	0	8,303,233	0.000000	0.000000	81,395	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,878,790	0.000000	0.000000	6,167	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,116,867	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	58,358,452	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	40,208,204	0.000000	0.000000	1,537,225	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	18,518,725	0.000000	0.000000	220,049	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0	672,880	0.000000	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003	IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	38,492,659	0.000000	0.000000	262,312	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,460,276	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	461,989,136			5,046,659	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150161

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2014 2:34 pm

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:34 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	0.177983	0	2,910,302	0	0
51.00 05100 RECOVERY ROOM	0.370094	0	370,109	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.336227	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.177323	0	1,437,957	0	0
56.00 05600 RADIOISOTOPE	0.132071	0	169,577	0	0
60.00 06000 LABORATORY	0.223392	0	206,452	0	0
65.00 06500 RESPIRATORY THERAPY	0.473224	0	102,476	0	0
66.00 06600 PHYSICAL THERAPY	0.308552	0	279,921	0	0
69.00 06900 ELECTROCARDIOLOGY	0.088129	0	145,215	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.378288	0	71,190	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.731388	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.301918	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.226364	0	306,544	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.266422	0	424,609	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 ADULT SLEEP LAB	0.642446	0	23,135	0	0
90.02 09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	0
90.03 09003 IVF	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.225042	0	1,328,636	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.031088	0	0	0	0
200.00 Subtotal (see instructions)		0	7,776,123	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)		0	7,776,123	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 2:34 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	517,984	0		50.00
51.00 05100 RECOVERY ROOM	136,975	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	254,983	0		54.00
56.00 05600 RADIOISOTOPE	22,396	0		56.00
60.00 06000 LABORATORY	46,120	0		60.00
65.00 06500 RESPIRATORY THERAPY	48,494	0		65.00
66.00 06600 PHYSICAL THERAPY	86,370	0		66.00
69.00 06900 ELECTROCARDIOLOGY	12,798	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	26,930	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	69,391	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	113,125	0		75.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADULT SLEEP LAB	14,863	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0		90.02
90.03 09003 IVF	0	0		90.03
91.00 09100 EMERGENCY	298,999	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	1,649,428	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,649,428	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2014 2:34 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)		23,457	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,457	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,939	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,656	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)		39,199,471	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)		39,199,471	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)		39,199,471	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)		1,671.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,122,975	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)		11,122,975	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	
46.01	PEDIATRIC INTENSIVE CARE UNIT	3,361,913	1,004	3,348.52	0	0	
46.02	PREMATURE INTENSIVE CARE UNIT	7,925,792	3,401	2,330.43	0	0	
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)					14,853,447	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,976,422	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,274,688	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,104,645	
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,379,333	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,597,089	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
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	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
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	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
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	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
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	
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	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,518	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,671.12	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,536,760	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 2:34 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	8,016,383	39,199,471	0.204502	2,536,760	518,772	90.00
91.00	Nursing School cost	0	39,199,471	0.000000	2,536,760	0	91.00
92.00	Allied health cost	0	39,199,471	0.000000	2,536,760	0	92.00
93.00	All other Medical Education	0	39,199,471	0.000000	2,536,760	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2014 2:34 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)		23,457	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,457	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		21,939	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		738	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		4,644	15.00
16.00	Nursery days (title V or XIX only)		526	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)		39,199,471	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)		39,199,471	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)		39,199,471	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)		1,671.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,233,287	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,233,287	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	3,450,960	4,644	743.10	526	390,871	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	PEDIATRIC INTENSIVE CARE UNIT	3,361,913	1,004	3,348.52	34	113,850	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	7,925,792	3,401	2,330.43	115	267,999	46.02
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,187,374	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,193,381	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)					434,633	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					177,931	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					612,564	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,580,817	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,518	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,671.12	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,536,760	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150161		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 2:34 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	8,016,383	39,199,471	0.204502	2,536,760	518,772	90.00
91.00	Nursing School cost	0	39,199,471	0.000000	2,536,760	0	91.00
92.00	Allied health cost	0	39,199,471	0.000000	2,536,760	0	92.00
93.00	All other Medical Education	0	39,199,471	0.000000	2,536,760	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 2:34 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		12,535,091		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		0		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		0		34.02
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.177983	15,485,129	2,756,090	50.00
51.00	05100 RECOVERY ROOM	0.370094	1,441,418	533,460	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.336227	36,142	12,152	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.177323	4,059,240	719,797	54.00
56.00	05600 RADIOISOTOPE	0.132071	323,295	42,698	56.00
60.00	06000 LABORATORY	0.223392	6,094,713	1,361,510	60.00
65.00	06500 RESPIRATORY THERAPY	0.473224	1,290,570	610,729	65.00
66.00	06600 PHYSICAL THERAPY	0.308552	1,990,166	614,070	66.00
69.00	06900 ELECTROCARDIOLOGY	0.088129	1,128,496	99,453	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378288	119,891	45,353	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.731388	1,761,464	1,288,314	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.301918	11,818,118	3,568,103	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226364	7,802,969	1,766,311	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.266422	2,690,297	716,754	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.642446	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000	0	0	90.02
90.03	09003 IVF	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.225042	2,947,503	663,312	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.031088	53,672	55,341	92.00
200.00	Total (sum of lines 50-94 and 96-98)		59,043,083	14,853,447	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		59,043,083		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 2:34 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,826,364		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		660,336		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		419,031		34.02
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.177983	1,316,945	234,394	50.00
51.00	05100 RECOVERY ROOM	0.370094	97,081	35,929	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.336227	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.177323	389,560	69,078	54.00
56.00	05600 RADIOISOTOPE	0.132071	27,389	3,617	56.00
60.00	06000 LABORATORY	0.223392	552,289	123,377	60.00
65.00	06500 RESPIRATORY THERAPY	0.473224	450,671	213,268	65.00
66.00	06600 PHYSICAL THERAPY	0.308552	105,576	32,576	66.00
69.00	06900 ELECTROCARDIOLOGY	0.088129	81,395	7,173	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.378288	6,167	2,333	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.731388	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.301918	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.226364	1,537,225	347,972	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.266422	220,049	58,626	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.642446	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000	0	0	90.02
90.03	09003 IVF	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.225042	262,312	59,031	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.031088	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,046,659	1,187,374	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)		5,046,659		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 2:34 pm
		Title XVIII	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)		9,428,467	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		3,274,512	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)		1,876,161	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		156.80	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.02	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.03	31.00
32.00	Sum of lines 30 and 31		20.05	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.78	33.00
34.00	Disproportionate share adjustment (see instructions)		592,282	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 2:34 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)			0.000160528	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			1,452,199	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			366,034	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		366,034		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)		15,537,456		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)		15,537,456		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,728,799		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).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (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)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,266,255		59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,266,255		61.00
62.00	Deductibles billed to program beneficiaries		1,382,436		62.00
63.00	Coinurance billed to program beneficiaries		57,128		63.00
64.00	Allowable bad debts (see instructions)		169,350		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		110,078		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		38,539		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,936,769		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)		32,932		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-6,025		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: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 2:34 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)		15,963,676		71.00
71.01	Sequestration adjustment (see instructions)		241,052		71.01
72.00	Interim payments		15,549,862		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		172,762		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,432,069		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: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 2:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		6,721	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,456,962	2.00
3.00	PPS payments		5,979,498	3.00
4.00	Outlier payment (see instructions)		226,017	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,721	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		29,756	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)		29,756	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)		29,756	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		23,035	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)		6,721	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)		6,205,515	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,286,063	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)		4,926,173	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	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)		4,926,173	30.00
31.00	Primary payer payments		1,633	31.00
32.00	Subtotal (line 30 minus line 31)		4,924,540	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)		215,807	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		140,275	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		114,417	36.00
37.00	Subtotal (see instructions)		5,064,815	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)		5,064,815	40.00
40.01	Sequestration adjustment (see instructions)		76,479	40.01
41.00	Interim payments		4,906,003	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		82,333	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		1,812	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150161

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 2:34 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		15,549,862		4,906,003	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,549,862		4,906,003	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		172,762		82,333	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		15,722,624		4,988,336	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150161

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2014 2:34 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			6,197 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			6,656 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,991 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			26,344 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			518,076,494 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			18,024,775 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)			856,382 8.00
9.00	Sequestration adjustment amount (see instructions)			17,128 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			839,254 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			884,914 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)			-45,660 32.00

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

Provider CCN: 150161

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

Worksheet G

Date/Time Prepared:
5/28/2014 2:34 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	108,314,000	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	31,226,000	0	0	0	4.00
5.00	Other receivable	1,193,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,332,000	0	0	0	7.00
8.00	Prepaid expenses	1,101,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	144,166,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	11,942,000	0	0	0	13.00
14.00	Accumulated depreciation	-6,435,000	0	0	0	14.00
15.00	Buildings	148,755,000	0	0	0	15.00
16.00	Accumulated depreciation	-29,959,000	0	0	0	16.00
17.00	Leasehold improvements	8,931,000	0	0	0	17.00
18.00	Accumulated depreciation	-2,199,000	0	0	0	18.00
19.00	Fixed equipment	26,469,000	0	0	0	19.00
20.00	Accumulated depreciation	-20,857,000	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	69,902,000	0	0	0	23.00
24.00	Accumulated depreciation	-54,566,000	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)	151,983,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,528,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,528,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	297,677,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	13,745,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,345,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,001,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	8,173,000	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,264,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	222,301,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,157,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	225,458,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	258,722,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	38,955,000				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)	38,955,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	297,677,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150161

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

Worksheet G-1

Date/Time Prepared:
5/28/2014 2:34 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		9,962,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,993,000			2.00
3.00	Total (sum of line 1 and line 2)		38,955,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		38,955,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		38,955,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150161

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2014 2:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	43,899,811		43,899,811	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	43,899,811		43,899,811	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	3,380,069		3,380,069	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	8,815,022		8,815,022	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,195,091		12,195,091	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	56,094,902		56,094,902	17.00
18.00	Ancillary services	210,393,100	209,970,220	420,363,320	18.00
19.00	Outpatient services	6,971,229	34,654,586	41,625,815	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN FEES	0	599,541	599,541	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	273,459,231	245,224,347	518,683,578	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		186,719,740		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		186,719,740		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150161

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

Worksheet G-3

Date/Time Prepared:
5/28/2014 2:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	518,683,578	1.00
2.00	Less contractual allowances and discounts on patients' accounts	310,305,324	2.00
3.00	Net patient revenues (line 1 minus line 2)	208,378,254	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	186,719,740	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,658,514	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	37,164	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	135,717	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	2,139	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,099,606	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	68,167	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	9,282	20.00
21.00	Rental of vending machines	5,326	21.00
22.00	Rental of hospital space	478,879	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	IC REV DIRECT SUPP-IUH	162,349	24.01
24.02	CONSOL CASH INT	82,864	24.02
24.03	IC REV MARKETING SUPP	171,669	24.03
24.04	IC REV LAB	302,161	24.04
24.05	REV-GAIN/LOSS ASSET & OTHER OPER REV	1,794,041	24.05
24.06	EHRC INCENTIVE	659,011	24.06
24.07	IC REV SHARED EMPLOYEES	1,130,086	24.07
24.08	IC REV WOMEN'S HEALTH	69,696	24.08
24.09	IC REV MED STAFF OFFICE	126,600	24.09
25.00	Total other income (sum of lines 6-24)	7,334,757	25.00
26.00	Total (line 5 plus line 25)	28,993,271	26.00
27.00	ROUNDING	271	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	271	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,993,000	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150161	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 2:34 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,010,467	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		676,499	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)		72.18	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.02	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.03	8.00
9.00	Sum of lines 7 and 8		20.05	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.14	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		41,833	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,728,799	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