

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: 150113
Period: From 01/01/2014 To 12/31/2014
worksheet 5
Parts I-III
Date/Time Prepared: 5/28/2015 1:11 pm

PART I - COST REPORT STATUS

Provider use only
1. Electronically filed cost report
2. Manually submitted cost report
3. If this is an amended report enter the number of times the provider resubmitted this cost report
4. Medicare Utilization. Enter "F" for full or "L" for low.
Date: 5/28/2015 Time: 1:11 pm

Contractor use only
5. 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. Initial Report for this Provider CCN
9. Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. 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 COMMUNITY HOSPITAL ANDERSON (150113) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/28/2015 Time: 1:11 pm
HCdVh56i:mpDakwzrJebupJeaCohJ0
N5PDU09NeSqr2y8AHbk::FCTK20XAE
kqXV1UaNVK0B7U4t
PI: Date: 5/28/2015 Time: 1:11 pm
AhM5vo3i0tsB3a18wsjJTsX1r6UKW0
Q.pD00OXruqMGa4mvs7GpAW3KHyljF
NBG50fgfs0ilZpT

(Signed)

John B. Harris

Officer or Administrator of Provider(s)

John B. Harris, CPA

Title Chief Financial Officer

Date

5-28-15

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	152,943	-160,947	6,358	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
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	152,943	-160,947	6,358	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150113		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:09 pm				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1515 NORTH MADISON AVE			PO Box:				1.00				
2.00	City: ANDERSON			State: IN		Zip Code: 46011		County: MADISON				
		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			COMMUNITY HOSPITAL ANDERSON	150113	26900	1	01/01/1966	N	P	O	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
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014	12/31/2014		20.00		
21.00	Type of Control (see instructions)						2		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		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N	23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,647	220	0	7	3,256	46	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0		25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:09 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
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 an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N		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 an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N		0	76.00
				1.00			
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	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
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	

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
			1.00	2.00	3.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §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 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	471,844	191,217		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:09 pm			
		1.00	2.00				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0040	140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 1500 NORTH RITTER AVE	PO Box:					
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46129			
		1.00	2.00	3.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00		
		1.00	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, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
		1.00					
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
		1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under 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)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:09 pm	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		07/01/2014	09/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 1:09 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)	N			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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/15/2015	Y	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)	N		N	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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	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.	REX		SHERA	41.00
42.00	Enter the employer/company name of the cost report preparer.	ERNST & YOUNG LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3176817519		REX.SHERA@EY.COM	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)	04/15/2015		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)			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.	EXECUTIVE DIRECTOR		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: 150113

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	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	128	46,720	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)		128	46,720	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		140	51,100	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		140				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150113

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 1:09 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)	9,022	1,429	19,249			1.00
2.00 HMO and other (see instructions)	2,738	3,501				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,022	1,429	19,249			7.00
8.00 INTENSIVE CARE UNIT	1,301	0	1,336			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		200	1,752			13.00
14.00 Total (see instructions)	10,323	1,629	22,337	0.00	995.38	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	177			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	995.38	27.00
28.00 Observation Bed Days		1,144	2,174			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			453			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	46	60			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: 150113

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
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	2,533	946	6,565	1.00
2.00 HMO and other (see instructions)			0	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,533	946	6,565	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					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: 150113		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/28/2015 1:09 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	56,203,743	0	56,203,743	2,070,296.33	27.15	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		721,083	0	721,083	9,236.00	78.07	3.00
4.00	Physician-Part A - Administrative		73,449	0	73,449	1,301.00	56.46	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		2,859,861	0	2,859,861	9,225.00	310.01	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,072,359	36,552	3,108,911	89,224.62	34.84	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,449,355	0	1,449,355	15,244.46	95.07	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		148,463	0	148,463	1,659.00	89.49	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		14,043,685	0	14,043,685			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		872,067	0	872,067			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		20,848	0	20,848			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		1,016,425	0	1,016,425			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,727,777	0	2,727,777	83,839.21	32.54	26.00
27.00	Administrative & General	5.00	9,179,265	0	9,179,265	333,578.39	27.52	27.00
28.00	Administrative & General under contract (see inst.)		2,618,606	0	2,618,606	51,922.14	50.43	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,874,703	0	1,874,703	71,341.61	26.28	30.00
31.00	Laundry & Linen Service	8.00	0	53,506	53,506	3,727.00	14.36	31.00
32.00	Housekeeping	9.00	1,160,062	-53,506	1,106,556	77,085.80	14.35	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,270,690	-860,487	410,203	26,461.61	15.50	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	860,487	860,487	55,508.00	15.50	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	903,853	0	903,853	22,978.66	39.33	38.00
39.00	Central Services and Supply	14.00	813,394	0	813,394	57,373.62	14.18	39.00
40.00	Pharmacy	15.00	1,456,955	0	1,456,955	41,663.66	34.97	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,605,840	0	1,605,840	64,808.61	24.78	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2015 1:09 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)	55,241,405	0	55,241,405	2,103,757.47	26.26	1.00
2.00	Excluded area salaries (see instructions)	3,072,359	36,552	3,108,911	89,224.62	34.84	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,169,046	-36,552	52,132,494	2,014,532.85	25.88	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,597,818	0	1,597,818	16,903.46	94.53	4.00
5.00	Subtotal wage-related costs (see inst.)	14,064,533	0	14,064,533	0.00	26.98	5.00
6.00	Total (sum of lines 3 thru 5)	67,831,397	-36,552	67,794,845	2,031,436.31	33.37	6.00
7.00	Total overhead cost (see instructions)	23,611,145	0	23,611,145	890,288.31	26.52	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 1:09 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)			3,113,277 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			6,240,241 8.00
9.00	Prescription Drug Plan			1,970,277 9.00
10.00	Dental, Hearing and Vision Plan			108,095 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			44,790 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)			222,465 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			226,212 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			3,860,308 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			101,008 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			66,353 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			15,953,026 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: 150113

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/28/2015 1:09 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)		0.278221		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		15,095,193		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		48,887,384		6.00
7.00	Medicaid cost (line 1 times line 6)		13,601,497		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)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		43,914		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		71,257		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,935,688	1,951,499	10,887,187	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,486,096	542,948	3,029,044	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,486,096	542,948	3,029,044	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		11,648,130		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		231,057		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		11,417,073		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,176,469		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,205,513		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,205,513		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150113		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,259,553	4,259,553	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,499,318	4,499,318	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,727,777	12,348,130	15,075,907	-90,986	14,984,921	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,179,265	17,392,152	26,571,417	-2,633,088	23,938,329	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	1,874,703	5,618,770	7,493,473	-714,845	6,778,628	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	114,872	114,872	8.00
9.00	00900	HOUSEKEEPING	1,160,062	369,376	1,529,438	-136,163	1,393,275	9.00
10.00	01000	DIETARY	1,270,690	1,008,129	2,278,819	-1,578,682	700,137	10.00
11.00	01100	CAFETERIA	0	0	0	1,543,172	1,543,172	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	903,853	114,807	1,018,660	-203	1,018,457	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	813,394	932,881	1,746,275	-105,802	1,640,473	14.00
15.00	01500	PHARMACY	1,456,955	5,697,884	7,154,839	-5,401,325	1,753,514	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,605,840	319,952	1,925,792	-168	1,925,624	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(EMS)	0	0	0	46,659	46,659	23.00
23.01	02301	PARAMED PRGM-(RADIOLOGY)	0	0	0	10,650	10,650	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,565,727	2,281,748	12,847,475	-1,697,958	11,149,517	30.00
31.00	03100	INTENSIVE CARE UNIT	1,390,834	684,039	2,074,873	-366,458	1,708,415	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,075	3,075	512,112	515,187	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,014,710	14,953,750	18,968,460	-13,564,438	5,404,022	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	1,632,366	991,450	2,623,816	-54,989	2,568,827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,324,643	1,305,341	3,629,984	-673,473	2,956,511	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	247,351	322,044	569,395	-218,865	350,530	56.00
57.00	05700	CT SCAN	351,911	367,839	719,750	-341,945	377,805	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	262,509	442,500	705,009	-247,639	457,370	58.00
59.00	05900	CARDIAC CATHETERIZATION	530,678	1,333,908	1,864,586	-1,192,136	672,450	59.00
60.00	06000	LABORATORY	2,004,403	3,096,790	5,101,193	-1,622,434	3,478,759	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	207,241	575,526	782,767	-552,916	229,851	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	834,420	246,319	1,080,739	-164,568	916,171	65.00
66.00	06600	PHYSICAL THERAPY	1,481,268	357,927	1,839,195	-130,271	1,708,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	290,986	27,322	318,308	1,689	319,997	67.00
68.00	06800	SPEECH PATHOLOGY	140,703	14,828	155,531	4,304	159,835	68.00
69.00	06900	ELECTROCARDIOLOGY	419,738	144,012	563,750	-88,518	475,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	428,472	253,952	682,424	-52,042	630,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,692,130	9,692,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,866,733	8,866,733	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,143,866	5,143,866	73.00
74.00	07400	RENAL DIALYSIS	0	37,538	37,538	-1,514	36,024	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	362,326	1,142,343	1,504,669	-397,984	1,106,685	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150113

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

Worksheet A
Date/Time Prepared:
5/28/2015 1:09 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	
90.03	09003 ONCOLOGY	1,462,156	-3,759,903	-2,297,747	-1,099,238	-3,396,985	90.03
90.04	09004 MUNCIE CLINIC	0	149,926	149,926	-87,356	62,570	90.04
90.05	09005 ANTI COAGULATION CLINIC	233,832	70,110	303,942	-41,426	262,516	90.05
90.06	09006 PREGNANCY PLUS	193,028	26,623	219,651	-1,118	218,533	90.06
90.07	09007 O/P LAB	0	0	0	0	0	90.07
90.08	09008 O/P LAB	0	0	0	0	0	90.08
91.00	09100 EMERGENCY	2,759,543	779,171	3,538,714	-524,463	3,014,251	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	53,131,384	69,650,259	122,781,643	912,047	123,693,690	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	693,723	579,431	1,273,154	-45,674	1,227,480	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	313,928	43,410	357,338	-20,542	336,796	190.03
190.04	19004 SUMMIT CONV. (LTC)	187,468	24,880	212,348	-6,362	205,986	190.04
190.05	19005 PARKVIEW CONV. (LTC)	245,330	17,944	263,274	0	263,274	190.05
190.06	19006 MONTICELLO HSE. (ASS' TD LVG.)	117,152	8,346	125,498	0	125,498	190.06
190.07	19007 NH PARK PLACE (LTC)	26,174	1,850	28,024	0	28,024	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	604,602	252,838	857,440	-42,054	815,386	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	99,919	17,394	117,313	-1,233	116,080	190.12
190.13	19013 RHEUMATOLOGY	446,106	407,918	854,024	-35,900	818,124	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	2,224,312	2,224,312	-754,352	1,469,960	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202 FOUNDATION	170,349	1,060,399	1,230,748	-99	1,230,649	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	167,608	26,616	194,224	-5,831	188,393	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	459	459	0	459	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	20000 TOTAL (SUM OF LINES 118-199)	56,203,743	74,316,056	130,519,799	0	130,519,799	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150113

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

Worksheet A
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-24,959	4,234,594	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	144,507	4,643,825	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,958,399	12,026,522	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-6,160,432	17,777,897	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-62,329	6,716,299	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	114,872	8.00
9.00	00900	HOUSEKEEPING	0	1,393,275	9.00
10.00	01000	DIETARY	0	700,137	10.00
11.00	01100	CAFETERIA	-787,551	755,621	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,018,457	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,115	1,637,358	14.00
15.00	01500	PHARMACY	0	1,753,514	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-22,519	1,903,105	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	76,087	122,746	23.00
23.01	02301	PARAMED ED PRGM-(RADIOLOGY)	0	10,650	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,223	11,146,294	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,708,415	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	515,187	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,404,022	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	-2,435,093	133,734	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-323,536	2,632,975	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	350,530	56.00
57.00	05700	CT SCAN	0	377,805	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	457,370	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	672,450	59.00
60.00	06000	LABORATORY	-4,064	3,474,695	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	229,851	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	916,171	65.00
66.00	06600	PHYSICAL THERAPY	-15,356	1,693,568	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	319,997	67.00
68.00	06800	SPEECH PATHOLOGY	0	159,835	68.00
69.00	06900	ELECTROCARDIOLOGY	0	475,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	630,382	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,692,130	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,866,733	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,143,866	73.00
74.00	07400	RENAL DIALYSIS	0	36,024	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	1,106,685	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	90.02
90.03	09003	ONCOLOGY	0	-3,396,985	90.03
90.04	09004	MUNCIE CLINIC	0	62,570	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150113

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

Worksheet A
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
90.05	09005	ANTI COAGULATION CLINIC	6.00	7.00	
90.06	09006	PREGNANCY PLUS	0	262,516	90.05
90.07	09007	O/P LAB	0	218,533	90.06
90.08	09008	O/P LAB	0	0	90.07
91.00	09100	EMERGENCY	0	0	90.08
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	-34,516	2,979,735	91.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	92.00
95.00	09500	AMBULANCE SERVICES	0	0	94.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	96.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	97.00
99.00	09900	CMHC	0	0	98.00
99.10	09910	CORF	0	0	99.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	0	0	111.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-12,614,498	111,079,192	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	118.00
190.01	19001	WELLNESS CENTERS	0	1,227,480	190.00
190.02	19002	EMPLOYED ORTHO MD	0	0	190.01
190.03	19003	NORTHVIEW CONV. (LTC)	0	336,796	190.02
190.04	19004	SUMMIT CONV. (LTC)	0	205,986	190.03
190.05	19005	PARKVIEW CONV. (LTC)	0	263,274	190.04
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	125,498	190.05
190.07	19007	NH PARK PLACE (LTC)	0	28,024	190.06
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	190.07
190.09	19009	SPI NE SURGEON	0	0	190.08
190.10	19010	CLINICAL RESEARCH CENTER	0	815,386	190.09
190.11	19011	ONCOLOGIST	0	0	190.10
190.12	19012	MEDICAL INTERNIST	0	116,080	190.11
190.13	19013	RHEUMATOLOGY	0	818,124	190.12
191.00	19100	RESEARCH	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,469,960	191.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.02	19202	FOUNDATION	0	1,230,649	192.01
192.03	19203	SPOE	0	0	192.02
192.04	19204	HEALTHY HEART	0	188,393	192.03
192.05	19205	VACANT SPACE	0	0	192.04
192.07	19207	PARK PLACE CENTER	0	459	192.05
193.00	19300	NONPAID WORKERS	0	0	192.07
200.00		TOTAL (SUM OF LINES 118-199)	-12,614,498	117,905,301	193.00

RECLASSIFICATIONS

Provider CCN: 150113

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

Worksheet A-6

Date/Time Prepared:
5/28/2015 1:09 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,208,574	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,140,104	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
TOTALS			0	7,348,678	
B - DRUGS SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,692,130	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	8,866,733	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,143,866	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
29.00		0.00	0	0	29.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
TOTALS					
C - RENT					
C - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	499,922	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	288,255	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
TOTALS					
F - LABOR DELIVERY					
1.00	NURSERY	43.00	462,543	52,644	1.00
TOTALS					
H - CAFETERIA					
1.00	CAFETERIA	11.00	887,247	703,916	1.00
TOTALS					
I - SPECIAL MEALS					
1.00	DIETARY	10.00	26,760	21,231	1.00
TOTALS					
J - INTEREST INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	412,016	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	139,041	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	70,959	3.00
TOTALS					
K - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	53,506	61,366	1.00
TOTALS					
L - POB UTILITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,610	1.00
2.00	LABORATORY	60.00	0	1,726	2.00
3.00	PHYSICAL THERAPY	66.00	0	8,226	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	5,675	4.00
5.00	SPEECH PATHOLOGY	68.00	0	6,826	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	11,226	6.00
7.00	ONCOLOGY	90.03	0	20,438	7.00
TOTALS					
M - EMS PARAMED					
1.00	PARAMED ED PRGM-(EMS)	23.00	26,659	20,000	1.00
TOTALS					
N - RADIOLOGY PARAMED					
1.00	PARAMED ED PRGM-(RADIOLOGY)	23.01	9,893	757	1.00
TOTALS					
500.00	Grand Total: Increases		1,466,608	33,382,241	500.00

RECLASSIFICATIONS

Provider CCN: 150113

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

Worksheet A-6
Date/Time Prepared:
5/28/2015 1:09 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	68,916	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,920,799	9		2.00
3.00	OPERATION OF PLANT	7.00	0	656,135	0		3.00
4.00	HOUSEKEEPING	9.00	0	12,315	0		4.00
5.00	DIETARY	10.00	0	30,366	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	203	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	50,676	0		7.00
8.00	PHARMACY	15.00	0	3,950	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	168	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	200,236	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	106,920	0		11.00
12.00	NURSERY	43.00	0	3,075	0		12.00
13.00	OPERATING ROOM	50.00	0	1,237,866	0		13.00
14.00	ANESTHESIOLOGY	53.00	0	16,438	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	438,564	0		15.00
16.00	RADIOISOTOPE	56.00	0	1,349	0		16.00
17.00	CT SCAN	57.00	0	285,080	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	235,515	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	137,287	0		19.00
20.00	LABORATORY	60.00	0	179,609	0		20.00
21.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,120	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	36,716	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	5,466	0		23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	729	0		24.00
25.00	SPEECH PATHOLOGY	68.00	0	1,233	0		25.00
26.00	ELECTROCARDIOLOGY	69.00	0	85,640	0		26.00
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,129	0		27.00
28.00	WOUND/OSTOMY CLINIC	90.01	0	43,555	0		28.00
29.00	ONCOLOGY	90.03	0	632,799	0		29.00
30.00	MUNCIE CLINIC	90.04	0	87,330	0		30.00
31.00	ANTI COAGULATION CLINIC	90.05	0	3,418	0		31.00
32.00	PREGNANCY PLUS	90.06	0	1,118	0		32.00
33.00	EMERGENCY	91.00	0	100,344	0		33.00
34.00	WELLNESS CENTERS	190.01	0	961	0		34.00
35.00	NORTHVIEW CONV. (LTC)	190.03	0	20,162	0		35.00
36.00	SUMMIT CONV. (LTC)	190.04	0	6,362	0		36.00
37.00	CLINICAL RESEARCH CENTER	190.10	0	2,519	0		37.00
38.00	MEDICAL INTERNIST	190.12	0	207	0		38.00
39.00	RHEUMATOLOGY	190.13	0	11,618	0		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	691,164	0		40.00
41.00	HEALTHY HEART	192.04	0	621	0		41.00
TOTALS			0	7,348,678			
B - DRUGS SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	22,070	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	96,883	0		2.00
3.00	OPERATION OF PLANT	7.00	0	58,710	0		3.00
4.00	HOUSEKEEPING	9.00	0	8,976	0		4.00
5.00	DIETARY	10.00	0	5,144	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	54,590	0		6.00
7.00	PHARMACY	15.00	0	5,116,485	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	982,535	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	259,538	0		9.00
10.00	OPERATING ROOM	50.00	0	12,325,572	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	38,551	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	224,259	0		12.00
13.00	RADIOISOTOPE	56.00	0	217,516	0		13.00
14.00	CT SCAN	57.00	0	56,865	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	12,124	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,054,849	0		16.00
17.00	LABORATORY	60.00	0	1,412,920	0		17.00
18.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	551,796	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	127,852	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	16,203	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	3,257	0		21.00
22.00	SPEECH PATHOLOGY	68.00	0	1,289	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	14,104	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,816	0		24.00
25.00	RENAL DIALYSIS	74.00	0	1,514	0		25.00
26.00	WOUND/OSTOMY CLINIC	90.01	0	354,429	0		26.00

RECLASSIFICATIONS

Provider CCN: 150113

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

Worksheet A-6
Date/Time Prepared:
5/28/2015 1:09 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
27.00	ONCOLOGY	90.03	0	195,232	0	27.00	
28.00	MUNCIE CLINIC	90.04	0	26	0	28.00	
29.00	ANTI COAGULATION CLINIC	90.05	0	38,008	0	29.00	
31.00	EMERGENCY	91.00	0	377,460	0	31.00	
32.00	WELLNESS CENTERS	190.01	0	44,713	0	32.00	
33.00	NORTHVIEW CONV. (LTC)	190.03	0	380	0	33.00	
34.00	CLINICAL RESEARCH CENTER	190.10	0	1,267	0	34.00	
35.00	MEDICAL INTERNIST	190.12	0	1,026	0	35.00	
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,461	0	36.00	
37.00	FOUNDATION	192.02	0	99	0	37.00	
38.00	HEALTHY HEART	192.04	0	5,210	0	38.00	
	TOTALS		0	23,702,729			
C - RENT							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	536	9	1.00	
2.00	PHARMACY	15.00	0	280,890	9	2.00	
3.00	OPERATING ROOM	50.00	0	1,000	0	3.00	
4.00	LABORATORY	60.00	0	31,631	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	116,828	0	5.00	
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,097	0	6.00	
7.00	ONCOLOGY	90.03	0	291,645	0	7.00	
8.00	CLINICAL RESEARCH CENTER	190.10	0	38,268	0	8.00	
9.00	RHEUMATOLOGY	190.13	0	24,282	0	9.00	
	TOTALS		0	788,177			
F - LABOR DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	462,543	52,644	0	1.00	
	TOTALS		462,543	52,644			
H - CAFETERIA							
1.00	DIETARY	10.00	887,247	703,916	0	1.00	
	TOTALS		887,247	703,916			
I - SPECIAL MEALS							
1.00	CAFETERIA	11.00	26,760	21,231	0	1.00	
	TOTALS		26,760	21,231			
J - INTEREST INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	412,016	11	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	210,000	12	2.00	
3.00		0.00	0	0	12	3.00	
	TOTALS		0	622,016			
K - LAUNDRY							
1.00	HOUSEKEEPING	9.00	53,506	61,366	0	1.00	
	TOTALS		53,506	61,366			
L - POB UTILITIES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	60,727	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
	TOTALS		0	60,727			
M - EMS PARAMED							
1.00	EMERGENCY	91.00	26,659	20,000	0	1.00	
	TOTALS		26,659	20,000			
N - RADIOLOGY PARAMED							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	9,893	757	0	1.00	
	TOTALS		9,893	757			
500.00	Grand Total: Decreases		1,466,608	33,382,241		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150113

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2015 1:09 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	6,188,988	0	0	0	1.00
2.00	Land Improvements	1,908,729	0	30,500	30,500	2.00
3.00	Buildings and Fixtures	51,016,591	314,593	10,258,442	10,573,035	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	17,561,516	1,275,300	295,251	1,570,551	5.00
6.00	Movable Equipment	46,838,868	3,623,550	881,330	4,504,880	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	123,514,692	5,213,443	11,465,523	16,678,966	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	123,514,692	5,213,443	11,465,523	16,678,966	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,188,988	0			1.00
2.00	Land Improvements	1,939,229	1,461,131			2.00
3.00	Buildings and Fixtures	61,222,144	22,844,147			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	18,972,454	8,426,010			5.00
6.00	Movable Equipment	45,069,440	21,652,541			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	133,392,255	54,383,829			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	133,392,255	54,383,829			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150113

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2015 1:09 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	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	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	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: 150113

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2015 1:09 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	CAP REL COSTS-BLDG & FIXT	88,322,815	0	88,322,815	0.662129	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	45,069,440	0	45,069,440	0.337871	0	2.00
3.00	Total (sum of lines 1-2)	133,392,255	0	133,392,255	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	CAP REL COSTS-BLDG & FIXT	0	0	0	3,730,461	-4,372	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,572,866	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,303,327	-4,372	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	CAP REL COSTS-BLDG & FIXT	369,464	139,041	0	0	4,234,594	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	70,959	0	0	4,643,825	2.00
3.00	Total (sum of lines 1-2)	369,464	210,000	0	0	8,878,419	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150113

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

Worksheet A-8

Date/Time Prepared:
5/28/2015 1:09 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-42,552	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	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)	B	-12,704	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-9,086	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-62,279	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,348,487			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-169	ADMINISTRATIVE & GENERAL	5.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-2,718,817			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-708,582	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others	B	-4,372	CAP REL COSTS-BLDG & FIXT	1.00	10	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	B	-17,310	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00

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	
33.01	PHYSICIAN RECRUITMENT	A	-53,220	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02			0		0.00	0 33.02
33.03	ADVERTISING	A	-112,361	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04			0		0.00	0 33.04
33.05	OUTSIDE SERVICES - SPD	B	-3,115	CENTRAL SERVICES & SUPPLY	14.00	0 33.05
33.06			0		0.00	0 33.06
33.07	MISC A&G	B	-155,492	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08	SEXUAL RESPONSE UNIT	B	-34,516	EMERGENCY	91.00	0 33.08
33.09	MISC A&P	B	-3,223	ADULTS & PEDIATRICS	30.00	0 33.09
33.10	MISC EMPLOYEE BENEFITS	B	-57,170	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.10
33.11			0		0.00	0 33.11
33.12			0		0.00	0 33.12
33.13	MISC OPERATION OF PLANT	B	-50	OPERATION OF PLANT	7.00	0 33.13
33.14	GUEST MEALS	A	-26,093	CAFETERIA	11.00	0 33.14
33.15	RADIOLOGY, DIAGNOSTIC	B	-124,884	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16			0		0.00	0 33.16
33.17	MISC OTHER OPERATING REVENUE	B	-1,082,836	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18			0		0.00	0 33.18
33.19	ESPRESSO TO GO	B	-52,876	CAFETERIA	11.00	0 33.19
33.20	MEDICAL STAFF FINANCES	B	-39,200	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.22	PROCARE ADMINISTRATION	B	-15,356	PHYSICAL THERAPY	66.00	0 33.22
33.23			0		0.00	0 33.23
33.24			0		0.00	0 33.24
33.25			0		0.00	0 33.25
33.26			0		0.00	0 33.26
33.27	MEDICAL RECORDS	B	-5,209	MEDICAL RECORDS & LIBRARY	16.00	0 33.27
33.28	HOSPITAL ASSESSMENT FEES (HAF)	B	-2,996,562	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.29			0		0.00	0 33.29
33.30	LAB	B	-4,064	LABORATORY	60.00	0 33.30
33.31			0		0.00	0 33.31
33.32	EMS PARAMED EXPENSES FROM HO	A	76,087	PARAMED ED PRGM-(EMS)	23.00	0 33.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,614,498			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 150113

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 1:09 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SELF INSURANCE	0	2,901,229 1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE	21,965	0 2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	144,507	0 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	365,944	350,004 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			532,416	3,251,233 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	A	IN PROHEALTH	100.00		0.00	6.00
7.00	B		0.00	CHN	0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150113

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 1:09 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	-2,901,229	0		1.00
2.00	21,965	9		2.00
3.00	144,507	9		3.00
4.00	15,940	0		4.00
5.00	-2,718,817			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00			6.00
7.00	HOME OFFICE		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150113

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2015 1:09 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	5.00	ADMINISTRATIVE & GENERAL	1,857,096	1,708,633	148,463	177,200	1,659	1.00
2.00	53.00	ANESTHESIOLOGY	2,508,542	2,435,093	73,449	200,300	1,301	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	198,652	198,652	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,564,290	4,342,378	221,912		2,960	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	5.00	ADMINISTRATIVE & GENERAL	141,334	7,067	12,762	1,020	0	1.00
2.00	53.00	ANESTHESIOLOGY	125,284	6,264	0	0	32,898	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			266,618	13,331	12,762	1,020	32,898	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	5.00	ADMINISTRATIVE & GENERAL	0	142,354	6,109	1,714,742	1.00
2.00	53.00	ANESTHESIOLOGY	963	126,247	0	2,435,093	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	198,652	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			963	268,601	6,109	4,348,487	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,234,594	4,234,594			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,643,825		4,643,825		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,026,522	26,235	121,544	12,174,301	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	17,777,897	336,199	126,564	2,089,742	20,330,402
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	6,716,299	500,159	383,632	426,793	8,026,883
8.00 00800	LAUNDRY & LINEN SERVICE	114,872	51,989	0	12,181	179,042
9.00 00900	HOUSEKEEPING	1,393,275	104,098	0	251,917	1,749,290
10.00 01000	DIETARY	700,137	155,876	31,385	93,386	980,784
11.00 01100	CAFETERIA	755,621	30,667	0	195,898	982,186
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,018,457	49,465	234	205,770	1,273,926
14.00 01400	CENTRAL SERVICES & SUPPLY	1,637,358	76,345	1,266,774	185,176	3,165,653
15.00 01500	PHARMACY	1,753,514	48,187	2,439	331,689	2,135,829
16.00 01600	MEDICAL RECORDS & LIBRARY	1,903,105	61,094	188,010	365,584	2,517,793
17.00 01700	SOCIAL SERVICE	0	29,961	0	0	29,961
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(EMS)	122,746	0	0	6,069	128,815
23.01 02301	PARAMED ED PRGM-(RADIOLOGY)	10,650	0	0	2,252	12,902
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	11,146,294	744,975	60,095	2,300,096	14,251,460
31.00 03100	INTENSIVE CARE UNIT	1,708,415	74,497	0	316,636	2,099,548
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	515,187	28,098	33,183	105,302	681,770
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,404,022	335,568	60,260	913,985	6,713,835
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	133,734	4,087	819	371,623	510,263
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,632,975	289,755	17,144	526,974	3,466,848
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	350,530	22,283	16,777	56,312	445,902
57.00 05700	CT SCAN	377,805	6,762	6,391	80,116	471,074
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	457,370	14,064	48,544	59,763	579,741
59.00 05900	CARDIAC CATHETERIZATION	672,450	55,850	19,394	120,814	868,508
60.00 06000	LABORATORY	3,474,695	117,621	1,242,296	456,320	5,290,932
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	229,851	8,790	2,220	47,180	288,041
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	916,171	10,818	0	189,963	1,116,952
66.00 06600	PHYSICAL THERAPY	1,693,568	21,772	114,378	337,224	2,166,942
67.00 06700	OCCUPATIONAL THERAPY	319,997	13,418	34,072	66,246	433,733
68.00 06800	SPEECH PATHOLOGY	159,835	7,498	3,391	32,032	202,756
69.00 06900	ELECTROCARDIOLOGY	475,232	23,034	0	95,557	593,823
70.00 07000	ELECTROENCEPHALOGRAPHY	630,382	23,034	41,461	97,546	792,423
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,692,130	0	0	0	9,692,130
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	8,866,733	0	0	0	8,866,733
73.00 07300	DRUGS CHARGED TO PATIENTS	5,143,866	0	0	0	5,143,866
74.00 07400	RENAL DIALYSIS	36,024	2,825	0	0	38,849
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
90.01 09001 WOUND/OSTOMY CLINIC	1,106,685	153,668	6,786	82,487	1,349,626	90.01
90.02 09002 KIDS PLUS CLINIC	0	23,440	0	0	23,440	90.02
90.03 09003 ONCOLOGY	-3,396,985	257,465	16,708	332,873	-2,789,939	90.03
90.04 09004 MUNCIE CLINIC	62,570	22,358	60	0	84,988	90.04
90.05 09005 ANTI COAGULATION CLINIC	262,516	0	95	53,234	315,845	90.05
90.06 09006 PREGNANCY PLUS	218,533	35,626	26,940	43,945	325,044	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
91.00 09100 EMERGENCY	2,979,735	116,464	430,003	622,166	4,148,368	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	111,079,192	3,884,045	4,301,599	11,474,851	109,686,967	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,121	0	0	18,121	190.00
190.01 19001 WELLNESS CENTERS	1,227,480	18,436	24,902	157,932	1,428,750	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	336,796	0	0	71,469	408,265	190.03
190.04 19004 SUMMIT CONV. (LTC)	205,986	0	0	42,679	248,665	190.04
190.05 19005 PARKVIEW CONV. (LTC)	263,274	0	0	55,852	319,126	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	125,498	0	0	26,671	152,169	190.06
190.07 19007 NH PARK PLACE (LTC)	28,024	0	0	5,959	33,983	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	815,386	31,133	3,423	137,643	987,585	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	116,080	0	28	22,747	138,855	190.12
190.13 19013 RHEUMATOLOGY	818,124	0	1,267	101,560	920,951	190.13
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,469,960	270,928	255,438	0	1,996,326	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	1,230,649	2,810	0	38,781	1,272,240	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	188,393	0	57,168	38,157	283,718	192.04
192.05 19205 VACANT SPACE	0	9,121	0	0	9,121	192.05
192.07 19207 PARK PLACE CENTER	459	0	0	0	459	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	117,905,301	4,234,594	4,643,825	12,174,301	117,905,301	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/28/2015 1:09 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	20,330,402			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	1,625,966	0	9,652,849	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	36,268	0	148,826	364,136	8.00	
9.00	00900	HOUSEKEEPING	354,345	0	297,995	247	2,401,877	9.00
10.00	01000	DIETARY	198,673	0	446,219	0	130,550	10.00
11.00	01100	CAFETERIA	198,957	0	87,790	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	258,053	0	141,599	0	3,571	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	641,250	0	218,550	19,052	38,094	14.00
15.00	01500	PHARMACY	432,644	0	137,943	0	18,650	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	510,017	0	174,892	0	10,714	16.00
17.00	01700	SOCIAL SERVICE	6,069	0	85,768	0	5,952	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	26,093	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(RADIOLOGY)	2,613	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,886,846	0	2,132,596	191,576	1,134,869	30.00
31.00	03100	INTENSIVE CARE UNIT	425,295	0	213,259	21,346	134,915	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	138,103	0	80,435	0	13,888	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,359,988	0	960,614	65,514	447,996	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	103,361	0	11,700	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	702,262	0	829,466	2,698	50,791	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIO SOTOPE	90,324	0	63,789	3,118	19,047	56.00
57.00	05700	CT SCAN	95,423	0	19,356	3,675	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	117,435	0	40,260	1,603	10,317	58.00
59.00	05900	CARDIAC CATHETERIZATION	175,929	0	159,880	3,005	8,333	59.00
60.00	06000	LABORATORY	1,071,758	0	336,707	449	23,808	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	58,347	0	25,163	0	6,746	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	226,255	0	30,969	2,018	20,634	65.00
66.00	06600	PHYSICAL THERAPY	438,947	0	62,326	2,368	6,349	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,859	0	38,411	399	6,746	67.00
68.00	06800	SPEECH PATHOLOGY	41,071	0	21,464	0	5,159	68.00
69.00	06900	ELECTROCARDIOLOGY	120,288	0	65,939	5,128	2,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	160,517	0	65,939	0	28,173	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,963,286	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,796,090	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,041,967	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	7,869	0	8,086	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	273,387	0	439,896	7,484	47,617	90.01
90.02	09002	KIDS PLUS CLINIC	4,748	0	67,101	0	0	90.02
90.03	09003	ONCOLOGY	0	0	737,031	0	2,778	90.03
90.04	09004	MUNCIE CLINIC	17,216	0	64,004	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	63,979	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	65,843	0	101,984	0	7,539	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	840,314	0	333,395	34,456	191,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,665,655	0	8,649,352	364,136	2,377,275	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,671	0	51,874	0	0	190.00
190.01	19001	WELLNESS CENTERS	289,415	0	52,777	0	18,650	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	82,700	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	50,371	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	64,644	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	30,824	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	6,884	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	200,050	0	89,123	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	28,127	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	186,552	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	404,386	0	775,571	0	5,952	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	257,711	0	8,043	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	57,471	0	0	0	0	192.04
192.05	19205	VACANT SPACE	1,848	0	26,109	0	0	192.05
192.07	19207	PARK PLACE CENTER	93	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	20,330,402	0	9,652,849	364,136	2,401,877	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,756,226					10.00
11.00	01100		1,268,933				11.00
12.00	01200			0			12.00
13.00	01300		20,552	0	1,697,701		13.00
14.00	01400		51,315	0	0	4,133,914	14.00
15.00	01500		37,264	0	0	7,438	15.00
16.00	01600		57,965	0	0	468	16.00
17.00	01700		0	0	0	0	17.00
18.00	01850		0	0	0	0	18.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		592	0	0	0	23.00
23.01	02301		258	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,546,038	361,365	0	1,113,851	160,232	30.00
31.00	03100	199,338	45,934	0	141,583	42,778	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	14,242	0	43,897	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	322	129,242	0	398,370	600,383	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	14,512	0	0	191	53.00
54.00	05400	0	65,290	0	0	11,292	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	5,628	0	0	1,284	56.00
57.00	05700	0	10,858	0	0	11,223	57.00
58.00	05800	0	6,062	0	0	898	58.00
59.00	05900	0	15,129	0	0	6,050	59.00
60.00	06000	0	77,183	0	0	14,008	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	5,572	0	0	213	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	27,159	0	0	1,477	65.00
66.00	06600	0	44,887	0	0	1,368	66.00
67.00	06700	0	6,755	0	0	52	67.00
68.00	06800	0	3,816	0	0	128	68.00
69.00	06900	0	13,633	0	0	1,960	69.00
70.00	07000	0	13,734	0	0	654	70.00
71.00	07100	0	0	0	0	1,651,694	71.00
72.00	07200	0	0	0	0	1,511,033	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	251	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	12,161	0	0	21,788	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	46,771	0	0	23,308	90.03
90.04	09004	0	0	0	0	100	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	ANTI COAGULATION CLINIC	0	7,080	0	0	170	90.05
90.06	09006	PREGNANCY PLUS	0	7,558	0	0	86	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	10,528	86,614	0	0	61,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,756,226	1,189,131	0	1,697,701	4,132,186	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	20,370	0	0	93	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	9,598	0	0	272	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	5,128	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	7,267	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	3,223	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	830	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	23,038	0	0	256	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	2,190	0	0	60	190.12
190.13	19013	RHEUMATOLOGY	0	1,493	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	396	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	2,858	0	0	6	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	3,807	0	0	645	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,756,226	1,268,933	0	1,697,701	4,133,914	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	2,769,768					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,271,849				16.00
17.00 01700 SOCIAL SERVICE	0	0	127,750			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	1,192,593	126,589	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	170,370	1,161	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	136,788	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	19,966	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	284	597,935	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	35	27,849	0	0	0	56.00
57.00 05700 CT SCAN	300	208,458	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	15	226,068	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	19	51,603	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	30,306	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	27	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	225	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,638	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,553	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 PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,743,730	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	4,388	178,561	0	0	0	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS		
						(SPECIFY)			
			15.00	16.00	17.00	18.00	19.00		
90.03	09003	ONCOLOGY	47	0	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	10	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	123	393,982	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,769,169	3,222,704	127,750	0	0	0	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	137	0	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	462	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	49,145	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,769,768	3,271,849	127,750	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

Period:
From 01/01/2014
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Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM-(EMS)	PARAMED PRGM-(RADIOLOGY)	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	23.00	23.01			
		20.00	21.00					
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
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
12.00 01200	MAINTENANCE OF PERSONNEL							12.00
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	OTHER GENERAL SERVICE (SPECIFY)							18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000	NURSING SCHOOL	0						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0				22.00
23.00 02300	PARAMED PRGM-(EMS)	0	0	0	155,500			23.00
23.01 02301	PARAMED PRGM-(RADIOLOGY)	0	0	0	0	15,773		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0	0	46.00
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	7,886	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
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 PATIENTS	0	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.01
90.02 09002	KIDS PLUS CLINIC	0	0	0	0	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM-(EMS)	PARAMED ED PRGM-(RADIOLOGY)	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
90.03 09003 ONCOLOGY	0	0	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
91.00 09100 EMERGENCY	0	0	0	155,500	7,887	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	155,500	15,773	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	0	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPIRE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	0	0	0	190.13
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	0	0	155,500	15,773	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

Period:
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To 12/31/2014

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
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	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(EMS)				23.00
23.01	02301	PARAMED ED PRGM-(RADIOLOGY)				23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	25,098,015	0	25,098,015	30.00
31.00	03100	INTENSIVE CARE UNIT	3,495,527	0	3,495,527	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	972,335	0	972,335	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,813,052	0	10,813,052	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	659,993	0	659,993	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,734,752	0	5,734,752	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	656,976	0	656,976	56.00
57.00	05700	CT SCAN	820,367	0	820,367	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	982,399	0	982,399	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,236,834	0	1,236,834	59.00
60.00	06000	LABORATORY	6,866,467	0	6,866,467	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	414,388	0	414,388	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,425,491	0	1,425,491	65.00
66.00	06600	PHYSICAL THERAPY	2,723,412	0	2,723,412	66.00
67.00	06700	OCCUPATIONAL THERAPY	573,955	0	573,955	67.00
68.00	06800	SPEECH PATHOLOGY	274,394	0	274,394	68.00
69.00	06900	ELECTROCARDIOLOGY	804,790	0	804,790	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,067,993	0	1,067,993	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,307,110	0	13,307,110	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,173,856	0	12,173,856	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,929,563	0	8,929,563	73.00
74.00	07400	RENAL DIALYSIS	55,055	0	55,055	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	2,334,908	0	2,334,908	90.01
90.02	09002	KIDS PLUS CLINIC	95,289	0	95,289	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.03	09003	ONCOLOGY	-1,980,004	0	-1,980,004	90.03
90.04	09004	MUNCIE CLINIC	166,308	0	166,308	90.04
90.05	09005	ANTI COAGULATION CLINIC	387,074	0	387,074	90.05
90.06	09006	PREGNANCY PLUS	508,064	0	508,064	90.06
90.07	09007	O/P LAB	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	90.08
91.00	09100	EMERGENCY	6,264,484	0	6,264,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	106,862,847	0	106,862,847	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,666	0	73,666	190.00
190.01	19001	WELLNESS CENTERS	1,810,055	0	1,810,055	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	500,835	0	500,835	190.03
190.04	19004	SUMMIT CONV. (LTC)	304,164	0	304,164	190.04
190.05	19005	PARKVIEW CONV. (LTC)	391,037	0	391,037	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	186,216	0	186,216	190.06
190.07	19007	NH PARK PLACE (LTC)	41,697	0	41,697	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	1,300,189	0	1,300,189	190.10
190.11	19011	ONCOLOGIST	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	169,694	0	169,694	190.12
190.13	19013	RHEUMATOLOGY	1,108,996	0	1,108,996	190.13
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,231,776	0	3,231,776	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.01
192.02	19202	FOUNDATION	1,540,858	0	1,540,858	192.02
192.03	19203	SPOE	0	0	0	192.03
192.04	19204	HEALTHY HEART	345,641	0	345,641	192.04
192.05	19205	VACANT SPACE	37,078	0	37,078	192.05
192.07	19207	PARK PLACE CENTER	552	0	552	192.07
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	117,905,301	0	117,905,301	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	26,235	121,544	147,779	147,779
5.00 00500	ADMINISTRATIVE & GENERAL	0	336,199	126,564	462,763	25,362
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	500,159	383,632	883,791	5,180
8.00 00800	LAUNDRY & LINEN SERVICE	0	51,989	0	51,989	148
9.00 00900	HOUSEKEEPING	0	104,098	0	104,098	3,057
10.00 01000	DIETARY	0	155,876	31,385	187,261	1,133
11.00 01100	CAFETERIA	0	30,667	0	30,667	2,378
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	49,465	234	49,699	2,497
14.00 01400	CENTRAL SERVICES & SUPPLY	0	76,345	1,266,774	1,343,119	2,247
15.00 01500	PHARMACY	0	48,187	2,439	50,626	4,026
16.00 01600	MEDICAL RECORDS & LIBRARY	0	61,094	188,010	249,104	4,437
17.00 01700	SOCIAL SERVICE	0	29,961	0	29,961	0
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	74
23.01 02301	PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	27
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	744,975	60,095	805,070	27,939
31.00 03100	INTENSIVE CARE UNIT	0	74,497	0	74,497	3,843
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	28,098	33,183	61,281	1,278
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	335,568	60,260	395,828	11,093
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	4,087	819	4,906	4,510
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	289,755	17,144	306,899	6,396
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	22,283	16,777	39,060	683
57.00 05700	CT SCAN	0	6,762	6,391	13,153	972
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,064	48,544	62,608	725
59.00 05900	CARDIAC CATHETERIZATION	0	55,850	19,394	75,244	1,466
60.00 06000	LABORATORY	0	117,621	1,242,296	1,359,917	5,538
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,790	2,220	11,010	573
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	10,818	0	10,818	2,306
66.00 06600	PHYSICAL THERAPY	0	21,772	114,378	136,150	4,093
67.00 06700	OCCUPATIONAL THERAPY	0	13,418	34,072	47,490	804
68.00 06800	SPEECH PATHOLOGY	0	7,498	3,391	10,889	389
69.00 06900	ELECTROCARDIOLOGY	0	23,034	0	23,034	1,160
70.00 07000	ELECTROENCEPHALOGRAPHY	0	23,034	41,461	64,495	1,184
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	2,825	0	2,825	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	WOUND/OSTOMY CLINIC	0	153,668	6,786	160,454	1,001

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.02 09002 KIDS PLUS CLINIC	0	23,440	0	23,440	0	90.02
90.03 09003 ONCOLOGY	0	257,465	16,708	274,173	4,040	90.03
90.04 09004 MUNCIE CLINIC	0	22,358	60	22,418	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	95	95	646	90.05
90.06 09006 PREGNANCY PLUS	0	35,626	26,940	62,566	533	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
91.00 09100 EMERGENCY	0	116,464	430,003	546,467	7,551	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	3,884,045	4,301,599	8,185,644	139,289	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,121	0	18,121	0	190.00
190.01 19001 WELLNESS CENTERS	0	18,436	24,902	43,338	1,917	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	867	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	518	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	678	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	324	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	72	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPIRE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	31,133	3,423	34,556	1,671	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	28	28	276	190.12
190.13 19013 RHEUMATOLOGY	0	0	1,267	1,267	1,233	190.13
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	270,928	255,438	526,366	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	2,810	0	2,810	471	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	57,168	57,168	463	192.04
192.05 19205 VACANT SPACE	0	9,121	0	9,121	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	4,234,594	4,643,825	8,878,419	147,779	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 1:09 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500	488,125				5.00
6.00	00600	0	0			6.00
7.00	00700	39,043		928,014		7.00
8.00	00800	871	0	14,308	67,316	8.00
9.00	00900	8,509	0	28,649	46	144,359
10.00	01000	4,771	0	42,899	0	7,846
11.00	01100	4,777	0	8,440	0	0
12.00	01200	0	0	0	0	0
13.00	01300	6,196	0	13,613	0	215
14.00	01400	15,398	0	21,011	3,522	2,290
15.00	01500	10,389	0	13,262	0	1,121
16.00	01600	12,247	0	16,814	0	644
17.00	01700	146	0	8,246	0	358
18.00	01850	0	0	0	0	0
19.00	01900	0	0	0	0	0
20.00	02000	0	0	0	0	0
21.00	02100	0	0	0	0	0
22.00	02200	0	0	0	0	0
23.00	02300	627	0	0	0	0
23.01	02301	63	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	69,268	0	205,025	35,416	68,207
31.00	03100	10,212	0	20,503	3,946	8,109
32.00	03200	0	0	0	0	0
33.00	03300	0	0	0	0	0
34.00	03400	0	0	0	0	0
40.00	04000	0	0	0	0	0
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	3,316	0	7,733	0	835
44.00	04400	0	0	0	0	0
45.00	04500	0	0	0	0	0
46.00	04600	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	32,656	0	92,352	12,111	26,926
51.00	05100	0	0	0	0	0
52.00	05200	0	0	0	0	0
53.00	05300	2,482	0	1,125	0	0
54.00	05400	16,863	0	79,744	499	3,053
55.00	05500	0	0	0	0	0
56.00	05600	2,169	0	6,133	576	1,145
57.00	05700	2,291	0	1,861	679	0
58.00	05800	2,820	0	3,871	296	620
59.00	05900	4,224	0	15,371	556	501
60.00	06000	25,735	0	32,371	83	1,431
60.01	06001	0	0	0	0	0
61.00	06100	0	0	0	0	0
62.00	06200	1,401	0	2,419	0	405
63.00	06300	0	0	0	0	0
64.00	06400	0	0	0	0	0
65.00	06500	5,433	0	2,977	373	1,240
66.00	06600	10,540	0	5,992	438	382
67.00	06700	2,110	0	3,693	74	405
68.00	06800	986	0	2,063	0	310
69.00	06900	2,888	0	6,339	948	143
70.00	07000	3,854	0	6,339	0	1,693
71.00	07100	47,143	0	0	0	0
72.00	07200	43,128	0	0	0	0
73.00	07300	25,020	0	0	0	0
74.00	07400	189	0	777	0	0
75.00	07500	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	0
89.00	08900	0	0	0	0	0
90.00	09000	0	0	0	0	0
90.01	09001	6,565	0	42,291	1,383	2,862
90.02	09002	114	0	6,451	0	0
90.03	09003	0	0	70,857	0	167
90.04	09004	413	0	6,153	0	0
90.05	09005	1,536	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	1,581	0	9,805	0	453	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	20,178	0	32,052	6,370	11,519	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	448,152	0	831,539	67,316	142,880	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	88	0	4,987	0	0	190.00
190.01	19001	WELLNESS CENTERS	6,949	0	5,074	0	1,121	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	1,986	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	1,210	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	1,552	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	740	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	165	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	4,804	0	8,568	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	675	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	4,480	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,710	0	74,563	0	358	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	6,188	0	773	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	1,380	0	0	0	0	192.04
192.05	19205	VACANT SPACE	44	0	2,510	0	0	192.05
192.07	19207	PARK PLACE CENTER	2	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	488,125	0	928,014	67,316	144,359	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150113		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 1:09 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	243,910					10.00
11.00	01100	0	46,262				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	749	0	72,969		13.00
14.00	01400	0	1,871	0	0	1,389,458	14.00
15.00	01500	0	1,359	0	0	2,500	15.00
16.00	01600	0	2,113	0	0	157	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	22	0	0	0	23.00
23.01	02301	0	9	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	214,718	13,174	0	47,875	53,856	30.00
31.00	03100	27,685	1,675	0	6,085	14,378	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	519	0	1,887	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	45	4,712	0	17,122	201,796	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	529	0	0	64	53.00
54.00	05400	0	2,380	0	0	3,795	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	205	0	0	432	56.00
57.00	05700	0	396	0	0	3,772	57.00
58.00	05800	0	221	0	0	302	58.00
59.00	05900	0	552	0	0	2,034	59.00
60.00	06000	0	2,814	0	0	4,708	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	203	0	0	72	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	990	0	0	496	65.00
66.00	06600	0	1,636	0	0	460	66.00
67.00	06700	0	246	0	0	18	67.00
68.00	06800	0	139	0	0	43	68.00
69.00	06900	0	497	0	0	659	69.00
70.00	07000	0	501	0	0	220	70.00
71.00	07100	0	0	0	0	555,153	71.00
72.00	07200	0	0	0	0	507,878	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	84	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	443	0	0	7,323	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	1,705	0	0	7,834	90.03
90.04	09004	0	0	0	0	34	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	ANTI COAGULATION CLINIC	0	258	0	0	57	90.05
90.06	09006	PREGNANCY PLUS	0	276	0	0	29	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	1,462	3,158	0	0	20,724	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	243,910	43,352	0	72,969	1,388,878	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	743	0	0	31	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	350	0	0	91	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	187	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	265	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	118	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	30	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	840	0	0	86	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	80	0	0	20	190.12
190.13	19013	RHEUMATOLOGY	0	54	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	133	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	104	0	0	2	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	139	0	0	217	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	243,910	46,262	0	72,969	1,389,458	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	83,283					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	285,516				16.00
17.00 01700 SOCIAL SERVICE	0	0	38,711			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	104,070	38,359	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	14,867	352	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	11,937	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	600	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9	52,178	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 05600 RADIOISOTOPE	1	2,430	0	0		56.00
57.00 05700 CT SCAN	9	18,191	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	19,728	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 06000 LABORATORY	1	4,503	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,645	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	1	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	7	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	143	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	572	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	82,500	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	132	15,582	0	0		90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	0		90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
						18.00		
			15.00	16.00	17.00	18.00	19.00	
90.03	09003	ONCOLOGY	1	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	4	34,381	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	83,265	281,227	38,711	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIRE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	4	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	14	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,289	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	83,283	285,516	38,711	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM-(EMS)	PARAMED PRGM-(RADIOLOGY)	
	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
		20.00	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS								
1.00 00100	CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500	ADMINISTRATIVE & GENERAL							5.00
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
12.00 01200	MAINTENANCE OF PERSONNEL							12.00
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	OTHER GENERAL SERVICE (SPECIFY)							18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000	NURSING SCHOOL	0						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0			22.00
23.00 02300	PARAMED PRGM-(EMS)					723		23.00
23.01 02301	PARAMED PRGM-(RADIOLOGY)						99	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000	ADULTS & PEDIATRICS							30.00
31.00 03100	INTENSIVE CARE UNIT							31.00
32.00 03200	CORONARY CARE UNIT							32.00
33.00 03300	BURN INTENSIVE CARE UNIT							33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT							34.00
40.00 04000	SUBPROVIDER - I PF							40.00
41.00 04100	SUBPROVIDER - I RF							41.00
42.00 04200	SUBPROVIDER							42.00
43.00 04300	NURSERY							43.00
44.00 04400	SKILLED NURSING FACILITY							44.00
45.00 04500	NURSING FACILITY							45.00
46.00 04600	OTHER LONG TERM CARE							46.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000	OPERATING ROOM							50.00
51.00 05100	RECOVERY ROOM							51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM							52.00
53.00 05300	ANESTHESIOLOGY							53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC							54.00
55.00 05500	RADIOLOGY-THERAPEUTIC							55.00
56.00 05600	RADIOISOTOPE							56.00
57.00 05700	CT SCAN							57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)							58.00
59.00 05900	CARDIAC CATHETERIZATION							59.00
60.00 06000	LABORATORY							60.00
60.01 06001	BLOOD LABORATORY							60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS							62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.							63.00
64.00 06400	INTRAVENOUS THERAPY							64.00
65.00 06500	RESPIRATORY THERAPY							65.00
66.00 06600	PHYSICAL THERAPY							66.00
67.00 06700	OCCUPATIONAL THERAPY							67.00
68.00 06800	SPEECH PATHOLOGY							68.00
69.00 06900	ELECTROCARDIOLOGY							69.00
70.00 07000	ELECTROENCEPHALOGRAPHY							70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS							71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS							72.00
73.00 07300	DRUGS CHARGED TO PATIENTS							73.00
74.00 07400	RENAL DIALYSIS							74.00
75.00 07500	ASC (NON-DISTINCT PART)							75.00
OUTPATIENT SERVICE COST CENTERS								
88.00 08800	RURAL HEALTH CLINIC							88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER							89.00
90.00 09000	CLINIC							90.00
90.01 09001	WOUND/OSTOMY CLINIC							90.01
90.02 09002	KIDS PLUS CLINIC							90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	INTERNS & RESIDENTS					PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (RADIOLOGY)	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED ED PRGM- (EMS)	PARAMED ED PRGM- (RADIOLOGY)			
		Y & FRINGES	PRGM COSTS					
	20.00	21.00	22.00	23.00	23.01			
90.03 09003 ONCOLOGY							90.03	
90.04 09004 MUNCIE CLINIC							90.04	
90.05 09005 ANTI COAGULATION CLINIC							90.05	
90.06 09006 PREGNANCY PLUS							90.06	
90.07 09007 O/P LAB							90.07	
90.08 09008 O/P LAB							90.08	
91.00 09100 EMERGENCY							91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS							94.00	
95.00 09500 AMBULANCE SERVICES							95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED							96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD							97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS							98.00	
99.00 09900 CMHC							99.00	
99.10 09910 CORF							99.10	
100.00 10000 I & R SERVICES-NOT APPRVD PRGM							100.00	
101.00 10100 HOME HEALTH AGENCY							101.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION							105.00	
106.00 10600 HEART ACQUISITION							106.00	
107.00 10700 LIVER ACQUISITION							107.00	
108.00 10800 LUNG ACQUISITION							108.00	
109.00 10900 PANCREAS ACQUISITION							109.00	
110.00 11000 INTESTINAL ACQUISITION							110.00	
111.00 11100 ISLET ACQUISITION							111.00	
113.00 11300 INTEREST EXPENSE							113.00	
114.00 11400 UTILIZATION REVIEW-SNF							114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)							115.00	
116.00 11600 HOSPICE							116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	0	118.00	
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN							190.00	
190.01 19001 WELLNESS CENTERS							190.01	
190.02 19002 EMPLOYED ORTHO MD							190.02	
190.03 19003 NORTHVIEW CONV. (LTC)							190.03	
190.04 19004 SUMMIT CONV. (LTC)							190.04	
190.05 19005 PARKVIEW CONV. (LTC)							190.05	
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)							190.06	
190.07 19007 NH PARK PLACE (LTC)							190.07	
190.08 19008 MADISON PLACE OF ELWOOD (LTC)							190.08	
190.09 19009 SPINE SURGEON							190.09	
190.10 19010 CLINICAL RESEARCH CENTER							190.10	
190.11 19011 ONCOLOGIST							190.11	
190.12 19012 MEDICAL INTERNIST							190.12	
190.13 19013 RHEUMATOLOGY							190.13	
191.00 19100 RESEARCH							191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES							192.00	
192.01 19201 PHYSICIANS' PRIVATE OFFICES							192.01	
192.02 19202 FOUNDATION							192.02	
192.03 19203 SPOE							192.03	
192.04 19204 HEALTHY HEART							192.04	
192.05 19205 VACANT SPACE							192.05	
192.07 19207 PARK PLACE CENTER							192.07	
193.00 19300 NONPAID WORKERS							193.00	
200.00 Cross Foot Adjustments	0	0	0	723	99	200.00		
201.00 Negative Cost Centers	0	0	0	0	0	201.00		
202.00 TOTAL (sum lines 118-201)	0	0	0	723	99	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 1:09 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	1,682,977	0	1,682,977	30.00
31.00	03100	186,152	0	186,152	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	76,849	0	76,849	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	806,578	0	806,578	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	14,216	0	14,216	53.00
54.00	05400	471,816	0	471,816	54.00
55.00	05500	0	0	0	55.00
56.00	05600	52,834	0	52,834	56.00
57.00	05700	41,324	0	41,324	57.00
58.00	05800	91,191	0	91,191	58.00
59.00	05900	99,948	0	99,948	59.00
60.00	06000	1,437,101	0	1,437,101	60.00
60.01	06001	0	0	0	60.01
61.00	06100	0	0	0	61.00
62.00	06200	18,728	0	18,728	62.00
63.00	06300	0	0	0	63.00
64.00	06400	0	0	0	64.00
65.00	06500	24,634	0	24,634	65.00
66.00	06600	159,698	0	159,698	66.00
67.00	06700	54,840	0	54,840	67.00
68.00	06800	14,819	0	14,819	68.00
69.00	06900	35,811	0	35,811	69.00
70.00	07000	78,858	0	78,858	70.00
71.00	07100	602,296	0	602,296	71.00
72.00	07200	551,006	0	551,006	72.00
73.00	07300	107,520	0	107,520	73.00
74.00	07400	3,875	0	3,875	74.00
75.00	07500	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	09001	238,036	0	238,036	90.01
90.02	09002	30,005	0	30,005	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
90.03	09003	ONCOLOGY	358,777	0	358,777	90.03
90.04	09004	MUNCIE CLINIC	29,018	0	29,018	90.04
90.05	09005	ANTI COAGULATION CLINIC	2,592	0	2,592	90.05
90.06	09006	PREGNANCY PLUS	75,243	0	75,243	90.06
90.07	09007	O/P LAB	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	90.08
91.00	09100	EMERGENCY	683,866	0	683,866	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,030,608	0	8,030,608	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,196	0	23,196	190.00
190.01	19001	WELLNESS CENTERS	59,173	0	59,173	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	3,294	0	3,294	190.03
190.04	19004	SUMMIT CONV. (LTC)	1,915	0	1,915	190.04
190.05	19005	PARKVIEW CONV. (LTC)	2,495	0	2,495	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	1,182	0	1,182	190.06
190.07	19007	NH PARK PLACE (LTC)	267	0	267	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	190.08
190.09	19009	SPIRE SURGEON	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	50,529	0	50,529	190.10
190.11	19011	ONCOLOGIST	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	1,093	0	1,093	190.12
190.13	19013	RHEUMATOLOGY	7,034	0	7,034	190.13
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	615,419	0	615,419	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.01
192.02	19202	FOUNDATION	10,348	0	10,348	192.02
192.03	19203	SPOE	0	0	0	192.03
192.04	19204	HEALTHY HEART	59,367	0	59,367	192.04
192.05	19205	VACANT SPACE	11,675	0	11,675	192.05
192.07	19207	PARK PLACE CENTER	2	0	2	192.07
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments	822	0	822	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,878,419	0	8,878,419	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	281,824					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,112,394				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,746	107,635	53,475,966			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	22,375	112,080	9,179,265	-20,330,402	100,364,838	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	33,287	339,730	1,874,703	0	8,026,883	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,460	0	53,506	0	179,042	8.00
9.00 00900	HOUSEKEEPING	6,928	0	1,106,556	0	1,749,290	9.00
10.00 01000	DIETARY	10,374	27,793	410,203	0	980,784	10.00
11.00 01100	CAFETERIA	2,041	0	860,487	0	982,186	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,292	207	903,853	0	1,273,926	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,081	1,121,807	813,394	0	3,165,653	14.00
15.00 01500	PHARMACY	3,207	2,160	1,456,955	0	2,135,829	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,066	166,494	1,605,840	0	2,517,793	16.00
17.00 01700	SOCIAL SERVICE	1,994	0	0	0	29,961	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	26,659	0	128,815	23.00
23.01 02301	PARAMED ED PRGM-(RADIOLOGY)	0	0	9,893	0	12,902	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	49,580	53,218	10,103,184	0	14,251,460	30.00
31.00 03100	INTENSIVE CARE UNIT	4,958	0	1,390,834	0	2,099,548	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	1,870	29,386	462,543	0	681,770	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	22,333	53,364	4,014,710	0	6,713,835	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	272	725	1,632,366	0	510,263	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,284	15,182	2,314,750	0	3,466,848	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	1,483	14,857	247,351	0	445,902	56.00
57.00 05700	CT SCAN	450	5,660	351,911	0	471,074	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	936	42,989	262,509	0	579,741	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,717	17,175	530,678	0	868,508	59.00
60.00 06000	LABORATORY	7,828	1,100,130	2,004,403	0	5,290,932	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	585	1,966	207,241	0	288,041	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	720	0	834,420	0	1,116,952	65.00
66.00 06600	PHYSICAL THERAPY	1,449	101,289	1,481,268	0	2,166,942	66.00
67.00 06700	OCCUPATIONAL THERAPY	893	30,173	290,986	0	433,733	67.00
68.00 06800	SPEECH PATHOLOGY	499	3,003	140,703	0	202,756	68.00
69.00 06900	ELECTROCARDIOLOGY	1,533	0	419,738	0	593,823	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,533	36,716	428,472	0	792,423	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	9,692,130	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,866,733	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,143,866	73.00
74.00 07400	RENAL DIALYSIS	188	0	0	0	38,849	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
1.00	2.00							
90.01	09001	WOUND/OSTOMY CLINIC	10,227	6,009	362,326	0	1,349,626	90.01
90.02	09002	KIDS PLUS CLINIC	1,560	0	0	0	23,440	90.02
90.03	09003	ONCOLOGY	17,135	14,796	1,462,156	2,789,939	0	90.03
90.04	09004	MUNCIE CLINIC	1,488	53	0	0	84,988	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	84	233,832	0	315,845	90.05
90.06	09006	PREGNANCY PLUS	2,371	23,857	193,028	0	325,044	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	7,751	380,794	2,732,884	0	4,148,368	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	258,494	3,809,332	50,403,607	-17,540,463	92,146,504	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	0	0	0	18,121	190.00
190.01	19001	WELLNESS CENTERS	1,227	22,052	693,723	0	1,428,750	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	313,928	0	408,265	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	187,468	0	248,665	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	245,330	0	319,126	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	0	117,152	0	152,169	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	26,174	0	33,983	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	2,072	3,031	604,602	0	987,585	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	25	99,919	0	138,855	190.12
190.13	19013	RHEUMATOLOGY	0	1,122	446,106	0	920,951	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,031	226,206	0	0	1,996,326	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	187	0	170,349	0	1,272,240	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	50,626	167,608	0	283,718	192.04
192.05	19205	VACANT SPACE	607	0	0	0	9,121	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	459	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	4,234,594	4,643,825	12,174,301		20,330,402	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.025669	1.129227	0.227659		0.202565	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			147,779		488,125	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002763		0.004864	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	257,703					6.00
7.00	00700	33,287	224,416				7.00
8.00	00800	3,460	3,460	687,815			8.00
9.00	00900	6,928	6,928	467	6,053		9.00
10.00	01000	10,374	10,374	0	329	65,390	10.00
11.00	01100	2,041	2,041	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,292	3,292	0	9	0	13.00
14.00	01400	5,081	5,081	35,987	96	0	14.00
15.00	01500	3,207	3,207	0	47	0	15.00
16.00	01600	4,066	4,066	0	27	0	16.00
17.00	01700	1,994	1,994	0	15	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	49,580	49,580	361,867	2,860	57,564	30.00
31.00	03100	4,958	4,958	40,320	340	7,422	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,870	1,870	0	35	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	22,333	22,333	123,750	1,129	12	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	272	272	0	0	0	53.00
54.00	05400	19,284	19,284	5,096	128	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,483	1,483	5,890	48	0	56.00
57.00	05700	450	450	6,941	0	0	57.00
58.00	05800	936	936	3,027	26	0	58.00
59.00	05900	3,717	3,717	5,676	21	0	59.00
60.00	06000	7,828	7,828	848	60	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	585	585	0	17	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	720	720	3,812	52	0	65.00
66.00	06600	1,449	1,449	4,473	16	0	66.00
67.00	06700	893	893	754	17	0	67.00
68.00	06800	499	499	0	13	0	68.00
69.00	06900	1,533	1,533	9,687	6	0	69.00
70.00	07000	1,533	1,533	0	71	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	188	188	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	10,227	10,227	14,136	120	0	90.01
90.02	09002	1,560	1,560	0	0	0	90.02
90.03	09003	17,135	17,135	0	7	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.04	09004	MUNCIE CLINIC	1,488	1,488	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	2,371	2,371	0	19	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	7,751	7,751	65,084	483	392	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	234,373	201,086	687,815	5,991	65,390	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	1,206	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	1,227	1,227	0	47	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTI CELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	2,072	2,072	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,031	18,031	0	15	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	187	187	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	607	607	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	0	9,652,849	364,136	2,401,877	1,756,226	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	43.013194	0.529410	396.807699	26.857715	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	928,014	67,316	144,359	243,910	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.135240	0.097869	23.849166	3.730081	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,418,755					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	22,979	0	615,812			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	57,374	0	0	24,257,765		14.00
15.00	01500	PHARMACY	41,664	0	0	43,647	5,192,679	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	64,809	0	0	2,744	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	662	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM-(RADIOLOGY)	288	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	404,030	0	404,030	940,242	0	30.00
31.00	03100	INTENSIVE CARE UNIT	51,357	0	51,357	251,019	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	15,923	0	15,923	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	144,502	0	144,502	3,523,041	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	16,225	0	0	1,120	37,431	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	72,999	0	0	66,260	533	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	6,292	0	0	7,535	65	56.00
57.00	05700	CT SCAN	12,140	0	0	65,855	563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,778	0	0	5,269	29	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,915	0	0	35,504	0	59.00
60.00	06000	LABORATORY	86,296	0	0	82,200	35	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,230	0	0	1,250	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	30,366	0	0	8,665	51	65.00
66.00	06600	PHYSICAL THERAPY	50,187	0	0	8,027	421	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,553	0	0	308	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,266	0	0	750	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,243	0	0	11,499	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,356	0	0	3,836	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,692,130	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,866,733	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,143,866	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,470	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	13,597	0	0	127,850	8,226	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description		CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
90.03	09003 ONCOLOGY	52,293	0	0	136,769	88	90.03
90.04	09004 MUNCIE CLINIC	0	0	0	587	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	7,916	0	0	996	0	90.05
90.06	09006 PREGNANCY PLUS	8,450	0	0	505	18	90.06
90.07	09007 O/P LAB	0	0	0	0	0	90.07
90.08	09008 O/P LAB	0	0	0	0	0	90.08
91.00	09100 EMERGENCY	96,840	0	0	361,812	231	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,329,530	0	615,812	24,247,623	5,191,557	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	22,775	0	0	547	0	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	10,731	0	0	1,596	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	5,734	0	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	8,125	0	0	0	0	190.05
190.06	19006 MONTICELLO HSE. (ASS' TD LVG.)	3,604	0	0	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	928	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	25,758	0	0	1,503	256	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	2,449	0	0	351	866	190.12
190.13	19013 RHEUMATOLOGY	1,669	0	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	2,322	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202 FOUNDATION	3,196	0	0	37	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	4,256	0	0	3,786	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,268,933	0	1,697,701	4,133,914	2,769,768	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.894399	0.000000	2.756849	0.170416	0.533399	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	46,262	0	72,969	1,389,458	83,283	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.032607	0.000000	0.118492	0.057279	0.016039	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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	199,725					16.00
17.00 01700 SOCIAL SERVICE	0	220				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM-(RADIOLOGY)	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	72,800	218	0		0	30.00
31.00 03100 INTENSIVE CARE UNIT	10,400	2	0		0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0		0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0		0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0		0	41.00
42.00 04200 SUBPROVIDER	0	0	0		0	42.00
43.00 04300 NURSERY	0	0	0		0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00 04500 NURSING FACILITY	0	0	0		0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,350	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	36,500	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1,700	0	0	0	0	56.00
57.00 05700 CT SCAN	12,725	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	13,800	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	3,150	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,850	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	100	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	400	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 PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	10,900	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	18.00	19.00	20.00	
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY	0	0	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
91.00 09100 EMERGENCY	24,050	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	196,725	220	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	0	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	0	0	0	190.13
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,000	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	3,271,849	127,750	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	16.381770	580.681818	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	285,516	38,711	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.429546	175.959091	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM-(EMS) (ASSIGNED TIME)	PARAMED PRGM-(RADIOLOGY) (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
	21.00	22.00	23.00	23.01			
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
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
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
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	OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300	PARAMED PRGM-(EMS)			100			23.00
23.01 02301	PARAMED PRGM-(RADIOLOGY)			0	200		23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	0	0	0		30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0		31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0		32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0		40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0		41.00
42.00 04200	SUBPROVIDER	0	0	0	0		42.00
43.00 04300	NURSERY	0	0	0	0		43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 04500	NURSING FACILITY	0	0	0	0		45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	0	0		50.00
51.00 05100	RECOVERY ROOM	0	0	0	0		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	100		54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 05600	RADIOISOTOPE	0	0	0	0		56.00
57.00 05700	CT SCAN	0	0	0	0		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 06000	LABORATORY	0	0	0	0		60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0		60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0		61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0		66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0		74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000	CLINIC	0	0	0	0		90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM- (EMS) (ASSIGNED TIME)	PARAMED PRGM- (RADIOLOGY) (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
	21.00	22.00	23.00	23.01			
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	0		90.01	
90.02 09002 KIDS PLUS CLINIC	0	0	0	0		90.02	
90.03 09003 ONCOLOGY	0	0	0	0		90.03	
90.04 09004 MUNCIE CLINIC	0	0	0	0		90.04	
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0		90.05	
90.06 09006 PREGNANCY PLUS	0	0	0	0		90.06	
90.07 09007 O/P LAB	0	0	0	0		90.07	
90.08 09008 O/P LAB	0	0	0	0		90.08	
91.00 09100 EMERGENCY	0	0	100	100		91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0		94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00	
99.00 09900 CMHC	0	0	0	0		99.00	
99.10 09910 CORF	0	0	0	0		99.10	
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0		106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0		107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0		108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00	
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00	
116.00 11600 HOSPICE	0	0	0	0		116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	100	200		118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00	
190.01 19001 WELLNESS CENTERS	0	0	0	0		190.01	
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0		190.02	
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0		190.03	
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0		190.04	
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0		190.05	
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0		190.06	
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0		190.07	
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0		190.08	
190.09 19009 SPINE SURGEON	0	0	0	0		190.09	
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	0		190.10	
190.11 19011 ONCOLOGIST	0	0	0	0		190.11	
190.12 19012 MEDICAL INTERNIST	0	0	0	0		190.12	
190.13 19013 RHEUMATOLOGY	0	0	0	0		190.13	
191.00 19100 RESEARCH	0	0	0	0		191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00	
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.01	
192.02 19202 FOUNDATION	0	0	0	0		192.02	
192.03 19203 SPOE	0	0	0	0		192.03	
192.04 19204 HEALTHY HEART	0	0	0	0		192.04	
192.05 19205 VACANT SPACE	0	0	0	0		192.05	
192.07 19207 PARK PLACE CENTER	0	0	0	0		192.07	
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00	
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)	0	0	155,500	15,773		202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1,555.000000	78.865000		203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	723	99		204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	7.230000	0.495000		205.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:09 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		25,098,015		25,098,015	30.00
31.00	03100 INTENSIVE CARE UNIT		3,495,527		3,495,527	31.00
32.00	03200 CORONARY CARE UNIT		0		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	34.00
40.00	04000 SUBPROVIDER - I PF		0		0	40.00
41.00	04100 SUBPROVIDER - I RF		0		0	41.00
42.00	04200 SUBPROVIDER		0		0	42.00
43.00	04300 NURSERY		972,335		972,335	43.00
44.00	04400 SKILLED NURSING FACILITY		0		0	44.00
45.00	04500 NURSING FACILITY		0		0	45.00
46.00	04600 OTHER LONG TERM CARE		0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		10,813,052		10,813,052	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		659,993		659,993	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,734,752		5,734,752	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	55.00
56.00	05600 RADIOISOTOPE		656,976		656,976	56.00
57.00	05700 CT SCAN		820,367		820,367	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		982,399		982,399	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,236,834		1,236,834	59.00
60.00	06000 LABORATORY		6,866,467		6,866,467	60.00
60.01	06001 BLOOD LABORATORY		0		0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		414,388		414,388	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0		0	63.00
64.00	06400 INTRAVENOUS THERAPY		0		0	64.00
65.00	06500 RESPIRATORY THERAPY		1,425,491		1,425,491	65.00
66.00	06600 PHYSICAL THERAPY		2,723,412		2,723,412	66.00
67.00	06700 OCCUPATIONAL THERAPY		573,955		573,955	67.00
68.00	06800 SPEECH PATHOLOGY		274,394		274,394	68.00
69.00	06900 ELECTROCARDIOLOGY		804,790		804,790	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,067,993		1,067,993	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,307,110		13,307,110	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,173,856		12,173,856	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		8,929,563		8,929,563	73.00
74.00	07400 RENAL DIALYSIS		55,055		55,055	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	89.00
90.00	09000 CLINIC		0		0	90.00
90.01	09001 WOUND/OSTOMY CLINIC		2,334,908		2,334,908	90.01
90.02	09002 KIDS PLUS CLINIC		95,289		95,289	90.02
90.03	09003 ONCOLOGY		0		0	90.03
90.04	09004 MUNCIIE CLINIC		166,308		166,308	90.04
90.05	09005 ANTI COAGULATION CLINIC		387,074		387,074	90.05
90.06	09006 PREGNANCY PLUS		508,064		508,064	90.06
90.07	09007 O/P LAB		0		0	90.07
90.08	09008 O/P LAB		0		0	90.08
91.00	09100 EMERGENCY		6,264,484		6,264,484	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,546,950		2,546,950	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0		0	94.00
95.00	09500 AMBULANCE SERVICES		0		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0		0	98.00
99.00	09900 CMHC		0		0	99.00
99.10	09910 CORF		0		0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM		0		0	100.00
101.00	10100 HOME HEALTH AGENCY		0		0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0		0	105.00
106.00	10600 HEART ACQUISITION		0		0	106.00
107.00	10700 LIVER ACQUISITION		0		0	107.00
108.00	10800 LUNG ACQUISITION		0		0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

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	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	111,389,801	0	111,389,801	0	111,389,801	200.00
201.00		Less Observation Beds	2,546,950		2,546,950		2,546,950	201.00
202.00		Total (see instructions)	108,842,851	0	108,842,851	0	108,842,851	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150113		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 1:09 pm		
			Title XVII I			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	18,700,222		18,700,222				30.00
31.00	03100	INTENSIVE CARE UNIT	4,600,184		4,600,184				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	1,609,951		1,609,951				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	22,329,823	31,061,468	53,391,291	0.202525	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,661,080	1,962,855	3,623,935	0.182121	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,587,825	16,986,582	20,574,407	0.278732	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	746,292	7,811,691	8,557,983	0.076768	0.000000		56.00
57.00	05700	CT SCAN	5,690,486	22,331,678	28,022,164	0.029276	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,786,966	10,432,680	12,219,646	0.080395	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	2,099,749	6,126,821	8,226,570	0.150346	0.000000		59.00
60.00	06000	LABORATORY	8,086,748	25,284,646	33,371,394	0.205759	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	835,725	552,957	1,388,682	0.298404	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	2,895,565	513,099	3,408,664	0.418196	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,434,038	5,002,739	6,436,777	0.423102	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	753,535	704,551	1,458,086	0.393636	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	394,541	261,689	656,230	0.418137	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,883,013	5,931,383	7,814,396	0.102988	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	577,974	4,928,210	5,506,184	0.193962	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,204,799	17,150,179	37,354,978	0.356234	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,642,304	6,368,517	32,010,821	0.380304	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,065,324	20,897,989	48,963,313	0.182373	0.000000		73.00
74.00	07400	RENAL DIALYSIS	269,848	0	269,848	0.204022	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	6,119,445	6,119,445	0.381556	0.000000		90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000		90.02
90.03	09003	ONCOLOGY	0	5,919,076	5,919,076	0.000000	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0	1,094,064	1,094,064	0.353795	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000		90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000		90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000		90.08
91.00	09100	EMERGENCY	7,099,341	26,512,922	33,612,263	0.186375	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,299,151	6,299,151	0.404332	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	160,955,333	230,254,392	391,209,725			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	160,955,333	230,254,392	391,209,725			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.202525		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.182121		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278732		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.076768		56.00
57.00	05700 CT SCAN	0.029276		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.080395		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150346		59.00
60.00	06000 LABORATORY	0.205759		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.298404		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.418196		65.00
66.00	06600 PHYSICAL THERAPY	0.423102		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.393636		67.00
68.00	06800 SPEECH PATHOLOGY	0.418137		68.00
69.00	06900 ELECTROCARDIOLOGY	0.102988		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193962		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356234		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.380304		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.182373		73.00
74.00	07400 RENAL DIALYSIS	0.204022		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.381556		90.01
90.02	09002 KIDS PLUS CLINIC	0.000000		90.02
90.03	09003 ONCOLOGY	0.000000		90.03
90.04	09004 MUNCIE CLINIC	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	0.353795		90.05
90.06	09006 PREGNANCY PLUS	0.000000		90.06
90.07	09007 O/P LAB	0.000000		90.07
90.08	09008 O/P LAB	0.000000		90.08
91.00	09100 EMERGENCY	0.186375		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.404332		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:09 pm	
			Title XIX	Hospital	Cost	
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		25,098,015		25,098,015	30.00
31.00	03100 INTENSIVE CARE UNIT		3,495,527		3,495,527	31.00
32.00	03200 CORONARY CARE UNIT		0		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	34.00
40.00	04000 SUBPROVIDER - I PF		0		0	40.00
41.00	04100 SUBPROVIDER - I RF		0		0	41.00
42.00	04200 SUBPROVIDER		0		0	42.00
43.00	04300 NURSERY		972,335		972,335	43.00
44.00	04400 SKILLED NURSING FACILITY		0		0	44.00
45.00	04500 NURSING FACILITY		0		0	45.00
46.00	04600 OTHER LONG TERM CARE		0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		10,813,052		10,813,052	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		659,993		659,993	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,734,752		5,734,752	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	55.00
56.00	05600 RADIOISOTOPE		656,976		656,976	56.00
57.00	05700 CT SCAN		820,367		820,367	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		982,399		982,399	58.00
59.00	05900 CARDIAC CATHETERIZATION		1,236,834		1,236,834	59.00
60.00	06000 LABORATORY		6,866,467		6,866,467	60.00
60.01	06001 BLOOD LABORATORY		0		0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		414,388		414,388	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0		0	63.00
64.00	06400 INTRAVENOUS THERAPY		0		0	64.00
65.00	06500 RESPIRATORY THERAPY		1,425,491		1,425,491	65.00
66.00	06600 PHYSICAL THERAPY		2,723,412		2,723,412	66.00
67.00	06700 OCCUPATIONAL THERAPY		573,955		573,955	67.00
68.00	06800 SPEECH PATHOLOGY		274,394		274,394	68.00
69.00	06900 ELECTROCARDIOLOGY		804,790		804,790	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,067,993		1,067,993	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,307,110		13,307,110	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,173,856		12,173,856	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		8,929,563		8,929,563	73.00
74.00	07400 RENAL DIALYSIS		55,055		55,055	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	89.00
90.00	09000 CLINIC		0		0	90.00
90.01	09001 WOUND/OSTOMY CLINIC		2,334,908		2,334,908	90.01
90.02	09002 KIDS PLUS CLINIC		95,289		95,289	90.02
90.03	09003 ONCOLOGY		0		0	90.03
90.04	09004 MUNCI E CLINIC		166,308		166,308	90.04
90.05	09005 ANTI COAGULATION CLINIC		387,074		387,074	90.05
90.06	09006 PREGNANCY PLUS		508,064		508,064	90.06
90.07	09007 O/P LAB		0		0	90.07
90.08	09008 O/P LAB		0		0	90.08
91.00	09100 EMERGENCY		6,264,484		6,264,484	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,546,950		2,546,950	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0		0	94.00
95.00	09500 AMBULANCE SERVICES		0		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0		0	98.00
99.00	09900 CMHC		0		0	99.00
99.10	09910 CORF		0		0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM		0		0	100.00
101.00	10100 HOME HEALTH AGENCY		0		0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0		0	105.00
106.00	10600 HEART ACQUISITION		0		0	106.00
107.00	10700 LIVER ACQUISITION		0		0	107.00
108.00	10800 LUNG ACQUISITION		0		0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

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	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			110.00
111.00	11100	ISLET ACQUISITION	0		0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	0		0			116.00
200.00		Subtotal (see instructions)	111,389,801	0	111,389,801	0	111,389,801	200.00
201.00		Less Observation Beds	2,546,950		2,546,950		2,546,950	201.00
202.00		Total (see instructions)	108,842,851	0	108,842,851	0	108,842,851	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150113		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/28/2015 1:09 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,700,222		18,700,222			30.00
31.00	03100	INTENSIVE CARE UNIT	4,600,184		4,600,184			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/P	0		0			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,609,951		1,609,951			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,329,823	31,061,468	53,391,291	0.202525	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,661,080	1,962,855	3,623,935	0.182121	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,587,825	16,986,582	20,574,407	0.278732	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	746,292	7,811,691	8,557,983	0.076768	0.000000	56.00
57.00	05700	CT SCAN	5,690,486	22,331,678	28,022,164	0.029276	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,786,966	10,432,680	12,219,646	0.080395	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,099,749	6,126,821	8,226,570	0.150346	0.000000	59.00
60.00	06000	LABORATORY	8,086,748	25,284,646	33,371,394	0.205759	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	835,725	552,957	1,388,682	0.298404	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,895,565	513,099	3,408,664	0.418196	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,434,038	5,002,739	6,436,777	0.423102	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	753,535	704,551	1,458,086	0.393636	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	394,541	261,689	656,230	0.418137	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,883,013	5,931,383	7,814,396	0.102988	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	577,974	4,928,210	5,506,184	0.193962	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,204,799	17,150,179	37,354,978	0.356234	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,642,304	6,368,517	32,010,821	0.380304	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,065,324	20,897,989	48,963,313	0.182373	0.000000	73.00
74.00	07400	RENAL DIALYSIS	269,848	0	269,848	0.204022	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	6,119,445	6,119,445	0.381556	0.000000	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	09003	ONCOLOGY	0	5,919,076	5,919,076	0.000000	0.000000	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	1,094,064	1,094,064	0.353795	0.000000	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000	90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000	90.08
91.00	09100	EMERGENCY	7,099,341	26,512,922	33,612,263	0.186375	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,299,151	6,299,151	0.404332	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	160,955,333	230,254,392	391,209,725			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	160,955,333	230,254,392	391,209,725			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.000000		90.01
90.02	09002 KIDS PLUS CLINIC	0.000000		90.02
90.03	09003 ONCOLOGY	0.000000		90.03
90.04	09004 MUNCIE CLINIC	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	0.000000		90.05
90.06	09006 PREGNANCY PLUS	0.000000		90.06
90.07	09007 O/P LAB	0.000000		90.07
90.08	09008 O/P LAB	0.000000		90.08
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:09 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150113

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

Worksheet D
Part I
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,682,977	0	1,682,977	21,423	78.56	30.00
31.00	INTENSIVE CARE UNIT	186,152		186,152	1,336	139.34	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	76,849		76,849	1,752	43.86	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,945,978		1,945,978	24,511		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	9,022	708,768				30.00
31.00	INTENSIVE CARE UNIT	1,301	181,281				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	10,323	890,049				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150113

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

Worksheet D
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	806,578	53,391,291	0.015107	9,119,878	137,774	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,216	3,623,935	0.003923	365,433	1,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	471,816	20,574,407	0.022932	2,173,198	49,836	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	52,834	8,557,983	0.006174	438,232	2,706	56.00
57.00	05700	CT SCAN	41,324	28,022,164	0.001475	3,043,010	4,488	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	91,191	12,219,646	0.007463	912,430	6,809	58.00
59.00	05900	CARDIAC CATHETERIZATION	99,948	8,226,570	0.012149	918,449	11,158	59.00
60.00	06000	LABORATORY	1,437,101	33,371,394	0.043064	4,559,165	196,336	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,728	1,388,682	0.013486	266,078	3,588	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,634	3,408,664	0.007227	2,231,123	16,124	65.00
66.00	06600	PHYSICAL THERAPY	159,698	6,436,777	0.024810	839,499	20,828	66.00
67.00	06700	OCCUPATIONAL THERAPY	54,840	1,458,086	0.037611	435,394	16,376	67.00
68.00	06800	SPEECH PATHOLOGY	14,819	656,230	0.022582	237,952	5,373	68.00
69.00	06900	ELECTROCARDIOLOGY	35,811	7,814,396	0.004583	1,433,510	6,570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	78,858	5,506,184	0.014322	156,319	2,239	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	602,296	37,354,978	0.016124	8,778,786	141,549	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	551,006	32,010,821	0.017213	11,332,188	195,061	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	107,520	48,963,313	0.002196	14,208,368	31,202	73.00
74.00	07400	RENAL DIALYSIS	3,875	269,848	0.014360	121,486	1,745	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	238,036	6,119,445	0.038898	0	0	90.01
90.02	09002	KIDS PLUS CLINIC	30,005	0	0.000000	0	0	90.02
90.03	09003	ONCOLOGY	358,777	5,919,076	0.060614	0	0	90.03
90.04	09004	MUNCIE CLINIC	29,018	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	2,592	1,094,064	0.002369	0	0	90.05
90.06	09006	PREGNANCY PLUS	75,243	0	0.000000	0	0	90.06
90.07	09007	O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008	O/P LAB	0	0	0.000000	0	0	90.08
91.00	09100	EMERGENCY	683,866	33,612,263	0.020346	3,115,203	63,382	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	170,788	6,299,151	0.027113	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	6,255,418	366,299,368		64,685,701	914,578	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/28/2015 1:09 pm
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Cost Center Description	Title XVIII					Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	PPS		
	1.00	2.00	3.00	4.00	Total Costs (sum of cols. 1 through 3, minus col. 4)		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
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	21,423	0.00	9,022	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,336	0.00	1,301	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	1,752	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	24,511		10,323	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:09 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
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	7,886	0	7,886	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
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 PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	0	90.08
91.00	09100	EMERGENCY	0	0	163,387	0	163,387	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	171,273	0	171,273	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:09 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	53,391,291	0.000000	0.000000	9,119,878	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,623,935	0.000000	0.000000	365,433	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,886	20,574,407	0.000383	0.000383	2,173,198	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	8,557,983	0.000000	0.000000	438,232	56.00
57.00	05700 CT SCAN	0	28,022,164	0.000000	0.000000	3,043,010	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,219,646	0.000000	0.000000	912,430	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,226,570	0.000000	0.000000	918,449	59.00
60.00	06000 LABORATORY	0	33,371,394	0.000000	0.000000	4,559,165	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,388,682	0.000000	0.000000	266,078	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,408,664	0.000000	0.000000	2,231,123	65.00
66.00	06600 PHYSICAL THERAPY	0	6,436,777	0.000000	0.000000	839,499	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,458,086	0.000000	0.000000	435,394	67.00
68.00	06800 SPEECH PATHOLOGY	0	656,230	0.000000	0.000000	237,952	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,814,396	0.000000	0.000000	1,433,510	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,506,184	0.000000	0.000000	156,319	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	37,354,978	0.000000	0.000000	8,778,786	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	32,010,821	0.000000	0.000000	11,332,188	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	48,963,313	0.000000	0.000000	14,208,368	73.00
74.00	07400 RENAL DIALYSIS	0	269,848	0.000000	0.000000	121,486	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0	6,119,445	0.000000	0.000000	0	90.01
90.02	09002 KIDS PLUS CLINIC	0	0	0.000000	0.000000	0	90.02
90.03	09003 ONCOLOGY	0	5,919,076	0.000000	0.000000	0	90.03
90.04	09004 MUNCIE CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	0	1,094,064	0.000000	0.000000	0	90.05
90.06	09006 PREGNANCY PLUS	0	0	0.000000	0.000000	0	90.06
90.07	09007 O/P LAB	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P LAB	0	0	0.000000	0.000000	0	90.08
91.00	09100 EMERGENCY	163,387	33,612,263	0.004861	0.004861	3,115,203	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,299,151	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	171,273	366,299,368			64,685,701	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:09 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)	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	11,479,396	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	331,691	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	832	6,208,856	2,378	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	3,330,936	0	56.00
57.00 05700 CT SCAN	0	7,497,388	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,258,347	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,995,264	0	59.00
60.00 06000 LABORATORY	0	3,823,947	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	176,328	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	1,323,101	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,664,939	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,576,491	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,597,987	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,811,651	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,619,114	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	90.02
90.03 09003 ONCOLOGY	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	90.08
91.00 09100 EMERGENCY	15,143	5,205,039	25,302	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,328,384	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (lines 50-199)	15,975	65,228,859	27,680	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:09 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	0.202525	11,479,396	0	102	2,324,865	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.182121	331,691	0	0	60,408	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.278732	6,208,856	0	0	1,730,607	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.076768	3,330,936	0	0	255,709	56.00
57.00	05700 CT SCAN	0.029276	7,497,388	0	0	219,494	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.080395	3,258,347	0	0	261,955	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.150346	1,995,264	0	0	299,980	59.00
60.00	06000 LABORATORY	0.205759	3,823,947	32	0	786,812	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.298404	176,328	0	0	52,617	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.418196	1,323,101	0	0	553,316	65.00
66.00	06600 PHYSICAL THERAPY	0.423102	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.393636	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.418137	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.102988	2,664,939	0	0	274,457	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193962	1,576,491	0	0	305,779	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356234	4,597,987	1,964	0	1,637,959	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.380304	1,811,651	0	0	688,978	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.182373	7,619,114	0	121,455	1,389,521	73.00
74.00	07400 RENAL DIALYSIS	0.204022	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.381556	0	0	0	0	90.01
90.02	09002 KIDS PLUS CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ONCOLOGY	0.000000	0	0	0	0	90.03
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	0.353795	0	0	0	0	90.05
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0	90.06
90.07	09007 O/P LAB	0.000000	0	0	0	0	90.07
90.08	09008 O/P LAB	0.000000	0	0	0	0	90.08
91.00	09100 EMERGENCY	0.186375	5,205,039	0	0	970,089	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.404332	2,328,384	0	0	941,440	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		65,228,859	1,996	121,557	12,753,986	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		65,228,859	1,996	121,557	12,753,986	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:09 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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	21		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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	7	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	700	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	22,150		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0		90.01
90.02 09002 KIDS PLUS CLINIC	0	0		90.02
90.03 09003 ONCOLOGY	0	0		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0		90.05
90.06 09006 PREGNANCY PLUS	0	0		90.06
90.07 09007 O/P LAB	0	0		90.07
90.08 09008 O/P LAB	0	0		90.08
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	707	22,171	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	707	22,171	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2015 1:09 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)		21,423	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,423	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)		19,249	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)		9,022	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)		25,098,015	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)		25,098,015	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)		25,098,015	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)		1,171.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,569,724	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,569,724	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 1:09 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	3,495,527	1,336	2,616.41	1,301	3,403,949	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,241,615	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,215,288	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)					890,049	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					930,553	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,820,602	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					28,394,686	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)					2,174	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,171.55	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,546,950	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150113		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:09 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,682,977	25,098,015	0.067056	2,546,950	170,788	90.00
91.00	Nursing School cost	0	25,098,015	0.000000	2,546,950	0	91.00
92.00	Allied health cost	0	25,098,015	0.000000	2,546,950	0	92.00
93.00	All other Medical Education	0	25,098,015	0.000000	2,546,950	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 1:09 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		7,971,740	30.00
31.00	03100	INTENSIVE CARE UNIT		2,119,637	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.202525	9,119,878	1,847,003 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.182121	365,433	66,553 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278732	2,173,198	605,740 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.076768	438,232	33,642 56.00
57.00	05700	CT SCAN	0.029276	3,043,010	89,087 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080395	912,430	73,355 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150346	918,449	138,085 59.00
60.00	06000	LABORATORY	0.205759	4,559,165	938,089 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.298404	266,078	79,399 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.418196	2,231,123	933,047 65.00
66.00	06600	PHYSICAL THERAPY	0.423102	839,499	355,194 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.393636	435,394	171,387 67.00
68.00	06800	SPEECH PATHOLOGY	0.418137	237,952	99,497 68.00
69.00	06900	ELECTROCARDIOLOGY	0.102988	1,433,510	147,634 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193962	156,319	30,320 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356234	8,778,786	3,127,302 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.380304	11,332,188	4,309,676 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182373	14,208,368	2,591,223 73.00
74.00	07400	RENAL DIALYSIS	0.204022	121,486	24,786 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.381556	0	0 90.01
90.02	09002	KIDS PLUS CLINIC	0.000000	0	0 90.02
90.03	09003	ONCOLOGY	0.000000	0	0 90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0 90.04
90.05	09005	ANTICOAGULATION CLINIC	0.353795	0	0 90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0 90.06
90.07	09007	O/P LAB	0.000000	0	0 90.07
90.08	09008	O/P LAB	0.000000	0	0 90.08
91.00	09100	EMERGENCY	0.186375	3,115,203	580,596 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.404332	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		64,685,701	16,241,615 200.00
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)		64,685,701	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 1:09 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Cost Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,812,631	30.00
31.00	03100	INTENSIVE CARE UNIT		271,299	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		524,565	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.202525	3,790,294	767,629 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.182121	285,986	52,084 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.278732	182,439	50,852 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.076768	31,683	2,432 56.00
57.00	05700	CT SCAN	0.029276	222,215	6,506 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080395	71,077	5,714 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.150346	98,508	14,810 59.00
60.00	06000	LABORATORY	0.205759	484,046	99,597 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.298404	92,556	27,619 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.418196	214,949	89,891 65.00
66.00	06600	PHYSICAL THERAPY	0.423102	45,182	19,117 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.393636	25,682	10,109 67.00
68.00	06800	SPEECH PATHOLOGY	0.418137	19,862	8,305 68.00
69.00	06900	ELECTROCARDIOLOGY	0.102988	66,503	6,849 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193962	34,080	6,610 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.356234	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.380304	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182373	1,822,441	332,364 73.00
74.00	07400	RENAL DIALYSIS	0.204022	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.381556	0	0 90.01
90.02	09002	KIDS PLUS CLINIC	0.000000	0	0 90.02
90.03	09003	ONCOLOGY	0.000000	0	0 90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0 90.04
90.05	09005	ANTICOAGULATION CLINIC	0.353795	0	0 90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0 90.06
90.07	09007	O/P LAB	0.000000	0	0 90.07
90.08	09008	O/P LAB	0.000000	0	0 90.08
91.00	09100	EMERGENCY	0.186375	315,241	58,753 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.404332	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		7,802,744	1,559,241 200.00
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)		7,802,744	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:09 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		16,861,723	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,620,574	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,736,826	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)		133.56	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.65	31.00
32.00	Sum of lines 30 and 31		27.33	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.76	33.00
34.00	Disproportionate share adjustment (see instructions)		660,980	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:09 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	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000161269	0.000152969	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,458,901	1,169,849	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,091,178	294,866	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,386,044		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		26,266,147		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		26,266,147		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,003,904		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		4,448		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		15,975		58.00
59.00	Total (sum of amounts on lines 49 through 58)		28,290,474		59.00
60.00	Primary payer payments		8,866		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		28,281,608		61.00
62.00	Deductibles billed to program beneficiaries		2,208,704		62.00
63.00	Coinurance billed to program beneficiaries		35,848		63.00
64.00	Allowable bad debts (see instructions)		124,911		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		81,192		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-1,251		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		26,118,248		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		20,265		70.93
70.94	HRR adjustment amount (see instructions)		-90,037		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:09 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		26,048,476		71.00
71.01	Sequestration adjustment (see instructions)		520,970		71.01
72.00	Interim payments		25,374,563		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)		152,943		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1,517,204		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 1:09 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		22,878	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,726,306	2.00
3.00	PPS payments		12,726,893	3.00
4.00	Outlier payment (see instructions)		82,649	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		27,680	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		22,878	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		123,553	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		123,553	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)		123,553	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		100,675	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)		22,878	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		12,837,222	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		393	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,828,414	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		10,031,293	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		10,031,293	30.00
31.00	Primary payer payments		3,648	31.00
32.00	Subtotal (line 30 minus line 31)		10,027,645	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		230,561	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		149,865	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		23,454	36.00
37.00	Subtotal (see instructions)		10,177,510	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		10,177,510	40.00
40.01	Sequestration adjustment (see instructions)		203,550	40.01
41.00	Interim payments		10,134,907	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-160,947	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150113

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2015 1:09 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		25,334,663		10,044,607	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	07/30/2014	39,900	07/30/2014	90,300	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)		39,900		90,300	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)		25,374,563		10,134,907	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		152,943		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		160,947	6.02
7.00	Total Medicare program liability (see instructions)		25,527,506		9,973,960	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: 150113

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2015 1:09 pm

Title XVIII

Hospital

PPS

1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	6,565	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	10,323	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	2,738	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	20,585	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	391,209,725	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	10,887,187	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,006,203	8.00
9.00	Sequestration adjustment amount (see instructions)	20,124	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	986,079	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	979,721	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	6,358	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2015 1:09 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		2,608,495		8.00
9.00	Ancillary service charges		7,802,744	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		10,411,239	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		10,411,239	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		10,411,239	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

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

Provider CCN: 150113

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

Worksheet G

Date/Time Prepared:
5/28/2015 1:09 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	27,102,356	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	56,587,116	0	0	0	4.00
5.00	Other receivable	47,662	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-34,562,533	0	0	0	6.00
7.00	Inventory	2,347,680	0	0	0	7.00
8.00	Prepaid expenses	64,929	0	0	0	8.00
9.00	Other current assets	81,727,059	0	0	0	9.00
10.00	Due from other funds	2,568,261	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	135,882,530	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	6,188,988	0	0	0	13.00
14.00	Accumulated depreciation	2,293,910	0	0	0	14.00
15.00	Buildings	-1,820,030	0	0	0	15.00
16.00	Accumulated depreciation	61,222,144	0	0	0	16.00
17.00	Leasehold improvements	-32,180,375	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	20,209,711	0	0	0	20.00
21.00	Automobiles and trucks	-11,742,664	0	0	0	21.00
22.00	Accumulated depreciation	758,793	0	0	0	22.00
23.00	Major movable equipment	-579,685	0	0	0	23.00
24.00	Accumulated depreciation	14,183,725	0	0	0	24.00
25.00	Minor equipment depreciable	-10,529,593	0	0	0	25.00
26.00	Accumulated depreciation	30,126,923	0	0	0	26.00
27.00	HIT designated Assets	-21,473,712	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)	56,658,135	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	192,540,665	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,681,979	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,942,946	0	0	0	38.00
39.00	Payroll taxes payable	222,634	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,613,304	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	655,593	0	0	0	43.00
44.00	Other current liabilities	1,893,811	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,010,267	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	8,468,865	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	8,468,865	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	26,479,132	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	166,061,533				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)	166,061,533	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	192,540,665	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150113

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

Worksheet G-1

Date/Time Prepared:
5/28/2015 1:09 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		140,410,068		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,651,465			2.00
3.00	Total (sum of line 1 and line 2)		166,061,533		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)		166,061,533		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)		166,061,533		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: 150113

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2015 1:09 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	19,251,000		19,251,000	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	19,251,000		19,251,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,701,595		4,701,595	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,701,595		4,701,595	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	23,952,595		23,952,595	17.00
18.00	Ancillary services	130,876,986	196,484,511	327,361,497	18.00
19.00	Outpatient services	7,391,377	33,946,029	41,337,406	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY, NRCC AND OTHER	1,658,458	7,985,133	9,643,591	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	163,879,416	238,415,673	402,295,089	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		130,519,799		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)		130,519,799		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150113

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

Worksheet G-3

Date/Time Prepared:
5/28/2015 1:09 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	402,295,089	1.00
2.00	Less contractual allowances and discounts on patients' accounts	243,056,110	2.00
3.00	Net patient revenues (line 1 minus line 2)	159,238,979	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	130,519,799	4.00
5.00	Net income from service to patients (line 3 minus line 4)	28,719,180	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	42,552	7.00
8.00	Revenues from telephone and other miscellaneous communication services	9,086	8.00
9.00	Revenue from television and radio service	62,279	9.00
10.00	Purchase discounts	12,704	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	708,582	14.00
15.00	Revenue from rental of living quarters	4,372	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	17,310	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	SALE OF SCRAP, WASTE, ETC	169	24.00
24.01	GENERAL NON-OPERATING REVENUE	1,834,554	24.01
24.02	GENERAL OTHER OPERATING REVENUE	5,888,807	24.02
25.00	Total other income (sum of lines 6-24)	8,580,415	25.00
26.00	Total (line 5 plus line 25)	37,299,595	26.00
27.00	PROVISIONS FOR BAD DEBT	11,648,130	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	11,648,130	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	25,651,465	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet I-5 Date/Time Prepared: 5/28/2015 1:09 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150113	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 1:09 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,797,278	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		104,361	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)		57.80	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)		4.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.65	8.00
9.00	Sum of lines 7 and 8		27.33	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.69	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		102,265	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,003,904	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