

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: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/25/2016 11:47 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/25/2016 Time: 11:47 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOWARD REGIONAL HEALTH ( 150007 ) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	225,408	22,543	-146,830	3,941,321	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	225,408	22,543	-146,830	3,941,321	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: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:44 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 3500 SOUTH LAFOUNTAIN			PO Box:						1.00		
2.00	City: KOKOMO			State: IN		Zip Code: 46902		County: HOWARD		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			COMMUNITY HOWARD REGIONAL HEALTH	150007	26900	1	07/01/1966	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
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015	12/31/2015		20.00		
21.00	Type of Control (see instructions)						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	N		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 days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.			919	1,272	0	0	1,764	47		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: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:44 am		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y			40.00
		V	XVII	XI	X	
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
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	
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
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	
<b>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.</b>							
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
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N				80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N				81.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N				85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N				87.00
				V	XIX	
				1.00	2.00	
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.	N		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00



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		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			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: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101			
142.00	Street: 1500 NORTH RITTER	PO Box:					
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219-3095				
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00		
				1.00	2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N	147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N	148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N	149.00		
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00		
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y	167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)				168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			0.50	169.00		
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/03/2015	12/31/2015		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/25/2016 11:44 am
			1.00
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)		N 171.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 11:44 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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.	Y			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 Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/01/2016	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part II Date/Time Prepared: 5/25/2016 11:44 am	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N					21.00
						1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>							
<b>Capital Related Cost</b>							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					N	27.00
<b>Interest Expense</b>							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					N	31.00
<b>Purchased Services</b>							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					N	33.00
<b>Provider-Based Physicians</b>							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					N	35.00
				Y/N	Date		
				1.00	2.00		
<b>Home Office Costs</b>							
36.00	Were home office costs claimed on the cost report?					N	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.						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.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
				1.00	2.00		
<b>Cost Report Preparer Contact Information</b>							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RONALD		HELMS			41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501		RHELMS@COMMUNITY.COM			43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/01/2016	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	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT MANAGER	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: 150007

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	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	103	38,690	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)		103	38,690	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	0	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	43.00				0	13.00
14.00 Total (see instructions)		111	41,610	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		111				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: 150007

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,757	840	13,780			1.00
2.00 HMO and other (see instructions)	308	2,388				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,757	840	13,780			7.00
8.00 INTENSIVE CARE UNIT	1,418	0	2,061			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		727	1,070			13.00
14.00 Total (see instructions)	8,175	1,567	16,911	0.00	671.28	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	46			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	671.28	27.00
28.00 Observation Bed Days		31	1,273			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			151			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	47	85			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: 150007

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,802	158	4,524	1.00
2.00 HMO and other (see instructions)				73	709		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,802	158	4,524	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/25/2016 11:44 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	35,612,725	-165,079	35,447,646	1,396,254.00	25.39	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		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)		2,181,916	-21,758	2,160,158	121,446.00	17.79	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		414,307	0	414,307	6,234.00	66.46	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		101,625	0	101,625	1,136.00	89.46	13.00
14.00	Home office salaries & wage-related costs		4,511,167	0	4,511,167	88,650.00	50.89	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		9,458,700	0	9,458,700			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		827,348	0	827,348			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	225,990	-1,184	224,806	13,025.00	17.26	26.00
27.00	Administrative & General	5.00	5,232,172	-21,497	5,210,675	176,613.00	29.50	27.00
28.00	Administrative & General under contract (see inst.)		3,317,730	0	3,317,730	17,508.00	189.50	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	965,328	-303	965,025	45,837.00	21.05	30.00
31.00	Laundry & Linen Service	8.00	26,503	0	26,503	2,547.00	10.41	31.00
32.00	Housekeeping	9.00	502,044	-3,840	498,204	47,128.00	10.57	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	683,347	-423,675	259,672	17,380.00	14.94	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	423,675	423,675	28,356.00	14.94	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,433,129	-2,520	1,430,609	36,309.00	39.40	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150007

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 799,441	-137	799,304	37,835.00	21.13	41.00
42.00	Social Service	17.00 232,771	47,711	280,482	9,479.00	29.59	42.00
43.00	Other General Service	18.00 778,446	-13,465	764,981	42,248.00	18.11	43.00



HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150007

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/25/2016 11:44 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	38,930,455	-165,079	38,765,376	1,413,762.00	27.42	1.00
2.00	Excluded area salaries (see instructions)	2,181,916	-21,758	2,160,158	121,446.00	17.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	36,748,539	-143,321	36,605,218	1,292,316.00	28.33	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,027,099	0	5,027,099	96,020.00	52.35	4.00
5.00	Subtotal wage-related costs (see inst.)	9,458,700	0	9,458,700	0.00	25.84	5.00
6.00	Total (sum of lines 3 thru 5)	51,234,338	-143,321	51,091,017	1,388,336.00	36.80	6.00
7.00	Total overhead cost (see instructions)	14,196,901	4,765	14,201,666	474,265.00	29.94	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2016 11:44 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			2,415,537 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)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			4,686,202 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			102,358 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			297,055 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			210,794 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			2,567,603 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			6,500 23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>			<b>10,286,049 24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150007

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/25/2016 11:44 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/25/2016 11:44 am
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.231523		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		7,885,199		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		71,043,264		6.00
7.00	Medicaid cost (line 1 times line 6)		16,448,150		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		8,562,951		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,562,951		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	11,691,356	0	11,691,356	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,706,818	0	2,706,818	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)	2,706,818	0	2,706,818	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)		11,217,294		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		247,206		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		10,970,088		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,539,828		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		5,246,646		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		13,809,597		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150007

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

Worksheet A  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	9,486,638	9,486,638	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	0	271,054	271,054	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	0	0	25,735	25,735	1.02
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	225,990	5,011,338	5,237,328	-40,565	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,232,172	30,588,093	35,820,265	-6,920,075	5.00
7.00	00700	OPERATION OF PLANT	965,328	2,991,539	3,956,867	-77,124	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	26,503	245,975	272,478	-183	8.00
9.00	00900	HOUSEKEEPING	502,044	251,332	753,376	-12,357	9.00
10.00	01000	DIETARY	683,347	547,980	1,231,327	-775,618	10.00
11.00	01100	CAFETERIA	0	17,105	17,105	763,383	11.00
13.00	01300	NURSING ADMINISTRATION	1,433,129	246,687	1,679,816	-1,010	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	799,441	749,586	1,549,027	-3,813	16.00
17.00	01700	SOCIAL SERVICE	232,771	26,698	259,469	67,035	17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	778,446	534,778	1,313,224	-74,176	18.00
23.00	02300	PASTORAL CARE	249,460	71,413	320,873	-100	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	6,556,104	1,598,704	8,154,808	-1,547,305	30.00
31.00	03100	INTENSIVE CARE UNIT	1,542,213	527,393	2,069,606	-282,796	31.00
43.00	04300	NURSERY	0	0	0	307,569	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,062,899	4,637,728	6,700,627	-3,326,077	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	679,156	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,491,706	1,496,541	2,988,247	-730,638	54.00
54.01	03480	ONCOLOGY	1,193,324	459,663	1,652,987	-162,165	54.01
57.00	05700	CT SCAN	417,260	180,636	597,896	-113,278	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	91,216	384,817	476,033	-348,119	58.00
59.00	05900	CARDIAC CATHETERIZATION	798,070	3,038,615	3,836,685	-2,696,927	59.00
60.00	06000	LABORATORY	97,547	4,024,560	4,122,107	-204,042	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	748,135	225,941	974,076	-86,615	65.00
66.00	06600	PHYSICAL THERAPY	0	282,125	282,125	-502	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	161,910	161,910	-281	67.00
68.00	06800	SPEECH PATHOLOGY	0	85,600	85,600	0	68.00
69.00	06900	ELECTROCARDIOLOGY	856,945	348,191	1,205,136	-151,138	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,910	4,089	20,999	-1,662	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,809	833,581	968,390	5,017,345	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,745,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,624,481	10,237,398	11,861,879	-203,594	73.00
74.00	07400	RENAL DIALYSIS	0	205,974	205,974	-2,457	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	214,344	70,896	285,240	-17,641	75.01
76.99	07699	LI THOTRI PSY	0	0	0	217,861	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	1,948,081	1,603,033	3,551,114	-394,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01	04951	GENESIS	838,603	245,569	1,084,172	-22	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	558,073	94,111	652,184	-1,100	93.06
93.07	04957	CLINTON COUNTY	315,622	169,553	485,175	-87,161	93.07
93.08	04958	HOWARD DIABETES	0	0	0	0	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0	93.09
93.10	04960	OB/GYN GREER	0	0	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	93.13
93.14	04964	DR. HASAN	0	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	93.16
93.17	04967	CFHC	0	0	0	0	93.17
93.18	04968	PSYCH MEDICATION	949,553	98,152	1,047,705	-429	93.18
93.19	04969	RUSSIAVILLE OFFICE	0	0	0	0	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	93.21

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150007

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

Worksheet A  
Date/Time Prepared: 5/25/2016 11:44 am

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	
93.22	04972	DR. KOESTER	0	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	10,604	10,604	-5,000	5,604	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	0	0	0	93.33
93.34	04984	DR. NEKOMARAM	0	0	0	0	0	93.34
93.35	04985	DR. CARL	0	0	0	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	0	0	93.39
93.40	04990	DR. THUMULURI	0	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	95,743	14,845	110,588	0	110,588	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0	0	93.44
93.45	04995	DR GERING	0	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	0	0	93.46
93.47	04997	DR KRAFT	0	0	0	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	818,166	302,733	1,120,899	-115,198	1,005,701	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,498,435	72,625,486	107,123,921	197,728	107,321,649	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	60,781	14,011	74,792	-278	74,514	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	987,319	655,812	1,643,131	-154,864	1,488,267	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	8,209	1,055	9,264	0	9,264	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	0	0	0	194.02
194.03	07953	DR. CHEN	0	0	0	0	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	-4,214	-4,214	839	-3,375	194.07
194.08	07958	SOUTH BERKLEY	0	22,869	22,869	0	22,869	194.08
194.09	07959	MOBILE CLINIC	17,337	6,823	24,160	-1,419	22,741	194.09
194.10	07960	PLASTIC SURGERY	0	67,781	67,781	-37,956	29,825	194.10
194.11	07961	KOKOMO SCHOOL BASED	40,268	155,730	195,998	-1,901	194,097	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	0	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
194.15	07965	INDIANA SURGERY CENTER	376	105,998	106,374	-2,149	104,225	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
200.00		TOTAL (SUM OF LINES 118-199)	35,612,725	73,651,351	109,264,076	0	109,264,076	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150007

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

Worksheet A  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	9,486,638	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	271,054	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	0	25,735	1.02
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,694,636	6,891,399	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-17,308,920	11,591,270	5.00
7.00	00700	OPERATION OF PLANT	0	3,879,743	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	272,295	8.00
9.00	00900	HOUSEKEEPING	0	741,019	9.00
10.00	01000	DIETARY	-7,989	447,720	10.00
11.00	01100	CAFETERIA	-275,011	505,477	11.00
13.00	01300	NURSING ADMINISTRATION	244,980	1,923,786	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-73,777	1,471,437	16.00
17.00	01700	SOCIAL SERVICE	0	326,504	17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	-10,420	1,228,628	18.00
23.00	02300	PASTORAL CARE	-4,390	316,383	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	21,361	6,628,864	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,786,810	31.00
43.00	04300	NURSERY	0	307,569	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	3,374,550	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	679,156	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,980	2,280,589	54.00
54.01	03480	ONCOLOGY	-455	1,490,367	54.01
57.00	05700	CT SCAN	0	484,618	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-5,698	122,216	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,139,758	59.00
60.00	06000	LABORATORY	-511,301	3,406,764	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	-4,055	883,406	65.00
66.00	06600	PHYSICAL THERAPY	0	281,623	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	161,629	67.00
68.00	06800	SPEECH PATHOLOGY	0	85,600	68.00
69.00	06900	ELECTROCARDIOLOGY	3,468	1,057,466	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,337	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-7,714	5,978,021	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,745,417	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	74,913	11,733,198	73.00
74.00	07400	RENAL DIALYSIS	0	203,517	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	267,599	75.01
76.99	07699	LI THOTRI PSY	0	217,861	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0	3,156,817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	290	1,084,440	93.01
93.02	04952	WOMEN'S CENTER	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	-294,268	356,816	93.06
93.07	04957	CLINTON COUNTY	-60,374	337,640	93.07
93.08	04958	HOWARD DIABETES	0	0	93.08
93.09	04959	DR. AROUTINOVA	0	0	93.09
93.10	04960	OB/GYN GREER	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	93.13
93.14	04964	DR. HASAN	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	93.16
93.17	04967	CFHC	0	0	93.17
93.18	04968	PSYCH MEDICATION	0	1,047,276	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	93.19
93.20	04970	ORTOPAEDIC	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	93.21
93.22	04972	DR. KOESTER	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	93.23

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150007

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

Worksheet A  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
93.24	04999	DR ANNETTE MOORE	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	5,604	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	93.29
93.30	04980	DR. SCHILT	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	93.33
93.34	04984	DR. NEKOMARAM	0	0	93.34
93.35	04985	DR. CARL	0	0	93.35
93.36	04986	DR ANITA	0	0	93.36
93.37	04987	DR. NICOLE	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	93.38
93.39	04989	DR. EVANS	0	0	93.39
93.40	04990	DR. THUMULURI	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	93.42
93.43	04993	NEW BEGINNINGS	0	110,588	93.43
93.44	04994	DR HOVHANESSIAN	0	0	93.44
93.45	04995	DR GERING	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	93.46
93.47	04997	DR KRAFT	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	93.49
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	1,005,701	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,501,744	90,819,905	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	74,514	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,488,267	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	9,264	194.00
194.01	07951	HCH ONCOLOGY	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	194.02
194.03	07953	DR. CHEN	0	0	194.03
194.04	07954	DR. SALTER	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	-3,375	194.07
194.08	07958	SOUTH BERKLEY	0	22,869	194.08
194.09	07959	MOBILE CLINIC	0	22,741	194.09
194.10	07960	PLASTIC SURGERY	0	29,825	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	194,097	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	194.14
194.15	07965	INDIANA SURGERY CENTER	0	104,225	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	194.16
200.00		TOTAL (SUM OF LINES 118-199)	-16,501,744	92,762,332	200.00



RECLASSIFICATIONS

Provider CCN: 150007

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

Worksheet A-6

Date/Time Prepared:  
5/25/2016 11:44 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - Depreciation Expense</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,695,439	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
0			0	5,695,439	
<b>B - Depreciation Expense</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.01	0	271,054	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.02	0	25,735	2.00
0			0	296,789	
<b>C - Interest Expense</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,492,925	1.00
0			0	1,492,925	
<b>D - Capital Insurance Costs</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	111,756	1.00
0			0	111,756	
<b>E - Building Rental Expense Recl ass</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	252,582	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
0			0	252,582	
<b>F - Equipment Rental Expense Recl ass</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,230,725	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00

RECLASSIFICATIONS

Provider CCN: 150007

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

Worksheet A-6

Date/Time Prepared:  
5/25/2016 11:44 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
0			0	2,230,725	
<b>G - Medical Supply Expense Recl ass</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	332,162	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,283,716	2.00
3.00	HCH MEDICAL SURGICAL	194.07	0	839	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
0			0	5,616,717	
<b>H - Cafeteria Salary</b>					
1.00	CAFETERIA	11.00	423,675	0	1.00
			423,675	0	
<b>I - Cafeteria Other</b>					
1.00	CAFETERIA	11.00	0	339,748	1.00
			0	339,748	
<b>K - Social Service Salary</b>					
1.00	SOCIAL SERVICE	17.00	49,368	0	1.00
TOTALS			49,368	0	
<b>L - Social Service Other</b>					
1.00	SOCIAL SERVICE	17.00	0	17,667	1.00
TOTALS			0	17,667	
<b>M - FAMILY ROOMS SALARY RECLASS</b>					
1.00	NURSERY	43.00	244,661	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	540,247	0	2.00
TOTALS			784,908	0	
<b>N - Family Rooms Other</b>					
1.00	NURSERY	43.00	0	62,908	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	138,909	2.00
TOTALS			0	201,817	
<b>O - Pharmaceutical Expense Recl ass</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	36	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	136,270	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,587	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

RECLASSIFICATIONS

Provider CCN: 150007

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

Worksheet A-6

Date/Time Prepared:  
5/25/2016 11:44 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
14.00	0.00	0	0			14.00
15.00	0.00	0	0			15.00
16.00	0.00	0	0			16.00
17.00	0.00	0	0			17.00
0		0	150,893			
<b>P - Lithotripsy Salary</b>						
1.00	LI THOTRI PSY	76.99	6,931	0		1.00
0	<b>Q - Lithotripsy Other</b>					
1.00	LI THOTRI PSY	76.99	0	210,930		1.00
<b>R - Implantable Device Recl ass</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,745,417		1.00
2.00	TOTALS	0.00	0	0		2.00
<b>Y - INTERCOMPANY ALLOCATIONS</b>						
1.00	OPERATION OF PLANT	7.00	0	107,481		1.00
<b>Z - STD BENEFIT RECLASS</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,184		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	21,497		2.00
3.00	OPERATION OF PLANT	7.00	0	303		3.00
4.00	HOUSEKEEPING	9.00	0	3,840		4.00
5.00	NURSING ADMINISTRATION	13.00	0	2,520		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	137		6.00
7.00	SOCIAL SERVICE	17.00	0	1,657		7.00
8.00	PSYCHIATRIC ADMINISTRATION	18.00	0	13,465		8.00
9.00	PASTORAL CARE	23.00	0	450		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	33,903		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	22,192		11.00
12.00	OPERATING ROOM	50.00	0	8,143		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	439		13.00
14.00	CT SCAN	57.00	0	2,132		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	385		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	838		16.00
17.00	RESPIRATORY THERAPY	65.00	0	3,304		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	5,327		18.00
19.00	DRUGS CHARGED TO PATIENTS	73.00	0	176		19.00
20.00	EMERGENCY	91.00	0	9,990		20.00
21.00	GENESIS	93.01	0	1,274		21.00
22.00	HOWARD COUNTY CSS	93.06	0	1,076		22.00
23.00	CLINTON COUNTY	93.07	0	2,625		23.00
24.00	PSYCH MEDICATION	93.18	0	6,914		24.00
25.00	AMBULANCE SERVICES	95.00	0	2,168		25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,748		26.00
27.00	KOKOMO SCHOOL BASED	194.11	0	392		27.00
TOTALS			0	165,079		
500.00	Grand Total: Increases		1,264,882	18,635,965		500.00

RECLASSIFICATIONS

Provider CCN: 150007

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

Worksheet A-6  
Date/Time Prepared:  
5/25/2016 11:44 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
<b>A - Depreciation Expense</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,403	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,940,824	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	24,459	0	3.00	
4.00	HOUSEKEEPING	9.00	0	1,759	0	4.00	
5.00	DIETARY	10.00	0	6,491	0	5.00	
6.00	CAFETERIA	11.00	0	40	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	268	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,104	0	8.00	
9.00	PSYCHIATRIC ADMINISTRATION	18.00	0	72,459	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	68,020	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	4,591	0	11.00	
12.00	OPERATING ROOM	50.00	0	66,453	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	209,948	0	13.00	
14.00	ONCOLOGY	54.01	0	23,752	0	14.00	
15.00	CT SCAN	57.00	0	30	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	46,224	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	23,771	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	3,956	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	304	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	4,065	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	83	0	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,942	0	22.00	
23.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,811	0	23.00	
24.00	EMERGENCY	91.00	0	14,822	0	24.00	
25.00	GENESIS	93.01	0	22	0	25.00	
26.00	CLINTON COUNTY	93.07	0	2,546	0	26.00	
27.00	PSYCH MEDICATION	93.18	0	59	0	27.00	
28.00	DR. SEDAGHAT	93.27	0	5,000	0	28.00	
29.00	AMBULANCE SERVICES	95.00	0	36,004	0	29.00	
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	102,582	0	30.00	
31.00	MOBILE CLINIC	194.09	0	121	0	31.00	
32.00	PLASTIC SURGERY	194.10	0	19,274	0	32.00	
33.00	KOKOMO SCHOOL BASED	194.11	0	256	0	33.00	
34.00	INDIANA SURGERY CENTER	194.15	0	996	0	34.00	
0			0	5,695,439			
<b>B - Depreciation Expense</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	296,789	9	1.00	
2.00		0.00	0	0	9	2.00	
0			0	296,789			
<b>C - Interest Expense</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,492,925	11	1.00	
0			0	1,492,925			
<b>D - Capital Insurance Costs</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	111,756	12	1.00	
0			0	111,756			
<b>E - Building Rental Expense Recl ass</b>							
1.00	OPERATION OF PLANT	7.00	0	108,880	10	1.00	
2.00	PSYCHIATRIC ADMINISTRATION	18.00	0	1,152	0	2.00	
3.00	HOWARD COUNTY CSS	93.06	0	1,100	0	3.00	
4.00	CLINTON COUNTY	93.07	0	79,470	0	4.00	
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	60,842	0	5.00	
6.00	PLASTIC SURGERY	194.10	0	52	0	6.00	
7.00	KOKOMO SCHOOL BASED	194.11	0	1,086	0	7.00	
0			0	252,582			
<b>F - Equipment Rental Expense Recl ass</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	599,287	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	43,121	0	2.00	
3.00	HOUSEKEEPING	9.00	0	8,443	0	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,337	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	34,968	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	37,243	0	6.00	
7.00	OPERATING ROOM	50.00	0	15,200	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	175,096	0	8.00	
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	284,647	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	54,820	0	10.00	
11.00	LABORATORY	60.00	0	200,494	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	16,459	0	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	126,922	0	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	257,289	0	14.00	

RECLASSIFICATIONS

Provider CCN: 150007

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

Worksheet A-6  
Date/Time Prepared:  
5/25/2016 11:44 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
15.00	DRUGS CHARGED TO PATIENTS	73.00	0	313,715	0		15.00
16.00	CLINTON COUNTY	93.07	0	5,145	0		16.00
17.00	AMBULANCE SERVICES	95.00	0	31,874	0		17.00
18.00	COMMUNITY HOWARD FOUNDATION	190.01	0	276	0		18.00
19.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,759	0		19.00
20.00	PLASTIC SURGERY	194.10	0	18,630	0		20.00
	<b>O</b>		0	<b>2,230,725</b>			
<b>G - Medical Supply Expense Recl ass</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,460	0		1.00
2.00	OPERATION OF PLANT	7.00	0	8,145	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	183	0		3.00
4.00	HOUSEKEEPING	9.00	0	2,155	0		4.00
5.00	DIETARY	10.00	0	5,704	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	742	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,372	0		7.00
8.00	PSYCHIATRIC ADMINISTRATION	18.00	0	565	0		8.00
9.00	PASTORAL CARE	23.00	0	100	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	431,752	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	236,264	0		11.00
12.00	OPERATING ROOM	50.00	0	1,673,107	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	332,240	0		13.00
14.00	ONCOLOGY	54.01	0	59,670	0		14.00
15.00	CT SCAN	57.00	0	112,783	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	697	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	2,201,617	0		17.00
18.00	LABORATORY	60.00	0	3,406	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	66,200	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	198	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	281	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	18,421	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,579	0		23.00
24.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,338	0		24.00
25.00	RENAL DIALYSIS	74.00	0	615	0		25.00
26.00	WOUND CARE CENTER	75.01	0	17,339	0		26.00
27.00	EMERGENCY	91.00	0	366,044	0		27.00
28.00	PSYCH MEDICATION	93.18	0	370	0		28.00
29.00	AMBULANCE SERVICES	95.00	0	44,242	0		29.00
30.00	COMMUNITY HOWARD FOUNDATION	190.01	0	2	0		30.00
31.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	268	0		31.00
32.00	MOBILE CLINIC	194.09	0	146	0		32.00
33.00	KOKOMO SCHOOL BASED	194.11	0	559	0		33.00
34.00	INDIANA SURGERY CENTER	194.15	0	1,153	0		34.00
	<b>O</b>		0	<b>5,616,717</b>			
<b>H - Cafeteria Salary</b>							
1.00	DIETARY	10.00	423,675	0	0		1.00
<b>I - Cafeteria Other</b>							
1.00	DIETARY	10.00	0	339,748	0		1.00
<b>K - Social Service Salary</b>							
1.00	ONCOLOGY	54.01	49,368	0	0		1.00
	<b>TOTALS</b>		<b>49,368</b>	<b>0</b>	<b>0</b>		
<b>L - Social Service Other</b>							
1.00	ONCOLOGY	54.01	0	17,667	0		1.00
	<b>TOTALS</b>		<b>0</b>	<b>17,667</b>	<b>0</b>		
<b>M - FAMILY ROOMS SALARY RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	784,908	0	0		1.00
2.00		0.00	0	0	0		2.00
	<b>TOTALS</b>		<b>784,908</b>	<b>0</b>	<b>0</b>		
<b>N - Family Rooms Other</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	201,817	0		1.00
2.00		0.00	0	0	0		2.00
	<b>TOTALS</b>		<b>0</b>	<b>201,817</b>	<b>0</b>		
<b>O - Pharmaceutical Expense Recl ass</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	31,702	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	25,840	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	4,698	0		3.00
4.00	OPERATING ROOM	50.00	0	22,427	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,969	0		5.00
6.00	ONCOLOGY	54.01	0	11,708	0		6.00
7.00	CT SCAN	57.00	0	465	0		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,936	0		8.00

RECLASSIFICATIONS

Provider CCN: 150007

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

Worksheet A-6  
Date/Time Prepared:  
5/25/2016 11:44 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
9.00	CARDIAC CATHETERIZATION	59.00	0	2,331	0	9.00	
10.00	LABORATORY	60.00	0	142	0	10.00	
11.00	ELECTROCARDIOLOGY	69.00	0	1,730	0	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	140	0	12.00	
13.00	RENAL DIALYSIS	74.00	0	1,842	0	13.00	
14.00	WOUND CARE CENTER	75.01	0	302	0	14.00	
15.00	EMERGENCY	91.00	0	13,431	0	15.00	
16.00	AMBULANCE SERVICES	95.00	0	3,078	0	16.00	
17.00	MOBILE CLINIC	194.09	0	1,152	0	17.00	
			0	150,893			
<b>P - Lithotripsy Salary</b>							
1.00	OPERATING ROOM	50.00	6,931			1.00	
			6,931	0			
<b>Q - Lithotripsy Other</b>							
1.00	OPERATING ROOM	50.00		210,930		1.00	
			0	210,930			
<b>R - Implantable Device Reclass</b>							
1.00	OPERATING ROOM	50.00	0	1,331,029	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	414,388	0	2.00	
	<b>TOTALS</b>		0	1,745,417			
<b>Y - INTERCOMPANY ALLOCATIONS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	107,481	0	1.00	
	<b>TOTALS</b>		0	107,481			
<b>Z - STD BENEFIT RECLASS</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,184	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	21,497	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	303	0	0	3.00	
4.00	HOUSEKEEPING	9.00	3,840	0	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	2,520	0	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	137	0	0	6.00	
7.00	SOCIAL SERVICE	17.00	1,657	0	0	7.00	
8.00	PSYCHIATRIC ADMINISTRATION	18.00	13,465	0	0	8.00	
9.00	PASTORAL CARE	23.00	450	0	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	33,903	0	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	22,192	0	0	11.00	
12.00	OPERATING ROOM	50.00	8,143	0	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	439	0	0	13.00	
14.00	CT SCAN	57.00	2,132	0	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	385	0	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	838	0	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	3,304	0	0	17.00	
18.00	ELECTROCARDIOLOGY	69.00	5,327	0	0	18.00	
19.00	DRUGS CHARGED TO PATIENTS	73.00	176	0	0	19.00	
20.00	EMERGENCY	91.00	9,990	0	0	20.00	
21.00	GENESIS	93.01	1,274	0	0	21.00	
22.00	HOWARD COUNTY CSS	93.06	1,076	0	0	22.00	
23.00	CLINTON COUNTY	93.07	2,625	0	0	23.00	
24.00	PSYCH MEDICATION	93.18	6,914	0	0	24.00	
25.00	AMBULANCE SERVICES	95.00	2,168	0	0	25.00	
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	18,748	0	0	26.00	
27.00	KOKOMO SCHOOL BASED	194.11	392	0	0	27.00	
	<b>TOTALS</b>		165,079	0			
500.00	Grand Total: Decreases		1,429,961	18,470,886		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150007

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,018,000	0	0	0	1.00
2.00	Land Improvements	3,167,432	384,915	0	384,915	2.00
3.00	Buildings and Fixtures	85,960,556	5,740,888	0	5,740,888	3.00
4.00	Building Improvements	487,774	0	0	0	415,268
5.00	Fixed Equipment	3,846,193	0	0	0	5.00
6.00	Movable Equipment	13,492,404	2,308,905	0	2,308,905	6.00
7.00	HIT designated Assets	22,359,867	350,151	0	350,151	7.00
8.00	Subtotal (sum of lines 1-7)	134,332,226	8,784,859	0	8,784,859	415,268
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	134,332,226	8,784,859	0	8,784,859	415,268
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,018,000	0			1.00
2.00	Land Improvements	3,552,347	0			2.00
3.00	Buildings and Fixtures	91,701,444	0			3.00
4.00	Building Improvements	72,506	0			4.00
5.00	Fixed Equipment	3,846,193	0			5.00
6.00	Movable Equipment	15,801,309	0			6.00
7.00	HIT designated Assets	22,710,018	0			7.00
8.00	Subtotal (sum of lines 1-7)	142,701,817	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	142,701,817	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150007

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

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
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.02
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
1.01	CAP REL COSTS-BLDG & FIXT	0	0				1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0				1.02
3.00	Total (sum of lines 1-2)	0	0				3.00



RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150007

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/25/2016 11:44 am

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	142,701,817	0	142,701,817	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.02
3.00	Total (sum of lines 1-2)	142,701,817	0	142,701,817	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	5,398,650	2,483,307	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	271,054	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	25,735	0	1.02
3.00	Total (sum of lines 1-2)	0	0	0	5,695,439	2,483,307	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 col. 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	1,492,925	111,756	0	0	9,486,638	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	0	0	271,054	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	0	0	25,735	1.02
3.00	Total (sum of lines 1-2)	1,492,925	111,756	0	0	9,783,427	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150007

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

Worksheet A-8

Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.01	0	1.01
1.02 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.02	0	1.02
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,683	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,761,680				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.01	0	26.01
26.02 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.02	0	26.02
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150007

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

Worksheet A-8

Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 MISC INCOME	B	-975	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01 MISC INCOME	B	-903,023	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 MISC INCOME	B	-73,777	MEDICAL RECORDS & LIBRARY	16.00	0 33.02
33.03 MISC INCOME	B	-4,390	PASTORAL CARE	23.00	0 33.03
33.04 MISC INCOME	B	-5,201	ADULTS & PEDIATRICS	30.00	0 33.04
33.05 MISC INCOME	B	-29,491	RADIOLOGY-DIAGNOSTIC	54.00	0 33.05
33.06 MISC INCOME	B	-455	ONCOLOGY	54.01	0 33.06
33.07 MISC INCOME	B	-3,841	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 33.07
33.08 MISC INCOME	B	-483,896	LABORATORY	60.00	0 33.08
33.09 MISC INCOME	B	-2,411	DRUGS CHARGED TO PATIENTS	73.00	0 33.09
33.10 MISC INCOME	B	-4,055	RESPIRATORY THERAPY	65.00	0 33.10
33.11 MISC INCOME	B	-11,221	ELECTROCARDIOLOGY	69.00	0 33.11
33.12 MISC INCOME	B	-7,714	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 33.12
33.13 MISC INCOME	B	-6,103	DRUGS CHARGED TO PATIENTS	73.00	0 33.13
33.14 MISC INCOME	B	290	GENESIS	93.01	0 33.14
33.15 MISC INCOME	B	-294,268	HOWARD COUNTY CSS	93.06	0 33.15
33.16 MISC INCOME	B	-60,374	CLINTON COUNTY	93.07	0 33.16
33.17 Misc. Revenue - Cafeteria	B	-275,011	CAFETERIA	11.00	0 33.17
33.18 Misc Revenue - Consulting Rev	B	-1,409,163	ADMINISTRATIVE & GENERAL	5.00	0 33.18
33.19 Misc Revenue - Consulting Rev	B	-1,954	DIETARY	10.00	0 33.19
33.20 Misc Revenue Space Rental Income	B	-167,333	ADMINISTRATIVE & GENERAL	5.00	0 33.20
33.21 Vending Revenue	B	-5,979	DIETARY	10.00	0 33.21
33.22 Non-Operating Revenue	B	-2,326,959	ADMINISTRATIVE & GENERAL	5.00	0 33.22
34.00 Bad Debt Expense	A	-11,209,865	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01 IHA Lobbying Expense Offset	A	-2,916	ADMINISTRATIVE & GENERAL	5.00	0 34.01
34.02 Physician Recruitment Expense	A	-142,250	ADMINISTRATIVE & GENERAL	5.00	0 34.02
34.03 Charitable Contributions-Offset	A	-97,425	ADMINISTRATIVE & GENERAL	5.00	0 34.03
34.04 Charitable Contributions-Offset	A	-56	DIETARY	10.00	0 34.04
34.05 Charitable Contributions-Offset	A	-10,000	PSYCHIATRIC ADMINISTRATION	18.00	0 34.05
34.06 Governing Board-Offset	A	-3,000	ADMINISTRATIVE & GENERAL	5.00	0 34.06
34.07 Advertising Expense Offset	A	-710	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.07
34.08 Advertising Expense Offset	A	-80,800	ADMINISTRATIVE & GENERAL	5.00	0 34.08
34.09 Advertising Expense Offset	A	-420	PSYCHIATRIC ADMINISTRATION	18.00	0 34.09
34.10 Advertising Expense Offset	A	-1,857	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 34.10
34.11 Hospital Assessment Tax Offset	A	-632,138	ADMINISTRATIVE & GENERAL	5.00	0 34.11
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,501,744			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: 150007

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

Worksheet A-8-1

Date/Time Prepared:  
5/25/2016 11:44 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	5.00	ADMINISTRATIVE & GENERAL	A&G ALLOC - SPECIALTY	-484,333	-379,896	1.00
2.00	60.00	LABORATORY	CLINICAL PURCH SVC - SPECIAL	-207,072	-179,667	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	CHNW - HOME OFFICE	1,696,321	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	7,282,097	7,507,025	3.01
3.02	13.00	NURSING ADMINISTRATION	CHNW - HOME OFFICE	244,980	0	3.02
3.03	30.00	ADULTS & PEDIATRICS	CHNW - HOME OFFICE	26,562	0	3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	CHNW - HOME OFFICE	52,471	0	3.04
3.05	69.00	ELECTROCARDIOLOGY	CHNW - HOME OFFICE	14,689	0	3.05
3.06	73.00	DRUGS CHARGED TO PATIENTS	CHNW - HOME OFFICE	83,427	0	3.06
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			8,709,142	6,947,462	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	A	CHNW	100.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	G				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: 150007

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

Worksheet A-8-1

Date/Time Prepared:  
5/25/2016 11:44 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-104,437	9		1.00
2.00	-27,405	0		2.00
3.00	1,696,321	9		3.00
3.01	-224,928	0		3.01
3.02	244,980	0		3.02
3.03	26,562	0		3.03
3.04	52,471	0		3.04
3.05	14,689	0		3.05
3.06	83,427	0		3.06
4.00	0	9		4.00
4.01	0	0		4.01
5.00	1,761,680			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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150007

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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2016 11:44 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	101,625	0	101,625	177,500	1,136	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		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			101,625	0	101,625		1,136	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	96,942	4,847	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		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			96,942	4,847	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	96,942	4,683	4,683	1.00
2.00	0.00		0	0	0	0	2.00
3.00	0.00		0	0	0	0	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			0	96,942	4,683	4,683	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		
	0	1.00	1.01	1.02	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,486,638	9,486,638			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT	271,054	0	271,054		1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT	25,735	0	0	25,735	1.02
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	6,891,399	91,751	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	11,591,270	1,606,030	0	0	5.00
7.00 00700	OPERATION OF PLANT	3,879,743	975,812	37,057	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	272,295	53,044	0	0	8.00
9.00 00900	HOUSEKEEPING	741,019	57,301	0	0	9.00
10.00 01000	DIETARY	447,720	105,232	0	0	10.00
11.00 01100	CAFETERIA	505,477	164,564	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,923,786	17,787	0	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,471,437	72,789	0	0	16.00
17.00 01700	SOCIAL SERVICE	326,504	0	0	0	17.00
18.00 01850	PSYCHIATRIC ADMINISTRATION	1,228,628	2,398	0	0	18.00
23.00 02300	PASTORAL CARE	316,383	21,139	0	0	23.00
23.01 02301	EMS CERTIFICATION PROGRAM	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,628,864	1,929,435	219,294	0	30.00
31.00 03100	INTENSIVE CARE UNIT	1,786,810	127,839	0	0	31.00
43.00 04300	NURSERY	307,569	32,296	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	3,374,550	484,493	0	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	679,156	154,337	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,280,589	469,788	5,548	0	54.00
54.01 03480	ONCOLOGY	1,490,367	502,403	0	0	54.01
57.00 05700	CT SCAN	484,618	14,680	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	122,216	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,139,758	0	0	0	59.00
60.00 06000	LABORATORY	3,406,764	120,010	9,155	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	883,406	107,507	0	0	65.00
66.00 06600	PHYSICAL THERAPY	281,623	27,941	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	161,629	17,200	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	85,600	8,612	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,057,466	2,545	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	19,337	7,805	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,978,021	81,621	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,745,417	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,733,198	36,872	0	0	73.00
74.00 07400	RENAL DIALYSIS	203,517	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	267,599	50,549	0	0	75.01
76.99 07699	LITHOTRIPSY	217,861	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	3,156,817	559,386	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00 04950	OTHER OUTPATIENT SERVICES	0	0	0	0	93.00
93.01 04951	GENESIS	1,084,440	940,384	0	25,735	93.01
93.02 04952	WOMEN'S CENTER	0	0	0	0	93.02
93.03 04953	RESIDENTIAL HOMES	0	0	0	0	93.03
93.04 04954	DR. STEELE	0	0	0	0	93.04
93.05 04955	DIABETIC EDUCATION	0	0	0	0	93.05
93.06 04956	HOWARD COUNTY CSS	356,816	0	0	0	93.06
93.07 04957	CLINTON COUNTY	337,640	0	0	0	93.07
93.08 04958	HOWARD DIABETES	0	0	0	0	93.08
93.09 04959	DR. AROUTINOVA	0	0	0	0	93.09
93.10 04960	OB/GYN GREER	0	0	0	0	93.10
93.11 04961	ONCOLOGY/BECHAR	0	0	0	0	93.11
93.12 04962	CRITICAL CARE PHYSICIANS	0	0	0	0	93.12
93.13 04963	PSYCH DR. ERIKA	0	0	0	0	93.13
93.14 04964	DR. HASAN	0	0	0	0	93.14
93.15 04965	PSYCH DR. DEB	0	0	0	0	93.15
93.16 04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	93.16
93.17 04967	CFHC	0	0	0	0	93.17
93.18 04968	PSYCH MEDICATION	1,047,276	0	0	0	93.18
93.19 04969	RUSSAVILLE OFFICE	0	0	0	0	93.19

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		
		0	1.00	1.01	1.02	4.00	
93.20	04970	ORTOPAEDIC	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	5,604	249,807	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	0	0	93.33
93.34	04984	DR. NEKOMARAM	0	0	0	0	93.34
93.35	04985	DR. CARL	0	0	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	0	93.39
93.40	04990	DR. THUMULURI	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	110,588	0	0	0	18,982 93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0	93.44
93.45	04995	DR GERING	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	0	93.46
93.47	04997	DR KRAFT	0	0	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,005,701	42,328	0	0	161,776 95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	90,819,905	9,135,685	271,054	25,735	6,766,030 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	74,514	0	0	0	12,050 190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,488,267	350,953	0	0	192,025 192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	9,264	0	0	0	1,627 194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	0	0	194.02
194.03	07953	DR. CHEN	0	0	0	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	-3,375	0	0	0	194.07
194.08	07958	SOUTH BERKLEY	22,869	0	0	0	194.08
194.09	07959	MOBILE CLINIC	22,741	0	0	0	3,437 194.09
194.10	07960	PLASTIC SURGERY	29,825	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	194,097	0	0	0	7,906 194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	194.14
194.15	07965	INDIANA SURGERY CENTER	104,225	0	0	0	75 194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	194.16
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers		0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	92,762,332	9,486,638	271,054	25,735	6,983,150 202.00



COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/25/2016 11:44 am				
Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		4A	5.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	14,230,348	14,230,348			5.00	
7.00	00700	OPERATION OF PLANT	5,083,934	921,194	6,005,128		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	330,593	59,902	46,754	437,249	8.00	
9.00	00900	HOUSEKEEPING	897,092	162,550	50,506	0	1,110,148	9.00
10.00	01000	DIETARY	604,434	109,522	92,753	6,350	9,911	10.00
11.00	01100	CAFETERIA	754,037	136,629	145,050	0	8,787	11.00
13.00	01300	NURSING ADMINISTRATION	2,225,200	403,200	15,678	0	35,610	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,702,693	308,523	64,157	0	0	16.00
17.00	01700	SOCIAL SERVICE	382,111	69,237	0	0	0	17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	1,382,688	250,539	2,113	0	0	18.00
23.00	02300	PASTORAL CARE	386,890	70,103	18,633	0	0	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	9,915,056	1,796,578	1,700,635	275,386	586,933	30.00
31.00	03100	INTENSIVE CARE UNIT	2,216,002	401,533	112,680	40,470	49,674	31.00
43.00	04300	NURSERY	388,371	70,372	28,466	3,218	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,265,037	772,812	427,040	19,432	92,095	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	940,600	170,434	136,035	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,051,501	552,923	414,079	293	101,256	54.00
54.01	03480	ONCOLOGY	2,219,566	402,179	442,826	67,391	1,781	54.01
57.00	05700	CT SCAN	581,600	105,384	12,939	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	140,300	25,422	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,297,814	235,160	0	0	37,757	59.00
60.00	06000	LABORATORY	3,555,268	644,204	105,779	204	24,977	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,138,580	206,307	94,759	0	0	65.00
66.00	06600	PHYSICAL THERAPY	309,564	56,092	24,628	0	6,921	66.00
67.00	06700	OCCUPATIONAL THERAPY	178,829	32,403	15,161	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	94,212	17,071	7,591	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,228,849	222,664	2,243	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,495	5,526	6,879	2,469	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,086,369	1,102,832	71,942	0	4,389	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,745,417	316,264	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,092,098	2,191,028	32,499	0	8,376	73.00
74.00	07400	RENAL DIALYSIS	203,517	36,877	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	360,643	65,347	44,554	0	261	75.01
76.99	07699	LITHOTRIPSY	219,235	39,725	0	0	11,603	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	4,100,441	742,988	493,052	22,036	54,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	2,216,564	401,635	828,870	0	37,960	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	467,244	84,663	0	0	0	93.06
93.07	04957	CLINTON COUNTY	399,694	72,423	0	0	0	93.07
93.08	04958	HOWARD DIABETES	0	0	0	0	0	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0	0	93.09
93.10	04960	OB/GYN GREER	0	0	0	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0	93.13
93.14	04964	DR. HASAN	0	0	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0	93.16
93.17	04967	CFHC	0	0	0	0	0	93.17
93.18	04968	PSYCH MEDICATION	1,234,160	223,626	0	0	36,917	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0	0	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	0	93.24

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	255,411	46,280	220,184	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	0	0	93.33
93.34	04984	DR. NEKOOMARAM	0	0	0	0	93.34
93.35	04985	DR. CARL	0	0	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	0	93.39
93.40	04990	DR. THUMULURI	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	129,570	23,478	0	0	93.43
93.44	04994	DR HOVHNESSIAN	0	0	0	0	93.44
93.45	04995	DR GERING	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	0	93.46
93.47	04997	DR KRAFT	0	0	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,209,805	219,213	37,308	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	90,251,832	13,774,842	5,695,793	437,249	1,110,148
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	86,564	15,685	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,031,245	368,056	309,335	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	10,891	1,973	0	0	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	0	0	194.02
194.03	07953	DR. CHEN	0	0	0	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	-3,375	0	0	0	194.07
194.08	07958	SOUTH BERKLEY	22,869	4,144	0	0	194.08
194.09	07959	MOBILE CLINIC	26,178	4,743	0	0	194.09
194.10	07960	PLASTIC SURGERY	29,825	5,404	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	202,003	36,602	0	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	194.14
194.15	07965	INDIANA SURGERY CENTER	104,300	18,899	0	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	194.16
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	92,762,332	14,230,348	6,005,128	437,249	1,110,148

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		10.00	11.00	13.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	822,970					10.00
11.00	01100	0	1,044,503				11.00
13.00	01300	0	41,391	2,721,079			13.00
16.00	01600	0	43,825	0	2,119,198		16.00
17.00	01700	0	12,174	0	0	463,522	17.00
18.00	01850	0	48,695	0	0	0	18.00
23.00	02300	0	17,043	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	670,601	284,864	1,453,727	153,902	168,125	30.00
31.00	03100	100,298	63,303	323,050	30,563	22,783	31.00
43.00	04300	52,071	9,739	49,700	3,525	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	85,216	434,876	149,535	0	50.00
52.00	05200	0	21,913	0	13,562	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	60,868	0	175,915	0	54.00
54.01	03480	0	46,260	0	92,130	0	54.01
57.00	05700	0	14,608	0	185,652	0	57.00
58.00	05800	0	0	0	23,010	0	58.00
59.00	05900	0	29,217	0	166,086	0	59.00
60.00	06000	0	0	0	241,004	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	36,521	0	27,223	0	65.00
66.00	06600	0	0	0	6,923	0	66.00
67.00	06700	0	0	0	4,666	0	67.00
68.00	06800	0	0	0	1,370	0	68.00
69.00	06900	0	29,217	0	99,026	0	69.00
70.00	07000	0	0	0	1,553	0	70.00
71.00	07100	0	9,739	0	79,449	0	71.00
72.00	07200	0	0	0	42,819	0	72.00
73.00	07300	0	51,130	0	263,564	0	73.00
74.00	07400	0	0	0	1,833	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	0	9,739	0	10,713	0	75.01
76.99	07699	0	0	0	5,359	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	90,085	459,726	230,072	40,853	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
93.00	04950	0	0	0	0	0	93.00
93.01	04951	0	38,956	0	27,640	0	93.01
93.02	04952	0	0	0	0	0	93.02
93.03	04953	0	0	0	0	0	93.03
93.04	04954	0	0	0	0	0	93.04
93.05	04955	0	0	0	0	0	93.05
93.06	04956	0	0	0	20,218	0	93.06
93.07	04957	0	0	0	8,869	0	93.07
93.08	04958	0	0	0	0	0	93.08
93.09	04959	0	0	0	0	0	93.09
93.10	04960	0	0	0	0	0	93.10
93.11	04961	0	0	0	0	0	93.11
93.12	04962	0	0	0	0	0	93.12
93.13	04963	0	0	0	0	0	93.13
93.14	04964	0	0	0	0	0	93.14
93.15	04965	0	0	0	0	0	93.15
93.16	04966	0	0	0	0	0	93.16
93.17	04967	0	0	0	0	0	93.17
93.18	04968	0	0	0	28,616	0	93.18
93.19	04969	0	0	0	0	0	93.19
93.20	04970	0	0	0	0	0	93.20
93.21	04971	0	0	0	0	0	93.21
93.22	04972	0	0	0	0	0	93.22
93.23	04973	0	0	0	0	0	93.23

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		10.00	11.00	13.00	16.00	17.00	
93.24	04999 DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26	04976 DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977 DR. SEDAGHAT	0	0	0	199	0	93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980 DR. SCHILT	0	0	0	0	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31
93.32	04982 DR. PETER KLIM	0	0	0	0	0	93.32
93.33	04983 HOSPITALISTS	0	0	0	0	0	93.33
93.34	04984 DR. NEKOOMARAM	0	0	0	0	0	93.34
93.35	04985 DR. CARL	0	0	0	0	0	93.35
93.36	04986 DR ANITA	0	0	0	0	0	93.36
93.37	04987 DR. NICOLE	0	0	0	0	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989 DR. EVANS	0	0	0	0	0	93.39
93.40	04990 DR. THUMLURI	0	0	0	0	0	93.40
93.41	04991 COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42	04992 INDIANA SURGERY CENTER	0	0	0	0	0	93.42
93.43	04993 NEW BEGINNINGS	0	0	0	648	0	93.43
93.44	04994 DR HOVHANNESIAN	0	0	0	0	0	93.44
93.45	04995 DR GERING	0	0	0	0	0	93.45
93.46	04996 DR HAENDIGES	0	0	0	0	0	93.46
93.47	04997 DR KRAFT	0	0	0	0	0	93.47
93.48	04998 DR GEM-ESTELE LUCAS	0	0	0	0	0	93.48
93.49	04974 DR CARL RATLIFF	0	0	0	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	23,554	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	822,970	1,044,503	2,721,079	2,119,198	231,761	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	231,761	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEALTHY CHILDREN	0	0	0	0	0	194.00
194.01	07951 HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952 DR. GATEWOOD	0	0	0	0	0	194.02
194.03	07953 DR. CHEN	0	0	0	0	0	194.03
194.04	07954 DR. SALTER	0	0	0	0	0	194.04
194.05	07955 NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05
194.06	07956 DR. UNDERWOOD	0	0	0	0	0	194.06
194.07	07957 HCH MEDICAL SURGICAL	0	0	0	0	0	194.07
194.08	07958 SOUTH BERKLEY	0	0	0	0	0	194.08
194.09	07959 MOBILE CLINIC	0	0	0	0	0	194.09
194.10	07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.12	07962 SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963 COMMUNITY ONCOLOGY	0	0	0	0	0	194.13
194.14	07964 GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	822,970	1,044,503	2,721,079	2,119,198	463,522	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		OTHER GENERAL SERVICE	PASTORAL CARE	EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		PSYCHIATRIC ADMINISTRATION					
		18.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	1,684,035				18.00
23.00	02300	PASTORAL CARE	0	492,669			23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	492,669	0	17,498,476	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	3,360,356	0 31.00
43.00	04300	NURSERY	0	0	0	605,462	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	6,246,043	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,282,544	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,356,835	0 54.00
54.01	03480	ONCOLOGY	0	0	0	3,272,133	0 54.01
57.00	05700	CT SCAN	0	0	0	900,183	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	188,732	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	1,766,034	0 59.00
60.00	06000	LABORATORY	0	0	0	4,571,436	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	1,503,390	0 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	404,128	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	231,059	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	120,244	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	1,581,999	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	46,922	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,354,720	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,104,500	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,638,695	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	242,227	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	03950	WOUND CARE CENTER	0	0	0	491,257	0 75.01
76.99	07699	LITROTHERAPY	0	0	0	275,922	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	0	6,234,193	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0 93.00
93.01	04951	GENESIS	820,531	0	0	4,372,156	0 93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0 93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0 93.03
93.04	04954	DR. STEELE	0	0	0	0	0 93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0 93.05
93.06	04956	HOWARD COUNTY CSS	600,201	0	0	1,172,326	0 93.06
93.07	04957	CLINTON COUNTY	263,303	0	0	744,289	0 93.07
93.08	04958	HOWARD DIABETES	0	0	0	0	0 93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0	0 93.09
93.10	04960	OB/GYN GREER	0	0	0	0	0 93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0 93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0 93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0 93.13
93.14	04964	DR. HASAN	0	0	0	0	0 93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0	0 93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0 93.16
93.17	04967	CFHC	0	0	0	0	0 93.17
93.18	04968	PSYCH MEDICATION	0	0	0	1,523,319	0 93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0	0 93.19

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		OTHER GENERAL SERVICE PSYCHIATRIC ADMINISTRATION	PASTORAL CARE	EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		18.00	23.00	23.01	24.00	25.00	
93.20	04970	ORTOPAEDIC	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	0	0	522,074	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	0	0	93.33
93.34	04984	DR. NEKOMARAM	0	0	0	0	93.34
93.35	04985	DR. CARL	0	0	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	0	93.39
93.40	04990	DR. THUMULURI	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	0	0	0	153,696	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0	93.44
93.45	04995	DR GERING	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	0	93.46
93.47	04997	DR KRAFT	0	0	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	1,489,880	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,684,035	492,669	0	89,255,230	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	0	102,249	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,940,397	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	12,864	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	0	0	194.02
194.03	07953	DR. CHEN	0	0	0	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	0	0	-3,375	194.07
194.08	07958	SOUTH BERKLEY	0	0	0	27,013	194.08
194.09	07959	MOBILE CLINIC	0	0	0	30,921	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	35,229	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	238,605	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	194.14
194.15	07965	INDIANA SURGERY CENTER	0	0	0	123,199	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	194.16
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,684,035	492,669	0	92,762,332	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/25/2016 11:44 am
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Cost Center Description		Total		
		26.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT		1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION		18.00
23.00	02300	PASTORAL CARE		23.00
23.01	02301	EMS CERTIFICATION PROGRAM		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	17,498,476	30.00
31.00	03100	INTENSIVE CARE UNIT	3,360,356	31.00
43.00	04300	NURSERY	605,462	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	6,246,043	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,282,544	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,356,835	54.00
54.01	03480	ONCOLOGY	3,272,133	54.01
57.00	05700	CT SCAN	900,183	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	188,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,766,034	59.00
60.00	06000	LABORATORY	4,571,436	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	06500	RESPIRATORY THERAPY	1,503,390	65.00
66.00	06600	PHYSICAL THERAPY	404,128	66.00
67.00	06700	OCCUPATIONAL THERAPY	231,059	67.00
68.00	06800	SPEECH PATHOLOGY	120,244	68.00
69.00	06900	ELECTROCARDIOLOGY	1,581,999	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	46,922	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,354,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,104,500	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,638,695	73.00
74.00	07400	RENAL DIALYSIS	242,227	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03950	WOUND CARE CENTER	491,257	75.01
76.99	07699	LITHOTRIpsy	275,922	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	6,234,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	93.00
93.01	04951	GENESIS	4,372,156	93.01
93.02	04952	WOMEN'S CENTER	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	93.03
93.04	04954	DR. STEELE	0	93.04
93.05	04955	DIABETIC EDUCATION	0	93.05
93.06	04956	HOWARD COUNTY CSS	1,172,326	93.06
93.07	04957	CLINTON COUNTY	744,289	93.07
93.08	04958	HOWARD DIABETES	0	93.08
93.09	04959	DR. AROUTINOVA	0	93.09
93.10	04960	OB/GYN GREER	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	93.13
93.14	04964	DR. HASAN	0	93.14
93.15	04965	PSYCH DR. DEB	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	93.16
93.17	04967	CFHC	0	93.17
93.18	04968	PSYCH MEDICATION	1,523,319	93.18
93.19	04969	RUSSAVILLE OFFICE	0	93.19
93.20	04970	ORTOPAEDIC	0	93.20
93.21	04971	DR. JERRY GREER	0	93.21
93.22	04972	DR. KOESTER	0	93.22
93.23	04973	DR. B. FOGELSON	0	93.23
93.24	04999	DR ANNETTE MOORE	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	93.25

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150007

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description			Total	
			26.00	
93.26	04976	DR. MOUALLA	0	93.26
93.27	04977	DR. SEDAGHAT	522,074	93.27
93.28	04978	COMMUNITY OB/GYN	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	93.29
93.30	04980	DR. SCHILT	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	93.31
93.32	04982	DR. PETER KLIM	0	93.32
93.33	04983	HOSPITALISTS	0	93.33
93.34	04984	DR. NEKOMARAM	0	93.34
93.35	04985	DR. CARL	0	93.35
93.36	04986	DR ANITA	0	93.36
93.37	04987	DR. NICOLE	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	93.38
93.39	04989	DR. EVANS	0	93.39
93.40	04990	DR. THUMULURI	0	93.40
93.41	04991	COMMUNITY FAMILY	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	93.42
93.43	04993	NEW BEGINNINGS	153,696	93.43
93.44	04994	DR HOVHANESSIAN	0	93.44
93.45	04995	DR GERING	0	93.45
93.46	04996	DR HAENDIGES	0	93.46
93.47	04997	DR KRAFT	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	93.48
93.49	04974	DR CARL RATLIFF	0	93.49
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	1,489,880	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	89,255,230	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	102,249	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,940,397	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEALTHY CHILDREN	12,864	194.00
194.01	07951	HCH ONCOLOGY	0	194.01
194.02	07952	DR. GATEWOOD	0	194.02
194.03	07953	DR. CHEN	0	194.03
194.04	07954	DR. SALTER	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	194.05
194.06	07956	DR. UNDERWOOD	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	-3,375	194.07
194.08	07958	SOUTH BERKLEY	27,013	194.08
194.09	07959	MOBILE CLINIC	30,921	194.09
194.10	07960	PLASTIC SURGERY	35,229	194.10
194.11	07961	KOKOMO SCHOOL BASED	238,605	194.11
194.12	07962	SPECIALTY HOSPITAL	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	194.14
194.15	07965	INDIANA SURGERY CENTER	123,199	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	194.16
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	92,762,332	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		
		0	1.00	1.01	1.02	2A	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	91,751	0	0	91,751
5.00	00500	ADMINISTRATIVE & GENERAL	0	1,606,030	0	0	1,606,030
7.00	00700	OPERATION OF PLANT	0	975,812	37,057	0	1,012,869
8.00	00800	LAUNDRY & LINEN SERVICE	0	53,044	0	0	53,044
9.00	00900	HOUSEKEEPING	0	57,301	0	0	57,301
10.00	01000	DIETARY	0	105,232	0	0	105,232
11.00	01100	CAFETERIA	0	164,564	0	0	164,564
13.00	01300	NURSING ADMINISTRATION	0	17,787	0	0	17,787
16.00	01600	MEDICAL RECORDS & LIBRARY	0	72,789	0	0	72,789
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	PSYCHIATRIC ADMINISTRATION	0	2,398	0	0	2,398
23.00	02300	PASTORAL CARE	0	21,139	0	0	21,139
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	1,929,435	219,294	0	2,148,729
31.00	03100	INTENSIVE CARE UNIT	0	127,839	0	0	127,839
43.00	04300	NURSERY	0	32,296	0	0	32,296
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	484,493	0	0	484,493
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	154,337	0	0	154,337
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	469,788	5,548	0	475,336
54.01	03480	ONCOLOGY	0	502,403	0	0	502,403
57.00	05700	CT SCAN	0	14,680	0	0	14,680
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	120,010	9,155	0	129,165
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	107,507	0	0	107,507
66.00	06600	PHYSICAL THERAPY	0	27,941	0	0	27,941
67.00	06700	OCCUPATIONAL THERAPY	0	17,200	0	0	17,200
68.00	06800	SPEECH PATHOLOGY	0	8,612	0	0	8,612
69.00	06900	ELECTROCARDIOLOGY	0	2,545	0	0	2,545
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,805	0	0	7,805
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	81,621	0	0	81,621
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,872	0	0	36,872
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	0	50,549	0	0	50,549
76.99	07699	LITHOTRIPSY	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	559,386	0	0	559,386
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	0	940,384	0	25,735	966,119
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	0	0	0	0	0
93.07	04957	CLINTON COUNTY	0	0	0	0	0
93.08	04958	HOWARD DIABETES	0	0	0	0	0
93.09	04959	DR. AROUTINOVA	0	0	0	0	0
93.10	04960	OB/GYN GREER	0	0	0	0	0
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0
93.14	04964	DR. HASAN	0	0	0	0	0
93.15	04965	PSYCH DR. DEB	0	0	0	0	0
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0
93.17	04967	CFHC	0	0	0	0	0
93.18	04968	PSYCH MEDICATION	0	0	0	0	0
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0	0
93.20	04970	ORTOPAEDIC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal		
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT			
		0	1.00	1.01			1.02
93.21 04971 DR. JERRY GREER	0	0	0	0	0	93.21	
93.22 04972 DR. KOESTER	0	0	0	0	0	93.22	
93.23 04973 DR. B. FOGELSON	0	0	0	0	0	93.23	
93.24 04999 DR ANNETTE MOORE	0	0	0	0	0	93.24	
93.25 04975 HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25	
93.26 04976 DR. MOUALLA	0	0	0	0	0	93.26	
93.27 04977 DR. SEDAGHAT	0	249,807	0	0	249,807	93.27	
93.28 04978 COMMUNITY OB/GYN	0	0	0	0	0	93.28	
93.29 04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29	
93.30 04980 DR. SCHILT	0	0	0	0	0	93.30	
93.31 04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31	
93.32 04982 DR. PETER KLIM	0	0	0	0	0	93.32	
93.33 04983 HOSPITALISTS	0	0	0	0	0	93.33	
93.34 04984 DR. NEKOOMARAM	0	0	0	0	0	93.34	
93.35 04985 DR. CARL	0	0	0	0	0	93.35	
93.36 04986 DR ANITA	0	0	0	0	0	93.36	
93.37 04987 DR. NICOLE	0	0	0	0	0	93.37	
93.38 04988 WOUND CARE PHYSICIANS	0	0	0	0	0	93.38	
93.39 04989 DR. EVANS	0	0	0	0	0	93.39	
93.40 04990 DR. THUMULURI	0	0	0	0	0	93.40	
93.41 04991 COMMUNITY FAMILY	0	0	0	0	0	93.41	
93.42 04992 INDIANA SURGERY CENTER	0	0	0	0	0	93.42	
93.43 04993 NEW BEGINNINGS	0	0	0	0	0	93.43	
93.44 04994 DR HOVHANESSIAN	0	0	0	0	0	93.44	
93.45 04995 DR GERING	0	0	0	0	0	93.45	
93.46 04996 DR HAENDIGES	0	0	0	0	0	93.46	
93.47 04997 DR KRAFT	0	0	0	0	0	93.47	
93.48 04998 DR GEM-ESTELE LUCAS	0	0	0	0	0	93.48	
93.49 04974 DR CARL RATLIFF	0	0	0	0	0	93.49	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00 09500 AMBULANCE SERVICES	0	42,328	0	0	42,328	95.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE	0	9,135,685	271,054	25,735	9,432,474	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,135,685	271,054	25,735	9,432,474	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01 19001 COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	350,953	0	0	350,953	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 HEALTHY CHILDREN	0	0	0	0	0	194.00	
194.01 07951 HCH ONCOLOGY	0	0	0	0	0	194.01	
194.02 07952 DR. GATEWOOD	0	0	0	0	0	194.02	
194.03 07953 DR. CHEN	0	0	0	0	0	194.03	
194.04 07954 DR. SALTER	0	0	0	0	0	194.04	
194.05 07955 NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05	
194.06 07956 DR. UNDERWOOD	0	0	0	0	0	194.06	
194.07 07957 HCH MEDICAL SURGICAL	0	0	0	0	0	194.07	
194.08 07958 SOUTH BERKLEY	0	0	0	0	0	194.08	
194.09 07959 MOBILE CLINIC	0	0	0	0	0	194.09	
194.10 07960 PLASTIC SURGERY	0	0	0	0	0	194.10	
194.11 07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11	
194.12 07962 SPECIALTY HOSPITAL	0	0	0	0	0	194.12	
194.13 07963 COMMUNITY ONCOLOGY	0	0	0	0	0	194.13	
194.14 07964 GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14	
194.15 07965 INDIANA SURGERY CENTER	0	0	0	0	0	194.15	
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	0	9,486,638	271,054	25,735	9,783,427	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:44 am		
Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT 4.00	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	91,751				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	13,574	1,619,604			5.00
7.00	00700	OPERATION OF PLANT	2,514	104,846	1,120,229		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	69	6,818	8,722	68,653	8.00
9.00	00900	HOUSEKEEPING	1,298	18,501	9,422	0	86,522
10.00	01000	DIETARY	676	12,465	17,303	997	772
11.00	01100	CAFETERIA	1,104	15,551	27,058	0	685
13.00	01300	NURSING ADMINISTRATION	3,727	45,890	2,925	0	2,775
16.00	01600	MEDICAL RECORDS & LIBRARY	2,082	35,115	11,968	0	0
17.00	01700	SOCIAL SERVICE	731	7,880	0	0	0
18.00	01850	PSYCHIATRIC ADMINISTRATION	1,993	28,515	394	0	0
23.00	02300	PASTORAL CARE	649	7,979	3,476	0	0
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	14,942	204,478	317,244	43,239	45,744
31.00	03100	INTENSIVE CARE UNIT	3,960	45,701	21,020	6,354	3,871
43.00	04300	NURSERY	637	8,009	5,310	505	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	5,335	87,958	79,662	3,051	7,178
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,407	19,398	25,377	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,884	62,931	77,245	46	7,892
54.01	03480	ONCOLOGY	2,980	45,774	82,607	10,581	139
57.00	05700	CT SCAN	1,081	11,994	2,414	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	238	2,893	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,077	26,765	0	0	2,943
60.00	06000	LABORATORY	254	73,320	19,733	32	1,947
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,940	23,481	17,677	0	0
66.00	06600	PHYSICAL THERAPY	0	6,384	4,594	0	539
67.00	06700	OCCUPATIONAL THERAPY	0	3,688	2,828	0	0
68.00	06800	SPEECH PATHOLOGY	0	1,943	1,416	0	0
69.00	06900	ELECTROCARDIOLOGY	2,218	25,343	418	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	44	629	1,283	388	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	351	125,519	13,421	0	342
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	35,996	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,231	249,345	6,063	0	653
74.00	07400	RENAL DIALYSIS	0	4,197	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	558	7,438	8,311	0	20
76.99	07699	LI THOTRI PSY	18	4,521	0	0	904
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	5,049	84,563	91,977	3,460	4,282
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	2,181	45,712	154,622	0	2,959
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	1,451	9,636	0	0	0
93.07	04957	CLINTON COUNTY	815	8,243	0	0	0
93.08	04958	HOWARD DIABETES	0	0	0	0	0
93.09	04959	DR. AROUTINOVA	0	0	0	0	0
93.10	04960	OB/GYN GREER	0	0	0	0	0
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0
93.14	04964	DR. HASAN	0	0	0	0	0
93.15	04965	PSYCH DR. DEB	0	0	0	0	0
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0
93.17	04967	CFHC	0	0	0	0	0
93.18	04968	PSYCH MEDICATION	2,456	25,452	0	0	2,877
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0	0
93.20	04970	ORTOPAEDIC	0	0	0	0	0
93.21	04971	DR. JERRY GREER	0	0	0	0	0
93.22	04972	DR. KOESTER	0	0	0	0	0
93.23	04973	DR. B. FOGELSON	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
93.24	04999	DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	5,267	41,074	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	0	0	0	93.33
93.34	04984	DR. NEKOOMARAM	0	0	0	0	0	93.34
93.35	04985	DR. CARL	0	0	0	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	0	0	93.39
93.40	04990	DR. THUMLURI	0	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	249	2,672	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0	0	93.44
93.45	04995	DR GERING	0	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	0	0	93.46
93.47	04997	DR KRAFT	0	0	0	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	2,126	24,950	6,960	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	88,899	1,567,760	1,062,524	68,653	86,522	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	158	1,785	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,523	41,890	57,705	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	21	225	0	0	0	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	0	0	0	194.02
194.03	07953	DR. CHEN	0	0	0	0	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	0	0	0	0	194.07
194.08	07958	SOUTH BERKLEY	0	472	0	0	0	194.08
194.09	07959	MOBILE CLINIC	45	540	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	615	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	104	4,166	0	0	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	0	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
194.15	07965	INDIANA SURGERY CENTER	1	2,151	0	0	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	91,751	1,619,604	1,120,229	68,653	86,522	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			10.00	11.00	13.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	137,445					10.00
11.00	01100	CAFETERIA	0	208,962				11.00
13.00	01300	NURSING ADMINISTRATION	0	8,281	81,385			13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,768	0	130,722		16.00
17.00	01700	SOCIAL SERVICE	0	2,435	0	0	11,046	17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	0	9,742	0	0	0	18.00
23.00	02300	PASTORAL CARE	0	3,410	0	0	0	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	111,998	56,991	43,480	9,491	4,007	30.00
31.00	03100	INTENSIVE CARE UNIT	16,751	12,664	9,662	1,885	543	31.00
43.00	04300	NURSERY	8,696	1,948	1,486	217	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	17,048	13,007	9,222	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,384	0	836	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,177	0	10,849	0	54.00
54.01	03480	ONCOLOGY	0	9,255	0	5,682	0	54.01
57.00	05700	CT SCAN	0	2,923	0	11,449	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,419	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,845	0	10,242	0	59.00
60.00	06000	LABORATORY	0	0	0	14,863	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	7,306	0	1,679	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	427	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	288	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	84	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,845	0	6,107	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	96	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,948	0	4,900	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,641	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,229	0	16,282	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	113	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	1,948	0	661	0	75.01
76.99	07699	LI THOTRI PSY	0	0	0	331	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	18,022	13,750	14,189	974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	0	7,793	0	1,705	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	0	1,247	0	93.06
93.07	04957	CLINTON COUNTY	0	0	0	547	0	93.07
93.08	04958	HOWARD DIABETES	0	0	0	0	0	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0	0	93.09
93.10	04960	OB/GYN GREER	0	0	0	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0	93.13
93.14	04964	DR. HASAN	0	0	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0	93.16
93.17	04967	CFHC	0	0	0	0	0	93.17
93.18	04968	PSYCH MEDICATION	0	0	0	1,765	0	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0	0	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	0	93.23

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		10.00	11.00	13.00	16.00	17.00	
93.24	04999 DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26	04976 DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977 DR. SEDAGHAT	0	0	0	12	0	93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980 DR. SCHILT	0	0	0	0	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31
93.32	04982 DR. PETER KLIM	0	0	0	0	0	93.32
93.33	04983 HOSPITALISTS	0	0	0	0	0	93.33
93.34	04984 DR. NEKOOMARAM	0	0	0	0	0	93.34
93.35	04985 DR. CARL	0	0	0	0	0	93.35
93.36	04986 DR ANITA	0	0	0	0	0	93.36
93.37	04987 DR. NICOLE	0	0	0	0	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989 DR. EVANS	0	0	0	0	0	93.39
93.40	04990 DR. THUMLURI	0	0	0	0	0	93.40
93.41	04991 COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42	04992 INDIANA SURGERY CENTER	0	0	0	0	0	93.42
93.43	04993 NEW BEGINNINGS	0	0	0	40	0	93.43
93.44	04994 DR HOVHANNESIAN	0	0	0	0	0	93.44
93.45	04995 DR GERING	0	0	0	0	0	93.45
93.46	04996 DR HAENDIGES	0	0	0	0	0	93.46
93.47	04997 DR KRAFT	0	0	0	0	0	93.47
93.48	04998 DR GEM-ESTELE LUCAS	0	0	0	0	0	93.48
93.49	04974 DR CARL RATLIFF	0	0	0	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	1,453	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE						113.00
118.00		137,445	208,962	81,385	130,722	5,524	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,522	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 HEALTHY CHILDREN	0	0	0	0	0	194.00
194.01	07951 HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952 DR. GATEWOOD	0	0	0	0	0	194.02
194.03	07953 DR. CHEN	0	0	0	0	0	194.03
194.04	07954 DR. SALTER	0	0	0	0	0	194.04
194.05	07955 NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05
194.06	07956 DR. UNDERWOOD	0	0	0	0	0	194.06
194.07	07957 HCH MEDICAL SURGICAL	0	0	0	0	0	194.07
194.08	07958 SOUTH BERKLEY	0	0	0	0	0	194.08
194.09	07959 MOBILE CLINIC	0	0	0	0	0	194.09
194.10	07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.12	07962 SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963 COMMUNITY ONCOLOGY	0	0	0	0	0	194.13
194.14	07964 GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
194.15	07965 INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	137,445	208,962	81,385	130,722	11,046	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description		OTHER GENERAL SERVICE PSYCHIATRIC ADMINISTRATIVE	PASTORAL CARE	EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		18.00	23.00	23.01	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	43,042				18.00
23.00	02300	PASTORAL CARE	0	36,653			23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0			3,000,343	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0			250,250	0 31.00
43.00	04300	NURSERY	0			59,104	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0			706,954	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			205,739	0 52.00
53.00	05300	ANESTHESIOLOGY	0			0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0			650,360	0 54.00
54.01	03480	ONCOLOGY	0			659,421	0 54.01
57.00	05700	CT SCAN	0			44,541	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			4,550	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0			47,872	0 59.00
60.00	06000	LABORATORY	0			239,314	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0			0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0			159,590	0 65.00
66.00	06600	PHYSICAL THERAPY	0			39,885	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0			24,004	0 67.00
68.00	06800	SPEECH PATHOLOGY	0			12,055	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0			42,476	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0			10,245	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0			228,102	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0			38,637	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0			323,675	0 73.00
74.00	07400	RENAL DIALYSIS	0			4,310	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0			0	0 75.00
75.01	03950	WOUND CARE CENTER	0			69,485	0 75.01
76.99	07699	LITHOTRIPSY	0			5,774	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0			795,652	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0			0	0 92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0			0	0 93.00
93.01	04951	GENESIS	20,971			1,202,062	0 93.01
93.02	04952	WOMEN'S CENTER	0			0	0 93.02
93.03	04953	RESIDENTIAL HOMES	0			0	0 93.03
93.04	04954	DR. STEELE	0			0	0 93.04
93.05	04955	DIABETIC EDUCATION	0			0	0 93.05
93.06	04956	HOWARD COUNTY CSS	15,341			27,675	0 93.06
93.07	04957	CLINTON COUNTY	6,730			16,335	0 93.07
93.08	04958	HOWARD DIABETES	0			0	0 93.08
93.09	04959	DR. AROUTINOVA	0			0	0 93.09
93.10	04960	OB/GYN GREER	0			0	0 93.10
93.11	04961	ONCOLOGY/BECHAR	0			0	0 93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0			0	0 93.12
93.13	04963	PSYCH DR. ERIKA	0			0	0 93.13
93.14	04964	DR. HASAN	0			0	0 93.14
93.15	04965	PSYCH DR. DEB	0			0	0 93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0			0	0 93.16
93.17	04967	CFHC	0			0	0 93.17
93.18	04968	PSYCH MEDICATION	0			32,550	0 93.18
93.19	04969	RUSSAVILLE OFFICE	0			0	0 93.19

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		OTHER GENERAL SERVICE PSYCHIATRIC ADMINISTRATION	PASTORAL CARE	EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		18.00	23.00	23.01	24.00	25.00	
93.20	04970	ORTOPAEDIC	0		0	0	93.20
93.21	04971	DR. JERRY GREER	0		0	0	93.21
93.22	04972	DR. KOESTER	0		0	0	93.22
93.23	04973	DR. B. FOGELSON	0		0	0	93.23
93.24	04999	DR ANNETTE MOORE	0		0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0		0	0	93.25
93.26	04976	DR. MOUALLA	0		0	0	93.26
93.27	04977	DR. SEDAGHAT	0		296,160	0	93.27
93.28	04978	COMMUNITY OB/GYN	0		0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0		0	0	93.29
93.30	04980	DR. SCHILT	0		0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0		0	0	93.31
93.32	04982	DR. PETER KLIM	0		0	0	93.32
93.33	04983	HOSPITALISTS	0		0	0	93.33
93.34	04984	DR. NEKOMARAM	0		0	0	93.34
93.35	04985	DR. CARL	0		0	0	93.35
93.36	04986	DR ANITA	0		0	0	93.36
93.37	04987	DR. NICOLE	0		0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0		0	0	93.38
93.39	04989	DR. EVANS	0		0	0	93.39
93.40	04990	DR. THUMULURI	0		0	0	93.40
93.41	04991	COMMUNITY FAMILY	0		0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0		0	0	93.42
93.43	04993	NEW BEGINNINGS	0		2,961	0	93.43
93.44	04994	DR HOVHANESSIAN	0		0	0	93.44
93.45	04995	DR GERING	0		0	0	93.45
93.46	04996	DR HAENDIGES	0		0	0	93.46
93.47	04997	DR KRAFT	0		0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0		0	0	93.48
93.49	04974	DR CARL RATLIFF	0		0	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0		77,817	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	43,042	0	0	9,277,898	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0		1,943	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		458,593	0	192.00
193.00	19300	NONPAID WORKERS	0		0	0	193.00
194.00	07950	HEALTHY CHILDREN	0		246	0	194.00
194.01	07951	HCH ONCOLOGY	0		0	0	194.01
194.02	07952	DR. GATEWOOD	0		0	0	194.02
194.03	07953	DR. CHEN	0		0	0	194.03
194.04	07954	DR. SALTER	0		0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0		0	0	194.05
194.06	07956	DR. UNDERWOOD	0		0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0		0	0	194.07
194.08	07958	SOUTH BERKLEY	0		472	0	194.08
194.09	07959	MOBILE CLINIC	0		585	0	194.09
194.10	07960	PLASTIC SURGERY	0		615	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0		4,270	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0		0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0		0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0		0	0	194.14
194.15	07965	INDIANA SURGERY CENTER	0		2,152	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0		0	0	194.16
200.00		Cross Foot Adjustments		36,653	0	36,653	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	43,042	36,653	0	9,783,427	202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/25/2016 11:44 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	PSYCHIATRIC ADMINISTRATION	18.00
23.00	02300	PASTORAL CARE	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03480	ONCOLOGY	54.01
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
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
75.01	03950	WOUND CARE CENTER	75.01
76.99	07699	LITHOTRIpsy	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	93.00
93.01	04951	GENESIS	93.01
93.02	04952	WOMEN'S CENTER	93.02
93.03	04953	RESIDENTIAL HOMES	93.03
93.04	04954	DR. STEELE	93.04
93.05	04955	DIABETIC EDUCATION	93.05
93.06	04956	HOWARD COUNTY CSS	93.06
93.07	04957	CLINTON COUNTY	93.07
93.08	04958	HOWARD DIABETES	93.08
93.09	04959	DR. AROUTINOVA	93.09
93.10	04960	OB/GYN GREER	93.10
93.11	04961	ONCOLOGY/BECHAR	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	93.12
93.13	04963	PSYCH DR. ERIKA	93.13
93.14	04964	DR. HASAN	93.14
93.15	04965	PSYCH DR. DEB	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	93.16
93.17	04967	CFHC	93.17
93.18	04968	PSYCH MEDICATION	93.18
93.19	04969	RUSSAVILLE OFFICE	93.19
93.20	04970	ORTOPAEDIC	93.20
93.21	04971	DR. JERRY GREER	93.21
93.22	04972	DR. KOESTER	93.22
93.23	04973	DR. B. FOGELSON	93.23
93.24	04999	DR ANNETTE MOORE	93.24
93.25	04975	HRHS INTERNAL MEDICINE	93.25

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150007

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description			Total	
			26.00	
93.26	04976	DR. MOUALLA	0	93.26
93.27	04977	DR. SEDAGHAT	296,160	93.27
93.28	04978	COMMUNITY OB/GYN	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	93.29
93.30	04980	DR. SCHILT	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	93.31
93.32	04982	DR. PETER KLIM	0	93.32
93.33	04983	HOSPITALISTS	0	93.33
93.34	04984	DR. NEKOMARAM	0	93.34
93.35	04985	DR. CARL	0	93.35
93.36	04986	DR ANITA	0	93.36
93.37	04987	DR. NICOLE	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	93.38
93.39	04989	DR. EVANS	0	93.39
93.40	04990	DR. THUMULURI	0	93.40
93.41	04991	COMMUNITY FAMILY	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	93.42
93.43	04993	NEW BEGINNINGS	2,961	93.43
93.44	04994	DR HOVHANESSIAN	0	93.44
93.45	04995	DR GERING	0	93.45
93.46	04996	DR HAENDIGES	0	93.46
93.47	04997	DR KRAFT	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	93.48
93.49	04974	DR CARL RATLIFF	0	93.49
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	77,817	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,277,898	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	1,943	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	458,593	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	HEALTHY CHILDREN	246	194.00
194.01	07951	HCH ONCOLOGY	0	194.01
194.02	07952	DR. GATEWOOD	0	194.02
194.03	07953	DR. CHEN	0	194.03
194.04	07954	DR. SALTER	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	194.05
194.06	07956	DR. UNDERWOOD	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	194.07
194.08	07958	SOUTH BERKLEY	472	194.08
194.09	07959	MOBILE CLINIC	585	194.09
194.10	07960	PLASTIC SURGERY	615	194.10
194.11	07961	KOKOMO SCHOOL BASED	4,270	194.11
194.12	07962	SPECIALTY HOSPITAL	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	194.14
194.15	07965	INDIANA SURGERY CENTER	2,152	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	194.16
200.00		Cross Foot Adjustments	36,653	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	9,783,427	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)			
		1.00	1.01	1.02			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	387,734				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	14,951			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	0	0	7,065		1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	0	0	35,222,840	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	65,641	0	0	5,210,675	-14,230,348
7.00	00700	OPERATION OF PLANT	39,883	2,044	0	965,025	0
8.00	00800	LAUNDRY & LINEN SERVICE	2,168	0	0	26,503	0
9.00	00900	HOUSEKEEPING	2,342	0	0	498,204	0
10.00	01000	DIETARY	4,301	0	0	259,672	0
11.00	01100	CAFETERIA	6,726	0	0	423,675	0
13.00	01300	NURSING ADMINISTRATION	727	0	0	1,430,609	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,975	0	0	799,304	0
17.00	01700	SOCIAL SERVICE	0	0	0	280,482	0
18.00	01850	PSYCHIATRIC ADMINISTRATION	98	0	0	764,981	0
23.00	02300	PASTORAL CARE	864	0	0	249,010	0
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	78,859	12,096	0	5,737,293	0
31.00	03100	INTENSIVE CARE UNIT	5,225	0	0	1,520,021	0
43.00	04300	NURSERY	1,320	0	0	244,661	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	19,802	0	0	2,047,825	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,308	0	0	540,247	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,201	306	0	1,490,882	0
54.01	03480	ONCOLOGY	20,534	0	0	1,143,956	0
57.00	05700	CT SCAN	600	0	0	415,128	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	91,216	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	797,232	0
60.00	06000	LABORATORY	4,905	505	0	97,547	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,394	0	0	744,831	0
66.00	06600	PHYSICAL THERAPY	1,142	0	0	1,142	0
67.00	06700	OCCUPATIONAL THERAPY	703	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	352	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	104	0	0	851,618	0
70.00	07000	ELECTROENCEPHALOGRAPHY	319	0	0	16,910	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,336	0	0	134,809	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,507	0	0	1,624,305	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	2,066	0	0	214,344	0
76.99	07699	LITHOTRIPSY	0	0	0	6,931	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	22,863	0	0	1,938,091	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	38,435	0	7,065	837,329	0
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	0	0	0	556,997	0
93.07	04957	CLINTON COUNTY	0	0	0	312,997	0
93.08	04958	HOWARD DIABETES	0	0	0	0	0
93.09	04959	DR. AROUTINOVA	0	0	0	0	0
93.10	04960	OB/GYN GREER	0	0	0	0	0
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0
93.14	04964	DR. HASAN	0	0	0	0	0
93.15	04965	PSYCH DR. DEB	0	0	0	0	0
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0
93.17	04967	CFHC	0	0	0	0	0
93.18	04968	PSYCH MEDICATION	0	0	0	942,639	0
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

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

Worksheet B-1

Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)			
		1.00	1.01	1.02			
93.20	04970	0	0	0	0	0	93.20
93.21	04971	0	0	0	0	0	93.21
93.22	04972	0	0	0	0	0	93.22
93.23	04973	0	0	0	0	0	93.23
93.24	04999	0	0	0	0	0	93.24
93.25	04975	0	0	0	0	0	93.25
93.26	04976	0	0	0	0	0	93.26
93.27	04977	10,210	0	0	0	0	93.27
93.28	04978	0	0	0	0	0	93.28
93.29	04979	0	0	0	0	0	93.29
93.30	04980	0	0	0	0	0	93.30
93.31	04981	0	0	0	0	0	93.31
93.32	04982	0	0	0	0	0	93.32
93.33	04983	0	0	0	0	0	93.33
93.34	04984	0	0	0	0	0	93.34
93.35	04985	0	0	0	0	0	93.35
93.36	04986	0	0	0	0	0	93.36
93.37	04987	0	0	0	0	0	93.37
93.38	04988	0	0	0	0	0	93.38
93.39	04989	0	0	0	0	0	93.39
93.40	04990	0	0	0	0	0	93.40
93.41	04991	0	0	0	0	0	93.41
93.42	04992	0	0	0	0	0	93.42
93.43	04993	0	0	0	95,743	0	93.43
93.44	04994	0	0	0	0	0	93.44
93.45	04995	0	0	0	0	0	93.45
93.46	04996	0	0	0	0	0	93.46
93.47	04997	0	0	0	0	0	93.47
93.48	04998	0	0	0	0	0	93.48
93.49	04974	0	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	1,730	0	0	815,998	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		373,390	14,951	7,065	34,127,690	-14,230,348	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
190.01	19001	0	0	0	60,781	0	190.01
192.00	19200	14,344	0	0	968,571	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	8,209	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	3,375	194.07
194.08	07958	0	0	0	0	0	194.08
194.09	07959	0	0	0	17,337	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	39,876	0	194.11
194.12	07962	0	0	0	0	0	194.12
194.13	07963	0	0	0	0	0	194.13
194.14	07964	0	0	0	0	0	194.14
194.15	07965	0	0	0	376	0	194.15
194.16	07966	0	0	0	0	0	194.16
200.00							200.00
201.00							201.00
202.00		9,486,638	271,054	25,735	6,983,150		202.00
203.00		24.466872	18.129490	3.642604	0.198256		203.00
204.00					91,751		204.00
205.00					0.002605		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

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

Worksheet B-1

Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (TOTAL PATIENT DAYS)	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	78,535,359				5.00
7.00	00700	OPERATION OF PLANT	5,083,934	278,460			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	330,593	2,168	442,008		8.00
9.00	00900	HOUSEKEEPING	897,092	2,342	0	442,684	9.00
10.00	01000	DIETARY	604,434	4,301	6,419	3,952	16,911
11.00	01100	CAFETERIA	754,037	6,726	0	3,504	0
13.00	01300	NURSING ADMINISTRATION	2,225,200	727	0	14,200	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,702,693	2,975	0	0	0
17.00	01700	SOCIAL SERVICE	382,111	0	0	0	0
18.00	01850	PSYCHIATRIC ADMINISTRATION	1,382,688	98	0	0	0
23.00	02300	PASTORAL CARE	386,890	864	0	0	0
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	9,915,056	78,859	278,383	234,046	13,780
31.00	03100	INTENSIVE CARE UNIT	2,216,002	5,225	40,910	19,808	2,061
43.00	04300	NURSERY	388,371	1,320	3,253	0	1,070
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,265,037	19,802	19,644	36,724	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	940,600	6,308	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,051,501	19,201	296	40,377	0
54.01	03480	ONCOLOGY	2,219,566	20,534	68,125	710	0
57.00	05700	CT SCAN	581,600	600	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	140,300	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	1,297,814	0	0	15,056	0
60.00	06000	LABORATORY	3,555,268	4,905	206	9,960	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,138,580	4,394	0	0	0
66.00	06600	PHYSICAL THERAPY	309,564	1,142	0	2,760	0
67.00	06700	OCCUPATIONAL THERAPY	178,829	703	0	0	0
68.00	06800	SPEECH PATHOLOGY	94,212	352	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,228,849	104	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	30,495	319	2,496	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,086,369	3,336	0	1,750	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,745,417	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	12,092,098	1,507	0	3,340	0
74.00	07400	RENAL DIALYSIS	203,517	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03950	WOUND CARE CENTER	360,643	2,066	0	104	0
76.99	07699	LITHOTRIpsy	219,235	0	0	4,627	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	4,100,441	22,863	22,276	21,908	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0
93.01	04951	GENESIS	2,216,564	38,435	0	15,137	0
93.02	04952	WOMEN'S CENTER	0	0	0	0	0
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0
93.04	04954	DR. STEELE	0	0	0	0	0
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0
93.06	04956	HOWARD COUNTY CSS	467,244	0	0	0	0
93.07	04957	CLINTON COUNTY	399,694	0	0	0	0
93.08	04958	HOWARD DIABETES	0	0	0	0	0
93.09	04959	DR. AROUTINOVA	0	0	0	0	0
93.10	04960	OB/GYN GREER	0	0	0	0	0
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0
93.14	04964	DR. HASAN	0	0	0	0	0
93.15	04965	PSYCH DR. DEB	0	0	0	0	0
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0
93.17	04967	CFHC	0	0	0	0	0
93.18	04968	PSYCH MEDIATION	1,234,160	0	0	14,721	0
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0	0
93.20	04970	ORTOPAEDIC	0	0	0	0	0
93.21	04971	DR. JERRY GREER	0	0	0	0	0
93.22	04972	DR. KOESTER	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

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

Worksheet B-1

Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description			ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (TOTAL PATIENT DAYS)	
			5.00	7.00	8.00	9.00	10.00	
93.23	04973	DR. B. FOGELSON	0	0	0	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	255,411	10,210	0	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	0	0	0	93.33
93.34	04984	DR. NEKOOMARAM	0	0	0	0	0	93.34
93.35	04985	DR. CARL	0	0	0	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	0	0	93.39
93.40	04990	DR. THUMULURI	0	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	129,570	0	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0	0	93.44
93.45	04995	DR GERING	0	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	0	0	93.46
93.47	04997	DR KRAFT	0	0	0	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	1,209,805	1,730	0	0	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	76,021,484	264,116	442,008	442,684	16,911	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	86,564	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,031,245	14,344	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	10,891	0	0	0	0	194.00
194.01	07951	HCH ONCOLOGY	0	0	0	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	0	0	0	194.02
194.03	07953	DR. CHEN	0	0	0	0	0	194.03
194.04	07954	DR. SALTER	0	0	0	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	0	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	0	0	0	0	194.07
194.08	07958	SOUTH BERKLEY	22,869	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	26,178	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	29,825	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	202,003	0	0	0	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	0	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
194.15	07965	INDIANA SURGERY CENTER	104,300	0	0	0	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	14,230,348	6,005,128	437,249	1,110,148	822,970	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.181197	21.565496	0.989233	2.507766	48.664774	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,619,604	1,120,229	68,653	86,522	137,445	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.020623	4.022944	0.155321	0.195449	8.127550	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

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

Worksheet B-1

Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description	CAFETERIA (TIME SPENT)	NURSING ADMINISTRATION  (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (ASSIGNED TIME)	OTHER GENERAL SERVICE PSYCHIATRIC ADMINISTRATION  (PATIENT REVENUE)	
	11.00	13.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT						1.01
1.02 00102 CAP REL COSTS-BLDG & FIXT						1.02
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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	429					11.00
13.00 01300 NURSING ADMINISTRATION	17	219				13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	18	0	385,512,802			16.00
17.00 01700 SOCIAL SERVICE	5	0	0	590		17.00
18.00 01850 PSYCHIATRIC ADMINISTRATION	20	0	0	0	10,319,581	18.00
23.00 02300 PASTORAL CARE	7	0	0	0	0	23.00
23.01 02301 EMS CERTIFICATION PROGRAM	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	117	117	27,997,476	214	0	30.00
31.00 03100 INTENSIVE CARE UNIT	26	26	5,559,945	29	0	31.00
43.00 04300 NURSERY	4	4	641,285	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	35	35	27,203,039	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	9	0	2,467,163	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	25	0	32,001,978	0	0	54.00
54.01 03480 ONCOLOGY	19	0	16,760,038	0	0	54.01
57.00 05700 CT SCAN	6	0	33,773,394	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	4,185,848	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	12	0	30,213,854	0	0	59.00
60.00 06000 LABORATORY	0	0	43,842,888	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	15	0	4,952,256	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	1,259,390	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	848,909	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	249,160	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	12	0	18,014,470	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	282,433	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4	0	14,453,235	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	7,789,598	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	21	0	47,940,831	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	333,383	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03950 WOUND CARE CENTER	4	0	1,948,945	0	0	75.01
76.99 07699 LI THOTRI PSY	0	0	974,936	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	37	37	41,854,081	52	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00 04950 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01 04951 GENESIS	16	0	5,028,118	0	5,028,118	93.01
93.02 04952 WOMEN'S CENTER	0	0	0	0	0	93.02
93.03 04953 RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04 04954 DR. STEELE	0	0	0	0	0	93.04
93.05 04955 DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06 04956 HOWARD COUNTY CSS	0	0	3,677,970	0	3,677,970	93.06
93.07 04957 CLINTON COUNTY	0	0	1,613,493	0	1,613,493	93.07
93.08 04958 HOWARD DIABETES	0	0	0	0	0	93.08
93.09 04959 DR. AROUTINOVA	0	0	0	0	0	93.09
93.10 04960 OB/GYN GREER	0	0	0	0	0	93.10
93.11 04961 ONCOLOGY/BECHAR	0	0	0	0	0	93.11
93.12 04962 CRITICAL CARE PHYSICIANS	0	0	0	0	0	93.12
93.13 04963 PSYCH DR. ERIKA	0	0	0	0	0	93.13
93.14 04964 DR. HASAN	0	0	0	0	0	93.14
93.15 04965 PSYCH DR. DEB	0	0	0	0	0	93.15
93.16 04966 NORTH CENTRAL PEDIATRICS	0	0	0	0	0	93.16
93.17 04967 CFHC	0	0	0	0	0	93.17
93.18 04968 PSYCH MEDICATION	0	0	5,205,770	0	0	93.18
93.19 04969 RUSSAVILLE OFFICE	0	0	0	0	0	93.19

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

Period:  
From 01/01/2015  
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Worksheet B-1  
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Cost Center Description	CAFETERIA (TIME SPENT)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (ASSIGNED TIME)	OTHER GENERAL SERVICE PSYCHIATRIC ADMINISTRATION (PATIENT REVENUE)	
	11.00	13.00	16.00	17.00	18.00	
93.20 04970 ORTOPAEDIC	0	0	0	0	0	93.20
93.21 04971 DR. JERRY GREER	0	0	0	0	0	93.21
93.22 04972 DR. KOESTER	0	0	0	0	0	93.22
93.23 04973 DR. B. FOGELSON	0	0	0	0	0	93.23
93.24 04999 DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25 04975 HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26 04976 DR. MOUALLA	0	0	0	0	0	93.26
93.27 04977 DR. SEDAGHAT	0	0	36,126	0	0	93.27
93.28 04978 COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29 04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30 04980 DR. SCHILT	0	0	0	0	0	93.30
93.31 04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31
93.32 04982 DR. PETER KLIM	0	0	0	0	0	93.32
93.33 04983 HOSPITALISTS	0	0	0	0	0	93.33
93.34 04984 DR. NEKOMARAM	0	0	0	0	0	93.34
93.35 04985 DR. CARL	0	0	0	0	0	93.35
93.36 04986 DR ANITA	0	0	0	0	0	93.36
93.37 04987 DR. NICOLE	0	0	0	0	0	93.37
93.38 04988 WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39 04989 DR. EVANS	0	0	0	0	0	93.39
93.40 04990 DR. THUMULURI	0	0	0	0	0	93.40
93.41 04991 COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42 04992 INDIANA SURGERY CENTER	0	0	0	0	0	93.42
93.43 04993 NEW BEGINNINGS	0	0	117,877	0	0	93.43
93.44 04994 DR HOVHANESSIAN	0	0	0	0	0	93.44
93.45 04995 DR GERING	0	0	0	0	0	93.45
93.46 04996 DR HAENDIGES	0	0	0	0	0	93.46
93.47 04997 DR KRAFT	0	0	0	0	0	93.47
93.48 04998 DR GEM-ESTELE LUCAS	0	0	0	0	0	93.48
93.49 04974 DR CARL RATLIFF	0	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	4,284,913	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	429	219	385,512,802	295	10,319,581	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 COMMUNITY HOWARD FOUNDATION	0	0	0	0	0	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	295	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 HEALTHY CHILDREN	0	0	0	0	0	194.00
194.01 07951 HCH ONCOLOGY	0	0	0	0	0	194.01
194.02 07952 DR. GATEWOOD	0	0	0	0	0	194.02
194.03 07953 DR. CHEN	0	0	0	0	0	194.03
194.04 07954 DR. SALTER	0	0	0	0	0	194.04
194.05 07955 NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	194.05
194.06 07956 DR. UNDERWOOD	0	0	0	0	0	194.06
194.07 07957 HCH MEDICAL SURGICAL	0	0	0	0	0	194.07
194.08 07958 SOUTH BERKLEY	0	0	0	0	0	194.08
194.09 07959 MOBILE CLINIC	0	0	0	0	0	194.09
194.10 07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11 07961 KOKOMO SCHOOL BASED	0	0	0	0	0	194.11
194.12 07962 SPECIALTY HOSPITAL	0	0	0	0	0	194.12
194.13 07963 COMMUNITY ONCOLOGY	0	0	0	0	0	194.13
194.14 07964 GREENTOWN MEDICAL OFFICE	0	0	0	0	0	194.14
194.15 07965 INDIANA SURGERY CENTER	0	0	0	0	0	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0	0	194.16
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)	1,044,503	2,721,079	2,119,198	463,522	1,684,035	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2,434.738928	12,425.018265	0.005497	785.630508	0.163188	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	208,962	81,385	130,722	11,046	43,042	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	487.090909	371.621005	0.000339	18.722034	0.004171	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150007

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

Worksheet B-1

Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		PASTORAL CARE (ASSIGNED TIME)	EMS CERTIFICATION PROGRAM (ASSIGNED TIME)	
		23.00	23.01	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100			1.00
1.01	00101			1.01
1.02	00102			1.02
4.00	00400			4.00
5.00	00500			5.00
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
13.00	01300			13.00
16.00	01600			16.00
17.00	01700			17.00
18.00	01850			18.00
23.00	02300	100		23.00
23.01	02301		0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	100	0	30.00
31.00	03100	0	0	31.00
43.00	04300	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	0	0	50.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
54.01	03480	0	0	54.01
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
63.00	06300	0	0	63.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
67.00	06700	0	0	67.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
74.00	07400	0	0	74.00
75.00	07500	0	0	75.00
75.01	03950	0	0	75.01
76.99	07699	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	0	0	91.00
92.00	09200	0	0	92.00
92.01	09201	0	0	92.01
93.00	04950	0	0	93.00
93.01	04951	0	0	93.01
93.02	04952	0	0	93.02
93.03	04953	0	0	93.03
93.04	04954	0	0	93.04
93.05	04955	0	0	93.05
93.06	04956	0	0	93.06
93.07	04957	0	0	93.07
93.08	04958	0	0	93.08
93.09	04959	0	0	93.09
93.10	04960	0	0	93.10
93.11	04961	0	0	93.11
93.12	04962	0	0	93.12
93.13	04963	0	0	93.13
93.14	04964	0	0	93.14
93.15	04965	0	0	93.15
93.16	04966	0	0	93.16
93.17	04967	0	0	93.17
93.18	04968	0	0	93.18
93.19	04969	0	0	93.19
93.20	04970	0	0	93.20
93.21	04971	0	0	93.21

COST ALLOCATION - STATISTICAL BASIS

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5/25/2016 11:44 am

Cost Center Description			PASTORAL CARE (ASSIGNED TIME)	EMS CERTIFICATION PROGRAM (ASSIGNED TIME)	
			23.00	23.01	
93.22	04972	DR. KOESTER	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	93.29
93.30	04980	DR. SCHILT	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	93.33
93.34	04984	DR. NEKOMARAM	0	0	93.34
93.35	04985	DR. CARL	0	0	93.35
93.36	04986	DR ANITA	0	0	93.36
93.37	04987	DR. NICOLE	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	93.38
93.39	04989	DR. EVANS	0	0	93.39
93.40	04990	DR. THUMULURI	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	93.42
93.43	04993	NEW BEGINNINGS	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	93.44
93.45	04995	DR GERING	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	93.46
93.47	04997	DR KRAFT	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	93.49
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	100	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	194.00
194.01	07951	HCH ONCOLOGY	0	0	194.01
194.02	07952	DR. GATEWOOD	0	0	194.02
194.03	07953	DR. CHEN	0	0	194.03
194.04	07954	DR. SALTER	0	0	194.04
194.05	07955	NORTH CENTRAL INDIANA INTERNAL MED	0	0	194.05
194.06	07956	DR. UNDERWOOD	0	0	194.06
194.07	07957	HCH MEDICAL SURGICAL	0	0	194.07
194.08	07958	SOUTH BERKLEY	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	194.11
194.12	07962	SPECIALTY HOSPITAL	0	0	194.12
194.13	07963	COMMUNITY ONCOLOGY	0	0	194.13
194.14	07964	GREENTOWN MEDICAL OFFICE	0	0	194.14
194.15	07965	INDIANA SURGERY CENTER	0	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	194.16
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)	492,669	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	4,926.690000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	36,653	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	366.530000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:44 am
			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		17,498,476	0	17,498,476
31.00	03100 INTENSIVE CARE UNIT		3,360,356	0	3,360,356
43.00	04300 NURSERY		605,462	0	605,462
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		6,246,043	0	6,246,043
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,282,544	0	1,282,544
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,356,835	0	4,356,835
54.01	03480 ONCOLOGY		3,272,133	0	3,272,133
57.00	05700 CT SCAN		900,183	0	900,183
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		188,732	0	188,732
59.00	05900 CARDIAC CATHETERIZATION		1,766,034	0	1,766,034
60.00	06000 LABORATORY		4,571,436	0	4,571,436
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	1,503,390	0	1,503,390
66.00	06600 PHYSICAL THERAPY	0	404,128	0	404,128
67.00	06700 OCCUPATIONAL THERAPY	0	231,059	0	231,059
68.00	06800 SPEECH PATHOLOGY	0	120,244	0	120,244
69.00	06900 ELECTROCARDIOLOGY		1,581,999	0	1,581,999
70.00	07000 ELECTROENCEPHALOGRAPHY		46,922	0	46,922
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,354,720	0	7,354,720
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		2,104,500	0	2,104,500
73.00	07300 DRUGS CHARGED TO PATIENTS		14,638,695	0	14,638,695
74.00	07400 RENAL DIALYSIS		242,227	0	242,227
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
75.01	03950 WOUND CARE CENTER		491,257	0	491,257
76.99	07699 LI THOTRI PSY		275,922	0	275,922
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY		6,234,193	0	6,234,193
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,479,812	0	1,479,812
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0
93.01	04951 GENESIS		4,372,156	0	4,372,156
93.02	04952 WOMEN'S CENTER		0	0	0
93.03	04953 RESIDENTIAL HOMES		0	0	0
93.04	04954 DR. STEELE		0	0	0
93.05	04955 DIABETIC EDUCATION		0	0	0
93.06	04956 HOWARD COUNTY CSS		1,172,326	0	1,172,326
93.07	04957 CLINTON COUNTY		744,289	0	744,289
93.08	04958 HOWARD DIABETES		0	0	0
93.09	04959 DR. AROUTINOVA		0	0	0
93.10	04960 OB/GYN GREER		0	0	0
93.11	04961 ONCOLOGY/BECHAR		0	0	0
93.12	04962 CRITICAL CARE PHYSICIANS		0	0	0
93.13	04963 PSYCH DR. ERIKA		0	0	0
93.14	04964 DR. HASAN		0	0	0
93.15	04965 PSYCH DR. DEB		0	0	0
93.16	04966 NORTH CENTRAL PEDIATRICS		0	0	0
93.17	04967 CFHC		0	0	0
93.18	04968 PSYCH MEDICATION		1,523,319	0	1,523,319
93.19	04969 RUSSAVILLE OFFICE		0	0	0
93.20	04970 ORTOPAEDIC		0	0	0
93.21	04971 DR. JERRY GREER		0	0	0
93.22	04972 DR. KOESTER		0	0	0
93.23	04973 DR. B. FOGELSON		0	0	0
93.24	04999 DR ANNETTE MOORE		0	0	0
93.25	04975 HRHS INTERNAL MEDICINE		0	0	0
93.26	04976 DR. MOULLA		0	0	0
93.27	04977 DR. SEDAGHAT		522,074	0	522,074
93.28	04978 COMMUNITY OB/GYN		0	0	0
93.29	04979 BEHAVIORAL HEALTH TIPTON		0	0	0
93.30	04980 DR. SCHILT		0	0	0
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES		0	0	0
93.32	04982 DR. PETER KLIM		0	0	0
93.33	04983 HOSPITALISTS		0	0	0
93.34	04984 DR. NEKOOMARAM		0	0	0
93.35	04985 DR. CARL		0	0	0
93.36	04986 DR ANITA		0	0	0
93.37	04987 DR. NICOLE		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

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		
93.38	04988	WOUND CARE PHYSICIANS	0		0	0	0	0	93.38
93.39	04989	DR. EVANS	0		0	0	0	0	93.39
93.40	04990	DR. THUMULURI	0		0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0		0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0		0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	153,696		153,696	0	153,696	0	93.43
93.44	04994	DR HOVHANESSIAN	0		0	0	0	0	93.44
93.45	04995	DR GERING	0		0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0		0	0	0	0	93.46
93.47	04997	DR KRAFT	0		0	0	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0		0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0		0	0	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	1,489,880		1,489,880	0	1,489,880	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	90,735,042	0	90,735,042	0	90,735,042	0	200.00
201.00		Less Observation Beds	1,479,812		1,479,812		1,479,812		201.00
202.00		Total (see instructions)	89,255,230	0	89,255,230	0	89,255,230	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/25/2016 11:44 am	
			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	26,554,592		26,554,592			30.00
31.00	03100	INTENSIVE CARE UNIT	5,559,945		5,559,945			31.00
43.00	04300	NURSERY	641,285		641,285			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	12,779,757	14,423,282	27,203,039	0.229608	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,799,972	667,191	2,467,163	0.519846	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,089,079	26,912,899	32,001,978	0.136143	0.000000	54.00
54.01	03480	ONCOLOGY	140,657	16,619,381	16,760,038	0.195234	0.000000	54.01
57.00	05700	CT SCAN	6,641,746	27,131,648	33,773,394	0.026654	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	850,642	3,335,206	4,185,848	0.045088	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,124,387	16,089,467	30,213,854	0.058451	0.000000	59.00
60.00	06000	LABORATORY	13,092,044	30,750,844	43,842,888	0.104269	0.000000	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	4,146,266	805,990	4,952,256	0.303577	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,087,988	171,402	1,259,390	0.320892	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	811,766	37,143	848,909	0.272183	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	196,786	52,374	249,160	0.482598	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	5,099,449	12,915,021	18,014,470	0.087818	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,973	214,460	282,433	0.166135	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,117,655	6,335,580	14,453,235	0.508863	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,342,452	3,447,146	7,789,598	0.270168	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,593,299	33,347,532	47,940,831	0.305349	0.000000	73.00
74.00	07400	RENAL DIALYSIS	313,263	20,120	333,383	0.726573	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03950	WOUND CARE CENTER	18,782	1,930,163	1,948,945	0.252063	0.000000	75.01
76.99	07699	LITHOTRIPSY	0	974,936	974,936	0.283016	0.000000	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	5,743,584	36,110,497	41,854,081	0.148951	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,490	1,432,394	1,442,884	1.025593	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	0.000000	93.00
93.01	04951	GENESIS	2,247	5,025,871	5,028,118	0.869541	0.000000	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	0.000000	93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	21,386	3,656,584	3,677,970	0.318743	0.000000	93.06
93.07	04957	CLINTON COUNTY	915	1,612,578	1,613,493	0.461291	0.000000	93.07
93.08	04958	HOWARD DIABETES	0	0	0	0.000000	0.000000	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0.000000	0.000000	93.09
93.10	04960	OB/GYN GREER	0	0	0	0.000000	0.000000	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0.000000	0.000000	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0.000000	0.000000	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0.000000	0.000000	93.13
93.14	04964	DR. HASAN	0	0	0	0.000000	0.000000	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0.000000	0.000000	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0.000000	0.000000	93.16
93.17	04967	CFHC	0	0	0	0.000000	0.000000	93.17
93.18	04968	PSYCH MEDICATION	2,237,678	2,968,092	5,205,770	0.292621	0.000000	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0.000000	0.000000	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0.000000	0.000000	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0.000000	0.000000	93.21
93.22	04972	DR. KOESTER	0	0	0	0.000000	0.000000	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0.000000	0.000000	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0.000000	0.000000	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0.000000	0.000000	93.25
93.26	04976	DR. MOUALLA	0	0	0	0.000000	0.000000	93.26
93.27	04977	DR. SEDAGHAT	0	36,126	36,126	14.451475	0.000000	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0.000000	0.000000	93.28
93.29	04979	BEHAVIORAL HEALTH Tipton	0	0	0	0.000000	0.000000	93.29
93.30	04980	DR. SCHILT	0	0	0	0.000000	0.000000	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0.000000	0.000000	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0.000000	0.000000	93.32
93.33	04983	HOSPITALISTS	0	0	0	0.000000	0.000000	93.33
93.34	04984	DR. NEKOOMARAM	0	0	0	0.000000	0.000000	93.34
93.35	04985	DR. CARL	0	0	0	0.000000	0.000000	93.35
93.36	04986	DR ANITA	0	0	0	0.000000	0.000000	93.36
93.37	04987	DR. NICOLE	0	0	0	0.000000	0.000000	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0.000000	0.000000	93.38

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
Title XVIII			Hospital			PPS		
93.39	04989	DR. EVANS	0	0	0	0.000000	0.000000	93.39
93.40	04990	DR. THUMULURI	0	0	0	0.000000	0.000000	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0.000000	0.000000	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0.000000	0.000000	93.42
93.43	04993	NEW BEGINNINGS	0	117,877	117,877	1.303868	0.000000	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0.000000	0.000000	93.44
93.45	04995	DR GERING	0	0	0	0.000000	0.000000	93.45
93.46	04996	DR HAENDIGES	0	0	0	0.000000	0.000000	93.46
93.47	04997	DR KRAFT	0	0	0	0.000000	0.000000	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	0	0	0.000000	0.000000	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	0.000000	0.000000	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	4,284,913	4,284,913	0.347704	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	134,086,085	251,426,717	385,512,802			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	134,086,085	251,426,717	385,512,802			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:44 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.229608		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.519846		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.136143		54.00
54.01	03480 ONCOLOGY	0.195234		54.01
57.00	05700 CT SCAN	0.026654		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.045088		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.058451		59.00
60.00	06000 LABORATORY	0.104269		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.303577		65.00
66.00	06600 PHYSICAL THERAPY	0.320892		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.272183		67.00
68.00	06800 SPEECH PATHOLOGY	0.482598		68.00
69.00	06900 ELECTROCARDIOLOGY	0.087818		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.166135		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508863		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.270168		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.305349		73.00
74.00	07400 RENAL DIALYSIS	0.726573		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950 WOUND CARE CENTER	0.252063		75.01
76.99	07699 LI THOTRIPSY	0.283016		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.148951		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.025593		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951 GENESIS	0.869541		93.01
93.02	04952 WOMEN'S CENTER	0.000000		93.02
93.03	04953 RESIDENTIAL HOMES	0.000000		93.03
93.04	04954 DR. STEELE	0.000000		93.04
93.05	04955 DIABETIC EDUCATION	0.000000		93.05
93.06	04956 HOWARD COUNTY CSS	0.318743		93.06
93.07	04957 CLINTON COUNTY	0.461291		93.07
93.08	04958 HOWARD DIABETES	0.000000		93.08
93.09	04959 DR. AROUTINOVA	0.000000		93.09
93.10	04960 OB/GYN GREER	0.000000		93.10
93.11	04961 ONCOLOGY/BECHAR	0.000000		93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0.000000		93.12
93.13	04963 PSYCH DR. ERIKA	0.000000		93.13
93.14	04964 DR. HASAN	0.000000		93.14
93.15	04965 PSYCH DR. DEB	0.000000		93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0.000000		93.16
93.17	04967 CFHC	0.000000		93.17
93.18	04968 PSYCH MEDICATION	0.292621		93.18
93.19	04969 RUSSAVILLE OFFICE	0.000000		93.19
93.20	04970 ORTOPAEDIC	0.000000		93.20
93.21	04971 DR. JERRY GREER	0.000000		93.21
93.22	04972 DR. KOESTER	0.000000		93.22
93.23	04973 DR. B. FOGELSON	0.000000		93.23
93.24	04999 DR ANNETTE MOORE	0.000000		93.24
93.25	04975 HRHS INTERNAL MEDICINE	0.000000		93.25
93.26	04976 DR. MOUALLA	0.000000		93.26
93.27	04977 DR. SEDAGHAT	14.451475		93.27
93.28	04978 COMMUNITY OB/GYN	0.000000		93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0.000000		93.29
93.30	04980 DR. SCHILT	0.000000		93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0.000000		93.31
93.32	04982 DR. PETER KLIM	0.000000		93.32
93.33	04983 HOSPITALISTS	0.000000		93.33
93.34	04984 DR. NEKOOMARAM	0.000000		93.34
93.35	04985 DR. CARL	0.000000		93.35
93.36	04986 DR ANITA	0.000000		93.36
93.37	04987 DR. NICOLE	0.000000		93.37
93.38	04988 WOUND CARE PHYSICIANS	0.000000		93.38
93.39	04989 DR. EVANS	0.000000		93.39
93.40	04990 DR. THUMULURI	0.000000		93.40

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital	PPS
			11.00			
93.41	04991	COMMUNITY FAMILY	0.000000			93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000			93.42
93.43	04993	NEW BEGINNINGS	1.303868			93.43
93.44	04994	DR HOVHANESSIAN	0.000000			93.44
93.45	04995	DR GERING	0.000000			93.45
93.46	04996	DR HAENDIGES	0.000000			93.46
93.47	04997	DR KRAFT	0.000000			93.47
93.48	04998	DR GEM-ESTELE LUCAS	0.000000			93.48
93.49	04974	DR CARL RATLIFF	0.000000			93.49
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.347704			95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:44 am
			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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		17,498,476	0	17,498,476
31.00	03100 INTENSIVE CARE UNIT		3,360,356	0	3,360,356
43.00	04300 NURSERY		605,462	0	605,462
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		6,246,043	0	6,246,043
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,282,544	0	1,282,544
53.00	05300 ANESTHESIOLOGY		0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,356,835	0	4,356,835
54.01	03480 ONCOLOGY		3,272,133	0	3,272,133
57.00	05700 CT SCAN		900,183	0	900,183
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		188,732	0	188,732
59.00	05900 CARDIAC CATHETERIZATION		1,766,034	0	1,766,034
60.00	06000 LABORATORY		4,571,436	0	4,571,436
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	1,503,390	0	1,503,390
66.00	06600 PHYSICAL THERAPY	0	404,128	0	404,128
67.00	06700 OCCUPATIONAL THERAPY	0	231,059	0	231,059
68.00	06800 SPEECH PATHOLOGY	0	120,244	0	120,244
69.00	06900 ELECTROCARDIOLOGY		1,581,999	0	1,581,999
70.00	07000 ELECTROENCEPHALOGRAPHY		46,922	0	46,922
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,354,720	0	7,354,720
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		2,104,500	0	2,104,500
73.00	07300 DRUGS CHARGED TO PATIENTS		14,638,695	0	14,638,695
74.00	07400 RENAL DIALYSIS		242,227	0	242,227
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
75.01	03950 WOUND CARE CENTER		491,257	0	491,257
76.99	07699 LI THOTRI PSY		275,922	0	275,922
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY		6,234,193	0	6,234,193
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,479,812	0	1,479,812
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0
93.00	04950 OTHER OUTPATIENT SERVICES		0	0	0
93.01	04951 GENESIS		4,372,156	0	4,372,156
93.02	04952 WOMEN'S CENTER		0	0	0
93.03	04953 RESIDENTIAL HOMES		0	0	0
93.04	04954 DR. STEELE		0	0	0
93.05	04955 DIABETIC EDUCATION		0	0	0
93.06	04956 HOWARD COUNTY CSS		1,172,326	0	1,172,326
93.07	04957 CLINTON COUNTY		744,289	0	744,289
93.08	04958 HOWARD DIABETES		0	0	0
93.09	04959 DR. AROUTINOVA		0	0	0
93.10	04960 OB/GYN GREER		0	0	0
93.11	04961 ONCOLOGY/BECHAR		0	0	0
93.12	04962 CRITICAL CARE PHYSICIANS		0	0	0
93.13	04963 PSYCH DR. ERIKA		0	0	0
93.14	04964 DR. HASAN		0	0	0
93.15	04965 PSYCH DR. DEB		0	0	0
93.16	04966 NORTH CENTRAL PEDIATRICS		0	0	0
93.17	04967 CFHC		0	0	0
93.18	04968 PSYCH MEDICATION		1,523,319	0	1,523,319
93.19	04969 RUSSAVILLE OFFICE		0	0	0
93.20	04970 ORTOPAEDIC		0	0	0
93.21	04971 DR. JERRY GREER		0	0	0
93.22	04972 DR. KOESTER		0	0	0
93.23	04973 DR. B. FOGELSON		0	0	0
93.24	04999 DR ANNETTE MOORE		0	0	0
93.25	04975 HRHS INTERNAL MEDICINE		0	0	0
93.26	04976 DR. MOULLA		0	0	0
93.27	04977 DR. SEDAGHAT		522,074	0	522,074
93.28	04978 COMMUNITY OB/GYN		0	0	0
93.29	04979 BEHAVIORAL HEALTH TIPTON		0	0	0
93.30	04980 DR. SCHILT		0	0	0
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES		0	0	0
93.32	04982 DR. PETER KLIM		0	0	0
93.33	04983 HOSPITALISTS		0	0	0
93.34	04984 DR. NEKOOMARAM		0	0	0
93.35	04985 DR. CARL		0	0	0
93.36	04986 DR ANITA		0	0	0
93.37	04987 DR. NICOLE		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

Period:  
From 01/01/2015  
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Part I  
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5/25/2016 11:44 am

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		
93.38	04988	WOUND CARE PHYSICIANS	0		0	0	0	0	93.38
93.39	04989	DR. EVANS	0		0	0	0	0	93.39
93.40	04990	DR. THUMULURI	0		0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0		0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0		0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	153,696		153,696	0	153,696	0	93.43
93.44	04994	DR HOVHANESSIAN	0		0	0	0	0	93.44
93.45	04995	DR GERING	0		0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0		0	0	0	0	93.46
93.47	04997	DR KRAFT	0		0	0	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0		0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0		0	0	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	1,489,880		1,489,880	0	1,489,880	0	95.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	90,735,042	0	90,735,042	0	90,735,042	0	200.00
201.00		Less Observation Beds	1,479,812		1,479,812		1,479,812		201.00
202.00		Total (see instructions)	89,255,230	0	89,255,230	0	89,255,230	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

		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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	26,554,592		26,554,592		30.00
31.00	03100	INTENSIVE CARE UNIT	5,559,945		5,559,945		31.00
43.00	04300	NURSERY	641,285		641,285		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	12,779,757	14,423,282	27,203,039	0.229608	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,799,972	667,191	2,467,163	0.519846	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,089,079	26,912,899	32,001,978	0.136143	54.00
54.01	03480	ONCOLOGY	140,657	16,619,381	16,760,038	0.195234	54.01
57.00	05700	CT SCAN	6,641,746	27,131,648	33,773,394	0.026654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	850,642	3,335,206	4,185,848	0.045088	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,124,387	16,089,467	30,213,854	0.058451	59.00
60.00	06000	LABORATORY	13,092,044	30,750,844	43,842,888	0.104269	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	4,146,266	805,990	4,952,256	0.303577	65.00
66.00	06600	PHYSICAL THERAPY	1,087,988	171,402	1,259,390	0.320892	66.00
67.00	06700	OCCUPATIONAL THERAPY	811,766	37,143	848,909	0.272183	67.00
68.00	06800	SPEECH PATHOLOGY	196,786	52,374	249,160	0.482598	68.00
69.00	06900	ELECTROCARDIOLOGY	5,099,449	12,915,021	18,014,470	0.087818	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	67,973	214,460	282,433	0.166135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,117,655	6,335,580	14,453,235	0.508863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,342,452	3,447,146	7,789,598	0.270168	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,593,299	33,347,532	47,940,831	0.305349	73.00
74.00	07400	RENAL DIALYSIS	313,263	20,120	333,383	0.726573	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03950	WOUND CARE CENTER	18,782	1,930,163	1,948,945	0.252063	75.01
76.99	07699	LITHOTRIPSY	0	974,936	974,936	0.283016	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	5,743,584	36,110,497	41,854,081	0.148951	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	10,490	1,432,394	1,442,884	1.025593	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0.000000	93.00
93.01	04951	GENESIS	2,247	5,025,871	5,028,118	0.869541	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0.000000	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0.000000	93.03
93.04	04954	DR. STEELE	0	0	0	0.000000	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0.000000	93.05
93.06	04956	HOWARD COUNTY CSS	21,386	3,656,584	3,677,970	0.318743	93.06
93.07	04957	CLINTON COUNTY	915	1,612,578	1,613,493	0.461291	93.07
93.08	04958	HOWARD DIABETES	0	0	0	0.000000	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0.000000	93.09
93.10	04960	OB/GYN GREER	0	0	0	0.000000	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0.000000	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0.000000	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0.000000	93.13
93.14	04964	DR. HASAN	0	0	0	0.000000	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0.000000	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0.000000	93.16
93.17	04967	CFHC	0	0	0	0.000000	93.17
93.18	04968	PSYCH MEDICATION	2,237,678	2,968,092	5,205,770	0.292621	93.18
93.19	04969	RUSSAVILLE OFFICE	0	0	0	0.000000	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0.000000	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0.000000	93.21
93.22	04972	DR. KOESTER	0	0	0	0.000000	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0.000000	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0.000000	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0.000000	93.25
93.26	04976	DR. MOUALLA	0	0	0	0.000000	93.26
93.27	04977	DR. SEDAGHAT	0	36,126	36,126	14.451475	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0.000000	93.28
93.29	04979	BEHAVIORAL HEALTH Tipton	0	0	0	0.000000	93.29
93.30	04980	DR. SCHILT	0	0	0	0.000000	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0.000000	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0.000000	93.32
93.33	04983	HOSPITALISTS	0	0	0	0.000000	93.33
93.34	04984	DR. NEKOOMARAM	0	0	0	0.000000	93.34
93.35	04985	DR. CARL	0	0	0	0.000000	93.35
93.36	04986	DR ANITA	0	0	0	0.000000	93.36
93.37	04987	DR. NICOLE	0	0	0	0.000000	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0.000000	93.38

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

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From 01/01/2015  
To 12/31/2015

Worksheet C  
Part I  
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5/25/2016 11:44 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
Title XIX			Hospital			Cost		
93.39	04989	DR. EVANS	0	0	0	0.000000	0.000000	93.39
93.40	04990	DR. THUMULURI	0	0	0	0.000000	0.000000	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0.000000	0.000000	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0.000000	0.000000	93.42
93.43	04993	NEW BEGINNINGS	0	117,877	117,877	1.303868	0.000000	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0.000000	0.000000	93.44
93.45	04995	DR GERING	0	0	0	0.000000	0.000000	93.45
93.46	04996	DR HAENDIGES	0	0	0	0.000000	0.000000	93.46
93.47	04997	DR KRAFT	0	0	0	0.000000	0.000000	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	0	0	0.000000	0.000000	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	0.000000	0.000000	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	4,284,913	4,284,913	0.347704	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	134,086,085	251,426,717	385,512,802			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	134,086,085	251,426,717	385,512,802			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/25/2016 11:44 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
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
54.01	03480 ONCOLOGY	0.000000		54.01
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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
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
75.01	03950 WOUND CARE CENTER	0.000000		75.01
76.99	07699 LI THOTRI PSY	0.000000		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000		93.00
93.01	04951 GENESIS	0.000000		93.01
93.02	04952 WOMEN'S CENTER	0.000000		93.02
93.03	04953 RESIDENTIAL HOMES	0.000000		93.03
93.04	04954 DR. STEELE	0.000000		93.04
93.05	04955 DIABETIC EDUCATION	0.000000		93.05
93.06	04956 HOWARD COUNTY CSS	0.000000		93.06
93.07	04957 CLINTON COUNTY	0.000000		93.07
93.08	04958 HOWARD DIABETES	0.000000		93.08
93.09	04959 DR. AROUTINOVA	0.000000		93.09
93.10	04960 OB/GYN GREER	0.000000		93.10
93.11	04961 ONCOLOGY/BECHAR	0.000000		93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0.000000		93.12
93.13	04963 PSYCH DR. ERIKA	0.000000		93.13
93.14	04964 DR. HASAN	0.000000		93.14
93.15	04965 PSYCH DR. DEB	0.000000		93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0.000000		93.16
93.17	04967 CFHC	0.000000		93.17
93.18	04968 PSYCH MEDICATION	0.000000		93.18
93.19	04969 RUSSAVILLE OFFICE	0.000000		93.19
93.20	04970 ORTOPAEDIC	0.000000		93.20
93.21	04971 DR. JERRY GREER	0.000000		93.21
93.22	04972 DR. KOESTER	0.000000		93.22
93.23	04973 DR. B. FOGELSON	0.000000		93.23
93.24	04999 DR ANNETTE MOORE	0.000000		93.24
93.25	04975 HRHS INTERNAL MEDICINE	0.000000		93.25
93.26	04976 DR. MOUALLA	0.000000		93.26
93.27	04977 DR. SEDAGHAT	0.000000		93.27
93.28	04978 COMMUNITY OB/GYN	0.000000		93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0.000000		93.29
93.30	04980 DR. SCHILT	0.000000		93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0.000000		93.31
93.32	04982 DR. PETER KLIM	0.000000		93.32
93.33	04983 HOSPITALISTS	0.000000		93.33
93.34	04984 DR. NEKOOMARAM	0.000000		93.34
93.35	04985 DR. CARL	0.000000		93.35
93.36	04986 DR ANITA	0.000000		93.36
93.37	04987 DR. NICOLE	0.000000		93.37
93.38	04988 WOUND CARE PHYSICIANS	0.000000		93.38
93.39	04989 DR. EVANS	0.000000		93.39
93.40	04990 DR. THUMULURI	0.000000		93.40

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150007

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital	Cost
			11.00			
93.41	04991	COMMUNITY FAMILY	0.000000			93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000			93.42
93.43	04993	NEW BEGINNINGS	0.000000			93.43
93.44	04994	DR HOVHANESSIAN	0.000000			93.44
93.45	04995	DR GERING	0.000000			93.45
93.46	04996	DR HAENDIGES	0.000000			93.46
93.47	04997	DR KRAFT	0.000000			93.47
93.48	04998	DR GEM-ESTELE LUCAS	0.000000			93.48
93.49	04974	DR CARL RATLIFF	0.000000			93.49
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.000000			95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
200.00		Subtotal (see instructions)				200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part I Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
Title XVIII		Hospital		PPS			
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	3,000,343	0	3,000,343	15,053	199.32	30.00
31.00	INTENSIVE CARE UNIT	250,250		250,250	2,061	121.42	31.00
43.00	NURSERY	59,104		59,104	1,070	55.24	43.00
200.00	Total (Lines 30-199)	3,309,697		3,309,697	18,184		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	6,757	1,346,805				
31.00	INTENSIVE CARE UNIT	1,418	172,174				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	8,175	1,518,979				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/25/2016 11:44 am		
Title XVIIII			Hospital		PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	706,954	27,203,039	0.025988	8,351,905	217,049	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	205,739	2,467,163	0.083391	5,444	454	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	650,360	32,001,978	0.020322	3,385,733	68,805	54.00
54.01	03480 ONCOLOGY	659,421	16,760,038	0.039345	83,934	3,302	54.01
57.00	05700 CT SCAN	44,541	33,773,394	0.001319	3,760,943	4,961	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	4,550	4,185,848	0.001087	488,696	531	58.00
59.00	05900 CARDIAC CATHETERIZATION	47,872	30,213,854	0.001584	4,881,422	7,732	59.00
60.00	06000 LABORATORY	239,314	43,842,888	0.005458	7,697,538	42,013	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	159,590	4,952,256	0.032226	2,591,999	83,530	65.00
66.00	06600 PHYSICAL THERAPY	39,885	1,259,390	0.031670	767,113	24,294	66.00
67.00	06700 OCCUPATIONAL THERAPY	24,004	848,909	0.028276	620,568	17,547	67.00
68.00	06800 SPEECH PATHOLOGY	12,055	249,160	0.048383	133,475	6,458	68.00
69.00	06900 ELECTROCARDIOLOGY	42,476	18,014,470	0.002358	2,657,417	6,266	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	10,245	282,433	0.036274	32,691	1,186	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	228,102	14,453,235	0.015782	4,163,624	65,710	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	38,637	7,789,598	0.004960	2,328,119	11,547	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	323,675	47,940,831	0.006752	8,075,034	54,523	73.00
74.00	07400 RENAL DIALYSIS	4,310	333,383	0.012928	266,612	3,447	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950 WOUND CARE CENTER	69,485	1,948,945	0.035653	0	0	75.01
76.99	07699 LI THOTRI PSY	5,774	974,936	0.005922	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	795,652	41,854,081	0.019010	3,063,130	58,230	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	253,733	1,442,884	0.175851	10,387	1,827	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0	0.000000	0	0	93.00
93.01	04951 GENESIS	1,202,062	5,028,118	0.239068	0	0	93.01
93.02	04952 WOMEN'S CENTER	0	0	0.000000	0	0	93.02
93.03	04953 RESIDENTIAL HOMES	0	0	0.000000	0	0	93.03
93.04	04954 DR. STEELE	0	0	0.000000	0	0	93.04
93.05	04955 DIABETIC EDUCATION	0	0	0.000000	0	0	93.05
93.06	04956 HOWARD COUNTY CSS	27,675	3,677,970	0.007525	3,134	24	93.06
93.07	04957 CLINTON COUNTY	16,335	1,613,493	0.010124	0	0	93.07
93.08	04958 HOWARD DIABETES	0	0	0.000000	0	0	93.08
93.09	04959 DR. AROUTINOVA	0	0	0.000000	0	0	93.09
93.10	04960 OB/GYN GREER	0	0	0.000000	0	0	93.10
93.11	04961 ONCOLOGY/BECHAR	0	0	0.000000	0	0	93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0	0	0.000000	0	0	93.12
93.13	04963 PSYCH DR. ERIKA	0	0	0.000000	0	0	93.13
93.14	04964 DR. HASAN	0	0	0.000000	0	0	93.14
93.15	04965 PSYCH DR. DEB	0	0	0.000000	0	0	93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0	0	0.000000	0	0	93.16
93.17	04967 CFHC	0	0	0.000000	0	0	93.17
93.18	04968 PSYCH MEDICATION	32,550	5,205,770	0.006253	0	0	93.18
93.19	04969 RUSSAVILLE OFFICE	0	0	0.000000	0	0	93.19
93.20	04970 ORTOPAEDIC	0	0	0.000000	0	0	93.20
93.21	04971 DR. JERRY GREER	0	0	0.000000	0	0	93.21
93.22	04972 DR. KOESTER	0	0	0.000000	0	0	93.22
93.23	04973 DR. B. FOGELSON	0	0	0.000000	0	0	93.23
93.24	04999 DR. ANNETTE MOORE	0	0	0.000000	0	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0.000000	0	0	93.25
93.26	04976 DR. MOUALLA	0	0	0.000000	0	0	93.26
93.27	04977 DR. SEDAGHAT	296,160	36,126	8.197974	0	0	93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0.000000	0	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0.000000	0	0	93.29
93.30	04980 DR. SCHILT	0	0	0.000000	0	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0.000000	0	0	93.31
93.32	04982 DR. PETER KLIM	0	0	0.000000	0	0	93.32
93.33	04983 HOSPITALISTS	0	0	0.000000	0	0	93.33
93.34	04984 DR. NEKOOMARAM	0	0	0.000000	0	0	93.34
93.35	04985 DR. CARL	0	0	0.000000	0	0	93.35
93.36	04986 DR. ANITA	0	0	0.000000	0	0	93.36
93.37	04987 DR. NICOLE	0	0	0.000000	0	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0.000000	0	0	93.38
93.39	04989 DR. EVANS	0	0	0.000000	0	0	93.39
93.40	04990 DR. THUMULURI	0	0	0.000000	0	0	93.40
93.41	04991 COMMUNITY FAMILY	0	0	0.000000	0	0	93.41



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150007

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
93.42	04992	INDIANA SURGERY CENTER	0	0	0.000000	0	0	93.42
93.43	04993	NEW BEGINNINGS	2,961	117,877	0.025119	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0.000000	0	0	93.44
93.45	04995	DR GERING	0	0	0.000000	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0.000000	0	0	93.46
93.47	04997	DR KRAFT	0	0	0.000000	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	0	0.000000	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0.000000	0	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	6,144,117	348,472,067		53,368,918	679,436	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part III Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	492,669	0	0	492,669 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
43.00	04300	NURSERY	0	0	0	0	0 43.00	
200.00		Total (lines 30-199)	0	492,669	0	0	492,669 200.00	
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	15,053	32.73	6,757	221,157	30.00	
31.00	03100	INTENSIVE CARE UNIT	2,061	0.00	1,418	0	31.00	
43.00	04300	NURSERY	1,070	0.00	0	0	43.00	
200.00		Total (lines 30-199)	18,184		8,175	221,157	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150007			Period: From 01/01/2015 To 12/31/2015		Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03480	ONCOLOGY	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO 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
75.01	03950	WOUND CARE CENTER	0	0	0	0	0	75.01
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	41,664	0	41,664	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	0	0	0	93.00
93.01	04951	GENESIS	0	0	0	0	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	0	0	0	93.03
93.04	04954	DR. STEELE	0	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0	0	0	0	0	93.06
93.07	04957	CLINTON COUNTY	0	0	0	0	0	93.07
93.08	04958	HOWARD DIABETES	0	0	0	0	0	93.08
93.09	04959	DR. AROUTINOVA	0	0	0	0	0	93.09
93.10	04960	OB/GYN GREER	0	0	0	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	0	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	0	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	0	0	0	93.13
93.14	04964	DR. HASAN	0	0	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	0	0	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	0	0	0	93.16
93.17	04967	CFHC	0	0	0	0	0	93.17
93.18	04968	PSYCH MEDICATION	0	0	0	0	0	93.18
93.19	04969	RUSSIAVILLE OFFICE	0	0	0	0	0	93.19
93.20	04970	ORTOPAEDIC	0	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	0	93.23
93.24	04999	DR ANNETTE MOORE	0	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	0	0	0	93.25
93.26	04976	DR. MOULLA	0	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	0	0	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	0	0	0	93.33
93.34	04984	DR. NEKOOMARAM	0	0	0	0	0	93.34
93.35	04985	DR. CARL	0	0	0	0	0	93.35
93.36	04986	DR ANITA	0	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	0	0	0	93.38
93.39	04989	DR. EVANS	0	0	0	0	0	93.39
93.40	04990	DR. THUMULURI	0	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0	0	0	0	0	93.42

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150007

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2016 11:44 am

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					
93.43	04993	NEW BEGINNINGS	0	0	0	0	0	0	93.43	
93.44	04994	DR HOVHANESSIAN	0	0	0	0	0	0	93.44	
93.45	04995	DR GERING	0	0	0	0	0	0	93.45	
93.46	04996	DR HAENDIGES	0	0	0	0	0	0	93.46	
93.47	04997	DR KRAFT	0	0	0	0	0	0	93.47	
93.48	04998	DR GEM-ESTELE LUCAS	0	0	0	0	0	0	93.48	
93.49	04974	DR CARL RATLIFF	0	0	0	0	0	0	93.49	
OTHER REIMBURSABLE COST CENTERS										
95.00	09500	AMBULANCE SERVICES							95.00	
200.00		Total (lines 50-199)	0	0	41,664	0	0	41,664	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:44 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
Title VIII							
Hospital							
PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	27,203,039	0.000000	0.000000	8,351,905	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,467,163	0.000000	0.000000	5,444	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	32,001,978	0.000000	0.000000	3,385,733	54.00
54.01	03480 ONCOLOGY	0	16,760,038	0.000000	0.000000	83,934	54.01
57.00	05700 CT SCAN	0	33,773,394	0.000000	0.000000	3,760,943	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	4,185,848	0.000000	0.000000	488,696	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	30,213,854	0.000000	0.000000	4,881,422	59.00
60.00	06000 LABORATORY	0	43,842,888	0.000000	0.000000	7,697,538	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	4,952,256	0.000000	0.000000	2,591,999	65.00
66.00	06600 PHYSICAL THERAPY	0	1,259,390	0.000000	0.000000	767,113	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	848,909	0.000000	0.000000	620,568	67.00
68.00	06800 SPEECH PATHOLOGY	0	249,160	0.000000	0.000000	133,475	68.00
69.00	06900 ELECTROCARDIOLOGY	0	18,014,470	0.000000	0.000000	2,657,417	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	282,433	0.000000	0.000000	32,691	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,453,235	0.000000	0.000000	4,163,624	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,789,598	0.000000	0.000000	2,328,119	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	47,940,831	0.000000	0.000000	8,075,034	73.00
74.00	07400 RENAL DIALYSIS	0	333,383	0.000000	0.000000	266,612	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03950 WOUND CARE CENTER	0	1,948,945	0.000000	0.000000	0	75.01
76.99	07699 LI THOTRI PSY	0	974,936	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	41,854,081	0.000000	0.000000	3,063,130	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	41,664	1,442,884	0.028876	0.028876	10,387	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0	0.000000	0.000000	0	93.00
93.01	04951 GENESIS	0	5,028,118	0.000000	0.000000	0	93.01
93.02	04952 WOMEN'S CENTER	0	0	0.000000	0.000000	0	93.02
93.03	04953 RESIDENTIAL HOMES	0	0	0.000000	0.000000	0	93.03
93.04	04954 DR. STEELE	0	0	0.000000	0.000000	0	93.04
93.05	04955 DIABETIC EDUCATION	0	0	0.000000	0.000000	0	93.05
93.06	04956 HOWARD COUNTY CSS	0	3,677,970	0.000000	0.000000	3,134	93.06
93.07	04957 CLINTON COUNTY	0	1,613,493	0.000000	0.000000	0	93.07
93.08	04958 HOWARD DIABETES	0	0	0.000000	0.000000	0	93.08
93.09	04959 DR. AROUTINOVA	0	0	0.000000	0.000000	0	93.09
93.10	04960 OB/GYN GREER	0	0	0.000000	0.000000	0	93.10
93.11	04961 ONCOLOGY/BECHAR	0	0	0.000000	0.000000	0	93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0	0	0.000000	0.000000	0	93.12
93.13	04963 PSYCH DR. ERIKA	0	0	0.000000	0.000000	0	93.13
93.14	04964 DR. HASAN	0	0	0.000000	0.000000	0	93.14
93.15	04965 PSYCH DR. DEB	0	0	0.000000	0.000000	0	93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0	0	0.000000	0.000000	0	93.16
93.17	04967 CFHC	0	0	0.000000	0.000000	0	93.17
93.18	04968 PSYCH MEDICATION	0	5,205,770	0.000000	0.000000	0	93.18
93.19	04969 RUSSAVILLE OFFICE	0	0	0.000000	0.000000	0	93.19
93.20	04970 ORTOPAEDIC	0	0	0.000000	0.000000	0	93.20
93.21	04971 DR. JERRY GREER	0	0	0.000000	0.000000	0	93.21
93.22	04972 DR. KOESTER	0	0	0.000000	0.000000	0	93.22
93.23	04973 DR. B. FOGELSON	0	0	0.000000	0.000000	0	93.23
93.24	04999 DR ANNETTE MOORE	0	0	0.000000	0.000000	0	93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0.000000	0.000000	0	93.25
93.26	04976 DR. MOUALLA	0	0	0.000000	0.000000	0	93.26
93.27	04977 DR. SEDAGHAT	0	36,126	0.000000	0.000000	0	93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0.000000	0.000000	0	93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0.000000	0.000000	0	93.29
93.30	04980 DR. SCHILT	0	0	0.000000	0.000000	0	93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0.000000	0.000000	0	93.31
93.32	04982 DR. PETER KLIM	0	0	0.000000	0.000000	0	93.32
93.33	04983 HOSPITALISTS	0	0	0.000000	0.000000	0	93.33
93.34	04984 DR. NEKOOMARAM	0	0	0.000000	0.000000	0	93.34
93.35	04985 DR. CARL	0	0	0.000000	0.000000	0	93.35
93.36	04986 DR ANITA	0	0	0.000000	0.000000	0	93.36
93.37	04987 DR. NICOLE	0	0	0.000000	0.000000	0	93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0.000000	0.000000	0	93.38
93.39	04989 DR. EVANS	0	0	0.000000	0.000000	0	93.39
93.40	04990 DR. THUMULURI	0	0	0.000000	0.000000	0	93.40
93.41	04991 COMMUNITY FAMILY	0	0	0.000000	0.000000	0	93.41

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150007

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2016 11:44 am

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		
		6.00	7.00	8.00	9.00	10.00		
93.42	04992	INDIANA SURGERY CENTER	0	0	0.000000	0.000000	0	93.42
93.43	04993	NEW BEGINNINGS	0	117,877	0.000000	0.000000	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0.000000	0.000000	0	93.44
93.45	04995	DR GERING	0	0	0.000000	0.000000	0	93.45
93.46	04996	DR HAENDIGES	0	0	0.000000	0.000000	0	93.46
93.47	04997	DR KRAFT	0	0	0.000000	0.000000	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	0	0.000000	0.000000	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0.000000	0.000000	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	41,664	348,472,067			53,368,918	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/25/2016 11:44 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
Title XVIII		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	7,349,767	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,123,878	0		54.00
54.01	03480 ONCOLOGY	0	8,291,662	0		54.01
57.00	05700 CT SCAN	0	8,781,892	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,756,085	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,901,544	0		59.00
60.00	06000 LABORATORY	0	4,976,028	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	382,088	0		65.00
66.00	06600 PHYSICAL THERAPY	0	5,113	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	514	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,852,549	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	58,187	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,911,065	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,626,245	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	18,333,933	0		73.00
74.00	07400 RENAL DIALYSIS	0	9,180	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03950 WOUND CARE CENTER	0	1,010,199	0		75.01
76.99	07699 LI THOTRI PSY	0	250,138	0		76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	8,131,147	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	300	808,527	23,347		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0	0		93.00
93.01	04951 GENESIS	0	623,030	0		93.01
93.02	04952 WOMEN'S CENTER	0	0	0		93.02
93.03	04953 RESIDENTIAL HOMES	0	0	0		93.03
93.04	04954 DR. STEELE	0	0	0		93.04
93.05	04955 DIABETIC EDUCATION	0	0	0		93.05
93.06	04956 HOWARD COUNTY CSS	0	542,138	0		93.06
93.07	04957 CLINTON COUNTY	0	295,073	0		93.07
93.08	04958 HOWARD DIABETES	0	0	0		93.08
93.09	04959 DR. AROUTINOVA	0	0	0		93.09
93.10	04960 OB/GYN GREER	0	0	0		93.10
93.11	04961 ONCOLOGY/BECHAR	0	0	0		93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0	0	0		93.12
93.13	04963 PSYCH DR. ERIKA	0	0	0		93.13
93.14	04964 DR. HASAN	0	0	0		93.14
93.15	04965 PSYCH DR. DEB	0	0	0		93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0	0	0		93.16
93.17	04967 CFHC	0	0	0		93.17
93.18	04968 PSYCH MEDICATION	0	157,249	0		93.18
93.19	04969 RUSSAVILLE OFFICE	0	0	0		93.19
93.20	04970 ORTOPAEDIC	0	0	0		93.20
93.21	04971 DR. JERRY GREER	0	0	0		93.21
93.22	04972 DR. KOESTER	0	0	0		93.22
93.23	04973 DR. B. FOGELSON	0	0	0		93.23
93.24	04999 DR ANNETTE MOORE	0	0	0		93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0	0		93.25
93.26	04976 DR. MOUALLA	0	0	0		93.26
93.27	04977 DR. SEDAGHAT	0	0	0		93.27
93.28	04978 COMMUNITY OB/GYN	0	0	0		93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0	0		93.29
93.30	04980 DR. SCHILT	0	0	0		93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0		93.31
93.32	04982 DR. PETER KLIM	0	0	0		93.32
93.33	04983 HOSPITALISTS	0	0	0		93.33
93.34	04984 DR. NEKOOMARAM	0	0	0		93.34
93.35	04985 DR. CARL	0	0	0		93.35
93.36	04986 DR ANITA	0	0	0		93.36
93.37	04987 DR. NICOLE	0	0	0		93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0	0		93.38
93.39	04989 DR. EVANS	0	0	0		93.39
93.40	04990 DR. THUMULURI	0	0	0		93.40
93.41	04991 COMMUNITY FAMILY	0	0	0		93.41

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150007

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		Title XVIII			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
93.42	04992	INDIANA SURGERY CENTER	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	93.44
93.45	04995	DR GERING	0	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	93.46
93.47	04997	DR KRAFT	0	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (lines 50-199)	300	83,177,231	23,347	200.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:44 am			
			Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.229608	7,349,767	0	0	1,687,565	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.519846	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136143	8,123,878	0	0	1,106,009	54.00
54.01	03480	ONCOLOGY	0.195234	8,291,662	0	0	1,618,814	54.01
57.00	05700	CT SCAN	0.026654	8,781,892	0	0	234,073	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045088	2,756,085	0	0	124,266	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.058451	4,901,544	0	0	286,500	59.00
60.00	06000	LABORATORY	0.104269	4,976,028	0	0	518,845	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.303577	382,088	0	0	115,993	65.00
66.00	06600	PHYSICAL THERAPY	0.320892	5,113	0	0	1,641	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272183	514	0	0	140	67.00
68.00	06800	SPEECH PATHOLOGY	0.482598	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087818	3,852,549	0	0	338,323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166135	58,187	0	0	9,667	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508863	1,911,065	0	0	972,470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270168	1,626,245	0	0	439,359	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.305349	18,333,933	0	10,671	5,598,248	73.00
74.00	07400	RENAL DIALYSIS	0.726573	9,180	0	0	6,670	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0.252063	1,010,199	0	0	254,634	75.01
76.99	07699	LITHOTRIPSY	0.283016	250,138	0	0	70,793	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.148951	8,131,147	0	0	1,211,142	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.025593	808,527	0	0	829,220	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0	93.00
93.01	04951	GENESIS	0.869541	623,030	0	0	541,750	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	0	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	0	0	0	0	93.03
93.04	04954	DR. STEELE	0.000000	0	0	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	0	0	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	0.318743	542,138	0	0	172,803	93.06
93.07	04957	CLINTON COUNTY	0.461291	295,073	0	0	136,115	93.07
93.08	04958	HOWARD DIABETES	0.000000	0	0	0	0	93.08
93.09	04959	DR. AROUTINOVA	0.000000	0	0	0	0	93.09
93.10	04960	OB/GYN GREER	0.000000	0	0	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0.000000	0	0	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0.000000	0	0	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0.000000	0	0	0	0	93.13
93.14	04964	DR. HASAN	0.000000	0	0	0	0	93.14
93.15	04965	PSYCH DR. DEB	0.000000	0	0	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0.000000	0	0	0	0	93.16
93.17	04967	CFHC	0.000000	0	0	0	0	93.17
93.18	04968	PSYCH MEDICATION	0.292621	157,249	0	0	46,014	93.18
93.19	04969	RUSSIAVILLE OFFICE	0.000000	0	0	0	0	93.19
93.20	04970	ORTOPAEDIC	0.000000	0	0	0	0	93.20
93.21	04971	DR. JERRY GREER	0.000000	0	0	0	0	93.21
93.22	04972	DR. KOESTER	0.000000	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0.000000	0	0	0	0	93.23
93.24	04999	DR. ANNETTE MOORE	0.000000	0	0	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0.000000	0	0	0	0	93.25
93.26	04976	DR. MOULLA	0.000000	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	14.451475	0	0	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0.000000	0	0	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0.000000	0	0	0	0	93.29
93.30	04980	DR. SCHILT	0.000000	0	0	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0.000000	0	0	0	0	93.31
93.32	04982	DR. PETER KLIM	0.000000	0	0	0	0	93.32
93.33	04983	HOSPITALISTS	0.000000	0	0	0	0	93.33
93.34	04984	DR. NEKOOMARAM	0.000000	0	0	0	0	93.34
93.35	04985	DR. CARL	0.000000	0	0	0	0	93.35
93.36	04986	DR. ANITA	0.000000	0	0	0	0	93.36
93.37	04987	DR. NICOLE	0.000000	0	0	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0.000000	0	0	0	0	93.38
93.39	04989	DR. EVANS	0.000000	0	0	0	0	93.39

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part V Date/Time Prepared: 5/25/2016 11:44 am		
			Title XVIII		Hospital		PPS		
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
			1.00	2.00	3.00	4.00	5.00		
93.40	04990	DR. THUMULURI	0.000000	0	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0.000000	0	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000	0	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	1.303868	0	0	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0.000000	0	0	0	0	0	93.44
93.45	04995	DR GERING	0.000000	0	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0.000000	0	0	0	0	0	93.46
93.47	04997	DR KRAFT	0.000000	0	0	0	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0.000000	0	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0.000000	0	0	0	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0.347704		0				95.00
200.00		Subtotal (see instructions)		83,177,231	0	10,671	16,321,054		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0			201.00
202.00		Net Charges (line 200 +/- line 201)		83,177,231	0	10,671	16,321,054		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:44 am
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03480 ONCOLOGY	0	0		54.01
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	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
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	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,258		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01	03950 WOUND CARE CENTER	0	0		75.01
76.99	07699 LI THOTRI PSY	0	0		76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04950 OTHER OUTPATIENT SERVICES	0	0		93.00
93.01	04951 GENESIS	0	0		93.01
93.02	04952 WOMEN'S CENTER	0	0		93.02
93.03	04953 RESIDENTIAL HOMES	0	0		93.03
93.04	04954 DR. STEELE	0	0		93.04
93.05	04955 DIABETIC EDUCATION	0	0		93.05
93.06	04956 HOWARD COUNTY CSS	0	0		93.06
93.07	04957 CLINTON COUNTY	0	0		93.07
93.08	04958 HOWARD DIABETES	0	0		93.08
93.09	04959 DR. AROUTINOVA	0	0		93.09
93.10	04960 OB/GYN GREER	0	0		93.10
93.11	04961 ONCOLOGY/BECHAR	0	0		93.11
93.12	04962 CRITICAL CARE PHYSICIANS	0	0		93.12
93.13	04963 PSYCH DR. ERIKA	0	0		93.13
93.14	04964 DR. HASAN	0	0		93.14
93.15	04965 PSYCH DR. DEB	0	0		93.15
93.16	04966 NORTH CENTRAL PEDIATRICS	0	0		93.16
93.17	04967 CFHC	0	0		93.17
93.18	04968 PSYCH MEDICATION	0	0		93.18
93.19	04969 RUSSIAVILLE OFFICE	0	0		93.19
93.20	04970 ORTOPAEDIC	0	0		93.20
93.21	04971 DR. JERRY GREER	0	0		93.21
93.22	04972 DR. KOESTER	0	0		93.22
93.23	04973 DR. B. FOGELSON	0	0		93.23
93.24	04999 DR ANNETTE MOORE	0	0		93.24
93.25	04975 HRHS INTERNAL MEDICINE	0	0		93.25
93.26	04976 DR. MOUALLA	0	0		93.26
93.27	04977 DR. SEDAGHAT	0	0		93.27
93.28	04978 COMMUNITY OB/GYN	0	0		93.28
93.29	04979 BEHAVIORAL HEALTH TIPTON	0	0		93.29
93.30	04980 DR. SCHILT	0	0		93.30
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0		93.31
93.32	04982 DR. PETER KLIM	0	0		93.32
93.33	04983 HOSPITALISTS	0	0		93.33
93.34	04984 DR. NEKOOMARAM	0	0		93.34
93.35	04985 DR. CARL	0	0		93.35
93.36	04986 DR ANITA	0	0		93.36
93.37	04987 DR. NICOLE	0	0		93.37
93.38	04988 WOUND CARE PHYSICIANS	0	0		93.38
93.39	04989 DR. EVANS	0	0		93.39

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:44 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
93.40 04990 DR. THUMULURI	0	0		93.40
93.41 04991 COMMUNITY FAMILY	0	0		93.41
93.42 04992 INDIANA SURGERY CENTER	0	0		93.42
93.43 04993 NEW BEGINNINGS	0	0		93.43
93.44 04994 DR HOVHANESSIAN	0	0		93.44
93.45 04995 DR GERING	0	0		93.45
93.46 04996 DR HAENDIGES	0	0		93.46
93.47 04997 DR KRAFT	0	0		93.47
93.48 04998 DR GEM-ESTEELUCAS	0	0		93.48
93.49 04974 DR CARL RATLIFF	0	0		93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	3,258		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	3,258		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:44 am		
			Title XIX	Hospital	Cost		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.229608	0	594,241	0	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.519846	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136143	0	554,152	0	0 54.00
54.01	03480	ONCOLOGY	0.195234	0	289,484	0	0 54.01
57.00	05700	CT SCAN	0.026654	0	919,646	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045088	0	435,598	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.058451	0	522,054	0	0 59.00
60.00	06000	LABORATORY	0.104269	0	1,096,530	0	0 60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0 63.00
65.00	06500	RESPIRATORY THERAPY	0.303577	0	34,805	0	0 65.00
66.00	06600	PHYSICAL THERAPY	0.320892	0	150,824	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272183	0	17,881	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.482598	0	17,076	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.087818	0	549,386	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166135	0	14,340	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508863	0	141,070	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270168	0	149,489	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.305349	0	1,268,567	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.726573	0	3,316	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
75.01	03950	WOUND CARE CENTER	0.252063	0	172,774	0	0 75.01
76.99	07699	LI THOTRI PSY	0.283016	0	0	0	0 76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0.148951	0	1,620,016	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.025593	0	0	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0 93.00
93.01	04951	GENESIS	0.869541	0	272,904	0	0 93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	0	0	0 93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	0	0	0	0 93.03
93.04	04954	DR. STEELE	0.000000	0	0	0	0 93.04
93.05	04955	DIABETIC EDUCATION	0.000000	0	0	0	0 93.05
93.06	04956	HOWARD COUNTY CSS	0.318743	0	131,668	0	0 93.06
93.07	04957	CLINTON COUNTY	0.461291	0	119,763	0	0 93.07
93.08	04958	HOWARD DIABETES	0.000000	0	0	0	0 93.08
93.09	04959	DR. AROUTINOVA	0.000000	0	0	0	0 93.09
93.10	04960	OB/GYN GREER	0.000000	0	0	0	0 93.10
93.11	04961	ONCOLOGY/BECHAR	0.000000	0	0	0	0 93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0.000000	0	0	0	0 93.12
93.13	04963	PSYCH DR. ERIKA	0.000000	0	0	0	0 93.13
93.14	04964	DR. HASAN	0.000000	0	0	0	0 93.14
93.15	04965	PSYCH DR. DEB	0.000000	0	0	0	0 93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0.000000	0	0	0	0 93.16
93.17	04967	CFHC	0.000000	0	0	0	0 93.17
93.18	04968	PSYCH MEDICATION	0.292621	0	33,763	0	0 93.18
93.19	04969	RUSSIAVILLE OFFICE	0.000000	0	0	0	0 93.19
93.20	04970	ORTOPAEDIC	0.000000	0	0	0	0 93.20
93.21	04971	DR. JERRY GREER	0.000000	0	0	0	0 93.21
93.22	04972	DR. KOESTER	0.000000	0	0	0	0 93.22
93.23	04973	DR. B. FOGELSON	0.000000	0	0	0	0 93.23
93.24	04999	DR ANNETTE MOORE	0.000000	0	0	0	0 93.24
93.25	04975	HRHS INTERNAL MEDICINE	0.000000	0	0	0	0 93.25
93.26	04976	DR. MOULLA	0.000000	0	0	0	0 93.26
93.27	04977	DR. SEDAGHAT	14.451475	0	0	0	0 93.27
93.28	04978	COMMUNITY OB/GYN	0.000000	0	0	0	0 93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0.000000	0	0	0	0 93.29
93.30	04980	DR. SCHILT	0.000000	0	0	0	0 93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0.000000	0	0	0	0 93.31
93.32	04982	DR. PETER KLIM	0.000000	0	0	0	0 93.32
93.33	04983	HOSPITALISTS	0.000000	0	0	0	0 93.33
93.34	04984	DR. NEKOOMARAM	0.000000	0	0	0	0 93.34
93.35	04985	DR. CARL	0.000000	0	0	0	0 93.35
93.36	04986	DR ANITA	0.000000	0	0	0	0 93.36
93.37	04987	DR. NICOLE	0.000000	0	0	0	0 93.37
93.38	04988	WOUND CARE PHYSICIANS	0.000000	0	0	0	0 93.38
93.39	04989	DR. EVANS	0.000000	0	0	0	0 93.39

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150007

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/25/2016 11:44 am

			Title XIX		Hospital		Cost		
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		
93.40	04990	DR. THUMULURI	0.000000	0	0	0	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0.000000	0	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000	0	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	1.303868	0	8,488	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0.000000	0	0	0	0	0	93.44
93.45	04995	DR GERING	0.000000	0	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0.000000	0	0	0	0	0	93.46
93.47	04997	DR KRAFT	0.000000	0	0	0	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0.000000	0	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0.000000	0	0	0	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>									
95.00	09500	AMBULANCE SERVICES	0.347704	0	46,423	0	0	0	95.00
200.00		Subtotal (see instructions)		0	9,164,258	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	9,164,258	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/25/2016 11:44 am	
		Title XIX	Hospital	Cost	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	136,442	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	75,444	0	54.00
54.01	03480	ONCOLOGY	56,517	0	54.01
57.00	05700	CT SCAN	24,512	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	19,640	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,515	0	59.00
60.00	06000	LABORATORY	114,334	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	10,566	0	65.00
66.00	06600	PHYSICAL THERAPY	48,398	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,867	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,241	0	68.00
69.00	06900	ELECTROCARDIOLOGY	48,246	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,382	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71,785	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	40,387	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	387,356	0	73.00
74.00	07400	RENAL DIALYSIS	2,409	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	43,550	0	75.01
76.99	07699	LITHOTRIPSY	0	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	241,303	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0	0	93.00
93.01	04951	GENESIS	237,301	0	93.01
93.02	04952	WOMEN'S CENTER	0	0	93.02
93.03	04953	RESIDENTIAL HOMES	0	0	93.03
93.04	04954	DR. STEELE	0	0	93.04
93.05	04955	DIABETIC EDUCATION	0	0	93.05
93.06	04956	HOWARD COUNTY CSS	41,968	0	93.06
93.07	04957	CLINTON COUNTY	55,246	0	93.07
93.08	04958	HOWARD DIABETES	0	0	93.08
93.09	04959	DR. AROUTINOVA	0	0	93.09
93.10	04960	OB/GYN GREER	0	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0	0	93.12
93.13	04963	PSYCH DR. ERIKA	0	0	93.13
93.14	04964	DR. HASAN	0	0	93.14
93.15	04965	PSYCH DR. DEB	0	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0	0	93.16
93.17	04967	CFHC	0	0	93.17
93.18	04968	PSYCH MEDICATION	9,880	0	93.18
93.19	04969	RUSSELLVILLE OFFICE	0	0	93.19
93.20	04970	ORTOPAEDIC	0	0	93.20
93.21	04971	DR. JERRY GREER	0	0	93.21
93.22	04972	DR. KOESTER	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	93.23
93.24	04999	DR. ANNETTE MOORE	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	93.25
93.26	04976	DR. MOUALLA	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	0	93.27
93.28	04978	COMMUNITY OB/GYN	0	0	93.28
93.29	04979	BEHAVIORAL HEALTH TIPTON	0	0	93.29
93.30	04980	DR. SCHILT	0	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0	0	93.31
93.32	04982	DR. PETER KLIM	0	0	93.32
93.33	04983	HOSPITALISTS	0	0	93.33
93.34	04984	DR. NEKOOMARAM	0	0	93.34
93.35	04985	DR. CARL	0	0	93.35
93.36	04986	DR. ANITA	0	0	93.36
93.37	04987	DR. NICOLE	0	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0	0	93.38
93.39	04989	DR. EVANS	0	0	93.39

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150007

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/25/2016 11:44 am

			Title XIX		Hospital	Cost
Cost Center Description			Costs			
			Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
93.40	04990	DR. THUMULURI	6.00	7.00		
93.41	04991	COMMUNITY FAMILY	0	0		93.41
93.42	04992	INDIANA SURGERY CENTER	0	0		93.42
93.43	04993	NEW BEGINNINGS	11,067	0		93.43
93.44	04994	DR HOVHANESSIAN	0	0		93.44
93.45	04995	DR GERING	0	0		93.45
93.46	04996	DR HAENDIGES	0	0		93.46
93.47	04997	DR KRAFT	0	0		93.47
93.48	04998	DR GEM-ESTEELUCAS	0	0		93.48
93.49	04974	DR CARL RATLIFF	0	0		93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	16,141	0		95.00
200.00		Subtotal (see instructions)	1,738,497	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	1,738,497	0		202.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2016 11:44 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,053	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,053	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)		13,780	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,757	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,498,476	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)		17,498,476	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,498,476	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,162.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,854,742	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)		7,854,742	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Date/Time Prepared: 5/25/2016 11:44 am		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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	3,360,356	2,061	1,630.45	1,418	2,311,978		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							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)					10,988,218		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					21,154,938		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,740,136		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					679,736		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,419,872		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,735,066		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,273		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,162.46		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,479,812		89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150007

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

Worksheet D-1  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	3,000,343	17,498,476	0.171463	1,479,812	253,733	90.00
91.00 Nursing School cost	0	17,498,476	0.000000	1,479,812	0	91.00
92.00 Allied health cost	492,669	17,498,476	0.028155	1,479,812	41,664	92.00
93.00 All other Medical Education	0	17,498,476	0.000000	1,479,812	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/25/2016 11:44 am
Cost Center Description			Cost	
			1.00	
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,053	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,053	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)		13,780	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)		840	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)		1,070	15.00
16.00	Nursery days (title V or XIX only)		727	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,498,476	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)		17,498,476	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		17,498,476	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,162.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		976,466	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)		976,466	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/25/2016 11:44 am		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	605,462	1,070	565.85	727	411,373	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,360,356	2,061	1,630.45	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						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)					814,985	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,202,824	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,273	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,162.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,479,812	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,000,343	17,498,476	0.171463	1,479,812	253,733	90.00
91.00	Nursing School cost	0	17,498,476	0.000000	1,479,812	0	91.00
92.00	Allied health cost	0	17,498,476	0.000000	1,479,812	0	92.00
93.00	All other Medical Education	0	17,498,476	0.000000	1,479,812	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description		Title VIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		10,205,212	30.00
31.00	03100	INTENSIVE CARE UNIT		1,936,864	31.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.229608	8,351,905	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.519846	5,444	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136143	3,385,733	54.00
54.01	03480	ONCOLOGY	0.195234	83,934	54.01
57.00	05700	CT SCAN	0.026654	3,760,943	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045088	488,696	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.058451	4,881,422	59.00
60.00	06000	LABORATORY	0.104269	7,697,538	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.303577	2,591,999	65.00
66.00	06600	PHYSICAL THERAPY	0.320892	767,113	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272183	620,568	67.00
68.00	06800	SPEECH PATHOLOGY	0.482598	133,475	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087818	2,657,417	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166135	32,691	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508863	4,163,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270168	2,328,119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.305349	8,075,034	73.00
74.00	07400	RENAL DIALYSIS	0.726573	266,612	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	WOUND CARE CENTER	0.252063	0	75.01
76.99	07699	LITHOTRIPSY	0.283016	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.148951	3,063,130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.025593	10,387	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04951	GENESIS	0.869541	0	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	0	93.03
93.04	04954	DR. STEELE	0.000000	0	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	0	93.05
93.06	04956	HOWARD COUNTY CSS	0.318743	3,134	93.06
93.07	04957	CLINTON COUNTY	0.461291	0	93.07
93.08	04958	HOWARD DIABETES	0.000000	0	93.08
93.09	04959	DR. AROUTINOVA	0.000000	0	93.09
93.10	04960	OB/GYN GREER	0.000000	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0.000000	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0.000000	0	93.12
93.13	04963	PSYCH DR. ERIKA	0.000000	0	93.13
93.14	04964	DR. HASAN	0.000000	0	93.14
93.15	04965	PSYCH DR. DEB	0.000000	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0.000000	0	93.16
93.17	04967	CFHC	0.000000	0	93.17
93.18	04968	PSYCH MEDICATION	0.292621	0	93.18
93.19	04969	RUSSAVILLE OFFICE	0.000000	0	93.19
93.20	04970	ORTOPAEDIC	0.000000	0	93.20
93.21	04971	DR. JERRY GREER	0.000000	0	93.21
93.22	04972	DR. KOESTER	0.000000	0	93.22
93.23	04973	DR. B. FOGELSON	0.000000	0	93.23
93.24	04999	DR ANNETTE MOORE	0.000000	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0.000000	0	93.25
93.26	04976	DR. MOUALLA	0.000000	0	93.26
93.27	04977	DR. SEDAGHAT	14.451475	0	93.27
93.28	04978	COMMUNITY OB/GYN	0.000000	0	93.28
93.29	04979	BEHAVIORAL HEALTH Tipton	0.000000	0	93.29
93.30	04980	DR. SCHILT	0.000000	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0.000000	0	93.31
93.32	04982	DR. PETER KLIM	0.000000	0	93.32
93.33	04983	HOSPITALISTS	0.000000	0	93.33
93.34	04984	DR. NEKOOMARAM	0.000000	0	93.34
93.35	04985	DR. CARL	0.000000	0	93.35
93.36	04986	DR ANITA	0.000000	0	93.36
93.37	04987	DR. NICOLE	0.000000	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0.000000	0	93.38

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description			Title XVIII	Hospital	PPS	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
93.39	04989	DR. EVANS	0.000000	0	0	93.39
93.40	04990	DR. THUMULURI	0.000000	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0.000000	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000	0	0	93.42
93.43	04993	NEW BEGINNINGS	1.303868	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0.000000	0	0	93.44
93.45	04995	DR GERING	0.000000	0	0	93.45
93.46	04996	DR HAENDIGES	0.000000	0	0	93.46
93.47	04997	DR KRAFT	0.000000	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0.000000	0	0	93.48
93.49	04974	DR CARL RATLIFF	0.000000	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		53,368,918	10,988,218	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		53,368,918		202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		1,256,020	30.00
31.00	03100	INTENSIVE CARE UNIT		326,564	31.00
43.00	04300	NURSERY		149,488	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.229608	183,382	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.519846	52,653	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.136143	176,462	54.00
54.01	03480	ONCOLOGY	0.195234	0	54.01
57.00	05700	CT SCAN	0.026654	204,207	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.045088	17,327	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.058451	1,192,332	59.00
60.00	06000	LABORATORY	0.104269	589,441	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.303577	218,287	65.00
66.00	06600	PHYSICAL THERAPY	0.320892	42,958	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.272183	32,846	67.00
68.00	06800	SPEECH PATHOLOGY	0.482598	12,049	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087818	140,306	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.166135	2,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.508863	286,518	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.270168	186,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.305349	714,644	73.00
74.00	07400	RENAL DIALYSIS	0.726573	13,218	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	WOUND CARE CENTER	0.252063	484	75.01
76.99	07699	LITHOTRIPSY	0.283016	0	76.99
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.148951	184,663	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.025593	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
93.00	04950	OTHER OUTPATIENT SERVICES	0.000000	0	93.00
93.01	04951	GENESIS	0.869541	0	93.01
93.02	04952	WOMEN'S CENTER	0.000000	0	93.02
93.03	04953	RESIDENTIAL HOMES	0.000000	0	93.03
93.04	04954	DR. STEELE	0.000000	0	93.04
93.05	04955	DIABETIC EDUCATION	0.000000	0	93.05
93.06	04956	HOWARD COUNTY CSS	0.318743	281	93.06
93.07	04957	CLINTON COUNTY	0.461291	-468	93.07
93.08	04958	HOWARD DIABETES	0.000000	0	93.08
93.09	04959	DR. AROUTINOVA	0.000000	0	93.09
93.10	04960	OB/GYN GREER	0.000000	0	93.10
93.11	04961	ONCOLOGY/BECHAR	0.000000	0	93.11
93.12	04962	CRITICAL CARE PHYSICIANS	0.000000	0	93.12
93.13	04963	PSYCH DR. ERIKA	0.000000	0	93.13
93.14	04964	DR. HASAN	0.000000	0	93.14
93.15	04965	PSYCH DR. DEB	0.000000	0	93.15
93.16	04966	NORTH CENTRAL PEDIATRICS	0.000000	0	93.16
93.17	04967	CFHC	0.000000	0	93.17
93.18	04968	PSYCH MEDICATION	0.292621	85,359	93.18
93.19	04969	RUSSAVILLE OFFICE	0.000000	0	93.19
93.20	04970	ORTOPAEDIC	0.000000	0	93.20
93.21	04971	DR. JERRY GREER	0.000000	0	93.21
93.22	04972	DR. KOESTER	0.000000	0	93.22
93.23	04973	DR. B. FOGELSON	0.000000	0	93.23
93.24	04999	DR ANNETTE MOORE	0.000000	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0.000000	0	93.25
93.26	04976	DR. MOUALLA	0.000000	0	93.26
93.27	04977	DR. SEDAGHAT	14.451475	0	93.27
93.28	04978	COMMUNITY OB/GYN	0.000000	0	93.28
93.29	04979	BEHAVIORAL HEALTH Tipton	0.000000	0	93.29
93.30	04980	DR. SCHILT	0.000000	0	93.30
93.31	04981	HCH BEHAVIORAL CONTRACT SERVICES	0.000000	0	93.31
93.32	04982	DR. PETER KLIM	0.000000	0	93.32
93.33	04983	HOSPITALISTS	0.000000	0	93.33
93.34	04984	DR. NEKOOMARAM	0.000000	0	93.34
93.35	04985	DR. CARL	0.000000	0	93.35
93.36	04986	DR ANITA	0.000000	0	93.36
93.37	04987	DR. NICOLE	0.000000	0	93.37
93.38	04988	WOUND CARE PHYSICIANS	0.000000	0	93.38

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT			Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/25/2016 11:44 am	
Cost Center Description			Title XIX	Hospital	Cost	
			Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
93.39	04989	DR. EVANS	0.000000	0	0	93.39
93.40	04990	DR. THUMULURI	0.000000	0	0	93.40
93.41	04991	COMMUNITY FAMILY	0.000000	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000	0	0	93.42
93.43	04993	NEW BEGINNINGS	1.303868	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0.000000	0	0	93.44
93.45	04995	DR GERING	0.000000	0	0	93.45
93.46	04996	DR HAENDIGES	0.000000	0	0	93.46
93.47	04997	DR KRAFT	0.000000	0	0	93.47
93.48	04998	DR GEM-ESTELE LUCAS	0.000000	0	0	93.48
93.49	04974	DR CARL RATLIFF	0.000000	0	0	93.49
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,336,235	814,985	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		4,336,235		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:44 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,919,380	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,541,518	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)		1,078,470	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		479,404	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		110.39	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.94	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.34	31.00
32.00	Sum of lines 30 and 31		30.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.20	33.00
34.00	Disproportionate share adjustment (see instructions)		513,362	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:44 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000115336	0.000113642	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		882,049	728,007	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		659,724	182,996	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		842,720		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		16,895,450		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)		16,895,450		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,394,554		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		1,602		53.00
54.00	Special add-on payments for new technologies		1,705		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).		221,157		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		300		58.00
59.00	Total (sum of amounts on lines 49 through 58)		18,514,768		59.00
60.00	Primary payer payments		7,259		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		18,507,509		61.00
62.00	Deductibles billed to program beneficiaries		1,556,436		62.00
63.00	Coinurance billed to program beneficiaries		91,350		63.00
64.00	Allowable bad debts (see instructions)		116,942		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		76,012		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		75,574		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,935,735		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		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)		-14,527		70.93
70.94	HRR adjustment amount (see instructions)		-26,238		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/25/2016 11:44 am	
		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)		180,174		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		16,714,796		71.00
71.01	Sequestration adjustment (see instructions)		334,296		71.01
72.00	Interim payments		16,155,092		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)		225,408		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)		2,780,478		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)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/25/2016 11:44 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			3,258 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			16,297,707 2.00
3.00	PPS payments			11,978,435 3.00
4.00	Outlier payment (see instructions)			327,016 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			23,347 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			3,258 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			10,671 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			10,671 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			10,671 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			7,413 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)			3,258 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)			12,328,798 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,410,445 26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)			9,921,611 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)			9,921,611 30.00
31.00	Primary payer payments			431 31.00
32.00	Subtotal (line 30 minus line 31)			9,921,180 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			263,375 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			171,194 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			227,708 36.00
37.00	Subtotal (see instructions)			10,092,374 37.00
38.00	MSP-LCC reconciliation amount from PS&R			16 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)			10,092,358 40.00
40.01	Sequestration adjustment (see instructions)			201,847 40.01
41.00	Interim payments			9,867,968 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			22,543 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 150007		Period: From 01/01/2015 To 12/31/2015		Worksheet E-1 Part I Date/Time Prepared: 5/25/2016 11:44 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		16,155,092		9,867,968	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,155,092		9,867,968	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		225,408		22,543	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		16,380,500		9,890,511	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: 150007

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/25/2016 11:44 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			4,524 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			8,175 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			308 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			15,841 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			385,512,802 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			11,691,356 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)			738,702 8.00
9.00	Sequestration adjustment amount (see instructions)			14,774 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			723,928 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER THE IPPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			870,758 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)			-146,830 32.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2016 11:44 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		2,202,824		1.00
2.00	Medical and other services			1,738,497	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,202,824	1,738,497	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)		2,202,824	1,738,497	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		4,336,235	9,164,258	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)		4,336,235	9,164,258	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		4,336,235	9,164,258	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,133,411	7,425,761	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)		2,202,824	1,738,497	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		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)		2,202,824	1,738,497	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,202,824	1,738,497	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,202,824	1,738,497	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		2,202,824	1,738,497	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,202,824	1,738,497	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		2,202,824	1,738,497	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: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet G Date/Time Prepared: 5/25/2016 11:44 am		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	26,591,646	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	74,435,798	0	0	0	4.00
5.00	Other receivable	1,185,872	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-53,157,954	0	0	0	6.00
7.00	Inventory	4,070,514	0	0	0	7.00
8.00	Prepaid expenses	410,966	0	0	0	8.00
9.00	Other current assets	1,599,585	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	55,136,427	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	8,480,347	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	93,457,121	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	72,506	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	17,891,825	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-23,430,137	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	96,471,662	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	4,382,764	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	12,576,755	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	16,959,519	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	168,567,608	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	11,673,633	0	0	0	37.00
38.00	Salaries, wages, and fees payable	968,419	0	0	0	38.00
39.00	Payroll taxes payable	808,272	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,328,651	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,105,851	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,884,826	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	40,904,934	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,267,954	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	48,172,888	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	65,057,714	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	103,509,894				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)	103,509,894	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	168,567,608	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150007

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

Worksheet G-1

Date/Time Prepared:  
5/25/2016 11:44 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		90,400,085		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,497,697			2.00
3.00	Total (sum of line 1 and line 2)		102,897,782		0	3.00
4.00	MISC ADJS	612,112		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)		612,112		0	10.00
11.00	Subtotal (line 3 plus line 10)		103,509,894		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)		103,509,894		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	MISC ADJS		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: 150007

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/25/2016 11:44 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	24,586,928		24,586,928	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	24,586,928		24,586,928	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,533,427		5,533,427	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,533,427		5,533,427	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	30,120,355		30,120,355	17.00
18.00	Ancillary services	100,879,410	259,903,520	360,782,930	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	130,999,765	259,903,520	390,903,285	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		109,264,076		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 ROUNDING	3			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)		3		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		109,264,073		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150007

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

Worksheet G-3

Date/Time Prepared:  
5/25/2016 11:44 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	390,903,285	1.00
2.00	Less contractual allowances and discounts on patients' accounts	269,014,881	2.00
3.00	Net patient revenues (line 1 minus line 2)	121,888,404	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	109,264,073	4.00
5.00	Net income from service to patients (line 3 minus line 4)	12,624,331	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	8,763,702	24.00
24.01	OTHER NON OPERATING INCOME	2,326,958	24.01
25.00	Total other income (sum of lines 6-24)	11,090,660	25.00
26.00	Total (line 5 plus line 25)	23,714,991	26.00
27.00	BAD DEBT	11,217,294	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	11,217,294	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,497,697	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150007	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/25/2016 11:44 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,147,418	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		174,619	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)		44.05	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.94	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.34	8.00
9.00	Sum of lines 7 and 8		30.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.32	10.00
11.00	Disproportionate share adjustment (see instructions)		72,517	11.00
12.00	Total prospective capital payments (see instructions)		1,394,554	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00