

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
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 8/18/2017 9:11 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: 8/18/2017 Time: 9:11 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 (15-0007) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-96,205	-19,281	382,646	2,234,172	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	-96,205	-19,281	382,646	2,234,172	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: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 8/17/2017 9:09 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				
		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	29020	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)						01/01/2016	12/31/2016		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 §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							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.			468	186	0	6	2,761	17		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 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.			0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 8/17/2017 9:09 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
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01
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		N		40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					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

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		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
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) 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
Teaching Hospitals that Claim Residents in Nonprovider Settings							
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 Nonprovider Site		Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00			
64.00	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. 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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	0	76.00	
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00	
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			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		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	

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		V		XIX				
		1.00		2.00				
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00		
Rural Providers								
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00		
		Physical	Occupational	Speech	Respiratory			
		1.00	2.00	3.00	4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00		
					1.00	2.00	3.00	
Miscellaneous Cost Reporting Information								
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00		
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	161,159		0		0		
					1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02		
119.00	DO NOT USE THIS LINE					119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N		120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N				122.00		
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 8/17/2017 9:09 am		
		1.00	2.00					
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00	
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y				140.00	
		1.00	2.00		3.00			
141.00	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.							
	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101			141.00	
142.00	Street: 1500 NORTH RITTER	PO Box:					142.00	
143.00	City: INDIANAPOLIS	State:		Zip Code: 46219-3095			143.00	
						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.		Y		11/17/2016		146.00	
						1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		Y				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.		Y				149.00	
				Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00			
155.00	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)		N	N	N	N	155.00	
156.00	Hospital		N	N	N	N	156.00	
157.00	Subprovider - IPF		N	N	N	N	157.00	
158.00	Subprovider - IRF		N	N	N	N	158.00	
159.00	SUBPROVIDER		N	N	N	N	159.00	
160.00	SNF		N	N	N	N	160.00	
161.00	HOME HEALTH AGENCY		N	N	N	N	161.00	
161.00	CMHC		N	N	N	N	161.00	
						1.00		
165.00	Multi campus 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	
167.00	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act 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)						0168.00	
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)						0.25169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 8/17/2017 9:09 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2016	12/31/2016	170.00
			1.00	2.00	
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. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 8/17/2017 9:09 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				
		1.00	2.00				
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				
		1.00	2.00				
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	07/01/2017			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for 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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/16/2017	Y	03/16/2017		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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-2
Part II
Date/Time Prepared:
8/17/2017 9:09 am

		Description		Y/N	Y/N	
		0		1.00	3.00	
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
		Y/N	Date	Y/N	Date	
		1.00	2.00	3.00	4.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N	N	21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				N	35.00
				Y/N	Date	
				1.00	2.00	
Home Office Costs						
36.00	Were home office costs claimed on the cost report?			Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
				1.00	2.00	
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DEBBIE		THOMPSON		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.	317-621-7927		DTHOMPSON4@ECOMMUNITY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-2
Part II
Date/Time Prepared:
8/17/2017 9:09 am

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
8/17/2017 9:09 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	108	36,741	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)		108	36,741	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	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)		116	39,669	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	89.00				0	26.25
27.00 Total (sum of lines 14-26)		116				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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
8/17/2017 9:09 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVIII	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)	6,305	451	12,722			1.00
2.00	HMO and other (see instructions)	1,024	2,313				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	6,305	451	12,722			7.00
8.00	INTENSIVE CARE UNIT	1,117	0	1,853			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		657	996			13.00
14.00	Total (see instructions)	7,422	1,108	15,571	0.00	633.79	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	18			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	633.79	27.00
28.00	Observation Bed Days		43	2,194			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			128			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	17	74			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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
8/17/2017 9:09 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	1,774	264	4,606	1.00
2.00 HMO and other (see instructions)				222	0		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	1,774		264	4,606	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	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
8/17/2017 9:09 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	38,033,420	-167,666	37,865,754	1,318,283.00	28.72
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		84,267	0	84,267	688.00	122.48
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		164,687	0	164,687	2,303.00	71.51
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		1,265,214	-85,164	1,180,050	59,028.00	19.99
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		931,938	0	931,938	12,885.00	72.33
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		478,275	0	478,275	5,521.00	86.63
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		4,989,686	0	4,989,686	129,215.00	38.62
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		8,749,708	0	8,749,708		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		379,602	0	379,602		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		6,159	0	6,159		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		20,615	0	20,615		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		1,042,531	0	1,042,531		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	341,968	-524	341,444	9,894.00	34.51
27.00	Administrative & General	5.00	5,439,088	-912,519	4,526,569	119,852.00	37.77

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
8/17/2017 9:09 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	
28.00	Administrative & General under contract (see inst.)	4,077,459	0	4,077,459	32,088.00	127.07	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	1,184,875	-88	1,184,787	49,212.00	24.08	30.00
31.00	Laundry & Linen Service	30,916	0	30,916	1,990.00	15.54	31.00
32.00	Housekeeping	704,370	-659	703,711	49,127.00	14.32	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	872,371	-552,076	320,295	18,694.00	17.13	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	549,594	549,594	31,829.00	17.27	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	905,625	-3,449	902,176	17,535.00	51.45	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	613,836	0	613,836	29,074.00	21.11	41.00
42.00	Social Service	513,267	-7,391	505,876	16,745.00	30.21	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
8/17/2017 9:09 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	41,946,192	-167,666	41,778,526	1,348,068.00	30.99	1.00
2.00	Excluded area salaries (see instructions)	1,265,214	-85,164	1,180,050	59,028.00	19.99	2.00
3.00	Subtotal salaries (line 1 minus line 2)	40,680,978	-82,502	40,598,476	1,289,040.00	31.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,399,899	0	6,399,899	147,621.00	43.35	4.00
5.00	Subtotal wage-related costs (see inst.)	9,798,398	0	9,798,398	0.00	24.13	5.00
6.00	Total (sum of lines 3 thru 5)	56,879,275	-82,502	56,796,773	1,436,661.00	39.53	6.00
7.00	Total overhead cost (see instructions)	14,683,775	-927,112	13,756,663	376,040.00	36.58	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 8/17/2017 9:09 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,107,929	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
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,478,003	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	1,428,914	9.00
10.00	Dental, Hearing and Vision Plan	62,077	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	19,031	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)	303,145	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	71,933	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,677,623	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	166	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	7,263	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,156,084	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part V
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	931,938	9,156,084	1.00
2.00	Hospital	931,938	8,748,435	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	407,649	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 8/17/2017 9:09 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.258800	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		11,228,701	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		80,564,591	6.00	
7.00	Medicaid cost (line 1 times line 6)		20,850,116	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)		9,621,415	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,621,415	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)	3.00	
20.00	Charity care charges for the entire facility (see instructions)	110,499	447,615	558,114	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	28,597	115,843	144,440	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)	28,597	115,843	144,440	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)		9,968,000	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		100,409	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		9,867,591	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,553,733	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		2,698,173	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,319,588	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 8/17/2017 9:09 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,619,960	4,619,960	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	15,933,748	15,933,748	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	341,968	306,095	648,063	-45,871	602,192	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,439,088	38,408,653	43,847,741	-20,183,727	23,664,014	5.00
7.00	00700	OPERATION OF PLANT	1,184,875	4,759,615	5,944,490	-109,617	5,834,873	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	30,916	228,715	259,631	-349	259,282	8.00
9.00	00900	HOUSEKEEPING	704,370	476,279	1,180,649	-12,610	1,168,039	9.00
10.00	01000	DIETARY	872,371	733,603	1,605,974	-1,054,326	551,648	10.00
11.00	01100	CAFETERIA	0	28,175	28,175	1,011,644	1,039,819	11.00
13.00	01300	NURSING ADMINISTRATION	905,625	209,268	1,114,893	-12,409	1,102,484	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	613,836	769,994	1,383,830	-4,527	1,379,303	16.00
17.00	01700	SOCIAL SERVICE	513,267	156,936	670,203	0	670,203	17.00
23.00	02300	PASTORAL CARE	282,222	125,371	407,593	-120,692	286,901	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,721,710	3,404,373	11,126,083	-1,983,616	9,142,467	30.00
31.00	03100	INTENSIVE CARE UNIT	1,420,599	855,022	2,275,621	-297,049	1,978,572	31.00
43.00	04300	NURSERY	0	0	0	380,882	380,882	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,024,812	5,730,722	7,755,534	-4,977,238	2,778,296	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	839,806	839,806	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,262,152	1,645,274	2,907,426	-504,910	2,402,516	54.00
54.01	03480	ONCOLOGY	1,247,286	872,384	2,119,670	-147,016	1,972,654	54.01
57.00	05700	CT SCAN	446,410	339,415	785,825	-86,884	698,941	57.00
58.00	05800	MRI	288,268	1,155,477	1,443,745	-388,642	1,055,103	58.00
59.00	05900	CARDIAC CATHETERIZATION	775,471	2,904,471	3,679,942	-2,293,926	1,386,016	59.00
60.00	06000	LABORATORY	0	3,521,809	3,521,809	-42,169	3,479,640	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	974,983	414,575	1,389,558	-74,676	1,314,882	65.00
66.00	06600	PHYSICAL THERAPY	363,523	113,351	476,874	-3,193	473,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	217,643	52,604	270,247	-578	269,669	67.00
68.00	06800	SPEECH PATHOLOGY	29,806	86,615	116,421	-18	116,403	68.00
69.00	06900	ELECTROCARDIOLOGY	844,960	429,146	1,274,106	-53,479	1,220,627	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,181	26,923	65,104	-16,738	48,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	194,225	770,605	964,830	6,560,390	7,525,220	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,661,434	1,661,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,715,962	12,903,186	14,619,148	225,999	14,845,147	73.00
74.00	07400	RENAL DIALYSIS	0	245,039	245,039	-5,827	239,212	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	350,908	148,083	498,991	-32,162	466,829	75.01
76.99	07699	LI THOTRI PSY	0	0	0	268,903	268,903	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	2,209,143	1,520,647	3,729,790	-421,206	3,308,584	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	1,013,936	255,117	1,269,053	1,024,935	2,293,988	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	1,189,708	524,547	1,714,255	329,701	2,043,956	93.06
93.07	04957	CLINTON COUNTY	306,968	215,858	522,826	200,633	723,459	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	1,461,483	284,901	1,746,384	255,845	2,002,229	93.18
93.19	04969	RUSSELLVILLE 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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
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	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	63,753	51,001	114,754	8,070	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	881,087	569,292	1,450,379	-138,355	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)	37,931,515	85,243,141	123,174,656	310,140	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	62,497	17,845	80,342	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,371	715,504	716,875	-4,339	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	8,826	8,826	-7,249	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	0	194.07
194.08	07958	SOUTH BERKLEY	0	25,137	25,137	0	194.08
194.09	07959	MOBILE CLINIC	38,037	14,725	52,762	-1,150	194.09
194.10	07960	PLASTIC SURGERY	0	114,984	114,984	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	326,423	326,423	-297,402	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	594	594	0	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	0	0	194.16
200.00		TOTAL (SUM OF LINES 118-199)	38,033,420	86,467,179	124,500,599	0	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-241,822	4,378,138	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-11,814,979	4,118,769	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,244,132	1,846,324	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-685,364	22,978,650	5.00
7.00	00700	OPERATION OF PLANT	-682	5,834,191	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	259,282	8.00
9.00	00900	HOUSEKEEPING	0	1,168,039	9.00
10.00	01000	DIETARY	-16,610	535,038	10.00
11.00	01100	CAFETERIA	-299,388	740,431	11.00
13.00	01300	NURSING ADMINISTRATION	942,232	2,044,716	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-20,403	1,358,900	16.00
17.00	01700	SOCIAL SERVICE	0	670,203	17.00
23.00	02300	PASTORAL CARE	-20,836	266,065	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	177,919	9,320,386	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,978,572	31.00
43.00	04300	NURSERY	0	380,882	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-636,991	2,141,305	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	839,806	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	148,250	2,550,766	54.00
54.01	03480	ONCOLOGY	0	1,972,654	54.01
57.00	05700	CT SCAN	6,323	705,264	57.00
58.00	05800	MRI	-525	1,054,578	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,386,016	59.00
60.00	06000	LABORATORY	-76,285	3,403,355	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	-1,246	1,313,636	65.00
66.00	06600	PHYSICAL THERAPY	0	473,681	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	269,669	67.00
68.00	06800	SPEECH PATHOLOGY	0	116,403	68.00
69.00	06900	ELECTROCARDIOLOGY	49,516	1,270,143	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	48,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-5,188	7,520,032	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,661,434	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	667,736	15,512,883	73.00
74.00	07400	RENAL DIALYSIS	0	239,212	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03950	WOUND CARE CENTER	-70,221	396,608	75.01
76.99	07699	LITHOTRIpsy	0	268,903	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	3,308,584	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	-581,096	1,712,892	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	-1,285,473	758,483	93.06
93.07	04957	CLINTON COUNTY	-315,648	407,811	93.07
93.08	04958	HOWARD DIABETES	0	0	93.08
93.09	04959	DR. AROUINOVA	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	-560,619	1,441,610	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
93.24	04999	DR ANNETTE MOORE	0	0	93.24
93.25	04975	HRHS INTERNAL MEDICINE	0	0	93.25

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
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
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	-92,991	29,833	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	-2,278	1,309,746	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-13,492,537	109,992,259	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION	0	80,342	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	712,536	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	1,577	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	25,137	194.08
194.09	07959	MOBILE CLINIC	0	51,612	194.09
194.10	07960	PLASTIC SURGERY	0	114,984	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	29,021	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	594	194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH	0	0	194.16
200.00		TOTAL (SUM OF LINES 118-199)	-13,492,537	111,008,062	200.00

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6
Date/Time Prepared:
8/17/2017 9:09 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	19,026,452	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
TOTALS			0	19,026,452	
B - DEPRECIATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,092,704	1.00
TOTALS			0	3,092,704	
C - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,414,772	1.00
TOTALS			0	1,414,772	
D - CAPITAL INSURANCE COSTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	112,484	1.00
TOTALS			0	112,484	
G - MEDICAL SUPPLY EXPENSE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	314,373	1.00
2.00	HOUSEKEEPING	9.00	0	8	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,591,913	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,472	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
TOTALS			0	6,910,766	
H - CAFETERIA SALARY					
1.00	CAFETERIA	11.00	549,594	0	1.00
TOTALS			549,594	0	

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6
Date/Time Prepared:
8/17/2017 9:09 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
I - CAFETERIA OTHER						
1.00	CAFETERIA	11.00	0	462,170	1.00	
	TOTALS		0	462,170		
J - PSYCH ADMIN SALARIES						
1.00	HOWARD COUNTY CSS	93.06	181,045	0	1.00	
2.00	CLINTON COUNTY	93.07	107,259	0	2.00	
3.00	GENESIS	93.01	547,859	0	3.00	
4.00	NEW BEGINNINGS	93.43	4,313	0	4.00	
5.00	PSYCH MEDICATION	93.18	137,541	0	5.00	
	TOTALS		978,017	0		
K - PSYCH ADMIN OTHER						
1.00	HOWARD COUNTY CSS	93.06	0	157,694	1.00	
2.00	CLINTON COUNTY	93.07	0	93,424	2.00	
3.00	GENESIS	93.01	0	477,196	3.00	
4.00	NEW BEGINNINGS	93.43	0	3,757	4.00	
5.00	PSYCH MEDICATION	93.18	0	119,801	5.00	
	TOTALS		0	851,872		
M - FAMILY ROOMS SALARY RECLASS						
1.00	NURSERY	43.00	252,912	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	557,645	0	2.00	
	TOTALS		810,557	0		
N - FAMILY ROOMS OTHER						
1.00	NURSERY	43.00	0	127,970	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	282,161	2.00	
	TOTALS		0	410,131		
O - PHARMACEUTICAL EXPENSE RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	261,954	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	
	TOTALS		0	261,954		
P - LI THOTRI PSY SALARY						
1.00	LI THOTRI PSY	76.99	14,141	0	1.00	
	TOTALS		14,141	0		
Q - LI THOTRI PSY OTHER						
1.00	LI THOTRI PSY	76.99	0	254,762	1.00	
	TOTALS		0	254,762		
R - IMPLANTABLE DEVICE RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,661,434	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	1,661,434		
Z - STD BENEFIT RECLASS						
1.00	AMBULANCE SERVICES	95.00	0	1,456	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	524	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	17,776	3.00	
4.00	OPERATION OF PLANT	7.00	0	88	4.00	
5.00	HOUSEKEEPING	9.00	0	659	5.00	
6.00	DIETARY	10.00	0	2,482	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	3,449	7.00	
8.00	SOCIAL SERVICE	17.00	0	7,391	8.00	
9.00	PASTORAL CARE	23.00	0	434	9.00	
10.00	ADULTS & PEDIATRICS	30.00	0	30,238	10.00	
11.00	INTENSIVE CARE UNIT	31.00	0	9,130	11.00	
12.00	OPERATING ROOM	50.00	0	18,123	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,123	13.00	

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6

Date/Time Prepared:
8/17/2017 9:09 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
14.00	ONCOLOGY	54.01	0	1,081	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,704	15.00
16.00	RESPIRATORY THERAPY	65.00	0	15,241	16.00
17.00	OCCUPATIONAL THERAPY	67.00	0	7,481	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	1,233	18.00
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,374	19.00
20.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,044	20.00
21.00	WOUND CARE CENTER	75.01	0	560	21.00
22.00	EMERGENCY	91.00	0	14,226	22.00
23.00	GENESIS	93.01	0	3,182	23.00
24.00	HOWARD COUNTY CSS	93.06	0	7,475	24.00
25.00	PSYCH MEDICATION	93.18	0	2,192	25.00
	TOTALS		0	167,666	
AA - PASTORAL CARE RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	83,274	37,418	1.00
	TOTALS		83,274	37,418	
500.00	Grand Total: Increases		2,435,583	34,664,585	500.00

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6
Date/Time Prepared:
8/17/2017 9:09 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - DEPRECIATION EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	13,185	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	17,260,571	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	101,504	0	3.00	
4.00	HOUSEKEEPING	9.00	0	12,618	0	4.00	
5.00	DIETARY	10.00	0	36,989	0	5.00	
6.00	CAFETERIA	11.00	0	120	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	7,053	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,465	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	205,838	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	13,856	0	10.00	
11.00	OPERATING ROOM	50.00	0	226,755	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,251	0	12.00	
13.00	ONCOLOGY	54.01	0	90,961	0	13.00	
14.00	CT SCAN	57.00	0	1,269	0	14.00	
15.00	MRI	58.00	0	278,639	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	111,618	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	11,519	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	911	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	10,762	0	19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,152	0	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	26,897	0	21.00	
22.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,736	0	22.00	
23.00	WOUND CARE CENTER	75.01	0	1,582	0	23.00	
24.00	EMERGENCY	91.00	0	45,502	0	24.00	
25.00	AMBULANCE SERVICES	95.00	0	75,297	0	25.00	
26.00	KOKOMO SCHOOL BASED	194.11	0	297,402	0	26.00	
	TOTALS		0	19,026,452			
B - DEPRECIATION EXPENSE							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,092,704	9	1.00	
	TOTALS		0	3,092,704			
C - INTEREST EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,414,772	11	1.00	
	TOTALS		0	1,414,772			
D - CAPITAL INSURANCE COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	112,484	12	1.00	
	TOTALS		0	112,484			
G - MEDICAL SUPPLY EXPENSE RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,327	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	8,113	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	349	0	3.00	
4.00	DIETARY	10.00	0	5,573	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	5,356	0	5.00	
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	62	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	490,976	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	269,103	0	8.00	
9.00	OPERATING ROOM	50.00	0	3,079,173	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	324,821	0	10.00	
11.00	ONCOLOGY	54.01	0	48,289	0	11.00	
12.00	CT SCAN	57.00	0	81,674	0	12.00	
13.00	MRI	58.00	0	80,161	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	1,875,948	0	14.00	
15.00	LABORATORY	60.00	0	42,169	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	63,034	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	2,282	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	578	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	41,058	0	19.00	
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,586	0	20.00	
21.00	DRUGS CHARGED TO PATIENTS	73.00	0	28,219	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	3,056	0	22.00	
23.00	WOUND CARE CENTER	75.01	0	29,470	0	23.00	
24.00	EMERGENCY	91.00	0	345,803	0	24.00	
25.00	GENESIS	93.01	0	120	0	25.00	
26.00	HOWARD COUNTY CSS	93.06	0	1,455	0	26.00	
27.00	PSYCH MEDICATION	93.18	0	1,497	0	27.00	
28.00	AMBULANCE SERVICES	95.00	0	62,265	0	28.00	
29.00	HEALTHY CHILDREN	194.00	0	7,249	0	29.00	
	TOTALS		0	6,910,766			
H - CAFETERIA SALARY							
1.00	DIETARY	10.00	549,594	0	0	1.00	
	TOTALS		549,594	0			

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6
Date/Time Prepared:
8/17/2017 9:09 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
I - CAFETERIA OTHER							
1.00	DIETARY	10.00	0	462,170	0		1.00
	TOTALS		0	462,170			
J - PSYCH ADMIN SALARIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	978,017	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		978,017	0			
K - PSYCH ADMIN OTHER							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	851,872	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		0	851,872			
M - FAMILY ROOMS SALARY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	810,557	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		810,557	0			
N - FAMILY ROOMS OTHER							
1.00	ADULTS & PEDIATRICS	30.00	0	410,131	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	410,131			
O - PHARMACEUTICAL EXPENSE RECLASS							
1.00	AMBULANCE SERVICES	95.00	0	793	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	24,359	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	1,076	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	66,114	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	14,090	0		5.00
6.00	OPERATING ROOM	50.00	0	38,132	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,838	0		7.00
8.00	ONCOLOGY	54.01	0	7,766	0		8.00
9.00	CT SCAN	57.00	0	3,941	0		9.00
10.00	MRI	58.00	0	29,842	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	9,201	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	123	0		12.00
13.00	SPEECH PATHOLOGY	68.00	0	18	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	1,659	0		14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,626	0		15.00
16.00	RENAL DIALYSIS	74.00	0	2,771	0		16.00
17.00	WOUND CARE CENTER	75.01	0	1,110	0		17.00
18.00	EMERGENCY	91.00	0	29,901	0		18.00
19.00	HOWARD COUNTY CSS	93.06	0	7,583	0		19.00
20.00	CLINTON COUNTY	93.07	0	50	0		20.00
21.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,811	0		21.00
22.00	MOBILE CLINIC	194.09	0	1,150	0		22.00
	TOTALS		0	261,954			
P - LITHOTRIPSY SALARY							
1.00	OPERATING ROOM	50.00	14,141	0	0		1.00
	TOTALS		14,141	0			
Q - LITHOTRIPSY OTHER							
1.00	OPERATING ROOM	50.00	0	254,762	0		1.00
	TOTALS		0	254,762			
R - IMPLANTABLE DEVICE RECLASS							
1.00	OPERATING ROOM	50.00	0	1,364,275	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	297,159	0		2.00
	TOTALS		0	1,661,434			
Z - STD BENEFIT RECLASS							
1.00	AMBULANCE SERVICES	95.00	1,456	0	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	524	0	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	17,776	0	0		3.00
4.00	OPERATION OF PLANT	7.00	88	0	0		4.00
5.00	HOUSEKEEPING	9.00	659	0	0		5.00
6.00	DIETARY	10.00	2,482	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	3,449	0	0		7.00
8.00	SOCIAL SERVICE	17.00	7,391	0	0		8.00
9.00	PASTORAL CARE	23.00	434	0	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	30,238	0	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	9,130	0	0		11.00
12.00	OPERATING ROOM	50.00	18,123	0	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	7,123	0	0		13.00

RECLASSIFICATIONS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6

Date/Time Prepared:
8/17/2017 9:09 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
14.00	ONCOLOGY	54.01	1,081	0	0	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	2,704	0	0	0		15.00
16.00	RESPIRATORY THERAPY	65.00	15,241	0	0	0		16.00
17.00	OCCUPATIONAL THERAPY	67.00	7,481	0	0	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	1,233	0	0	0		18.00
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	8,374	0	0	0		19.00
20.00	DRUGS CHARGED TO PATIENTS	73.00	5,044	0	0	0		20.00
21.00	WOUND CARE CENTER	75.01	560	0	0	0		21.00
22.00	EMERGENCY	91.00	14,226	0	0	0		22.00
23.00	GENESIS	93.01	3,182	0	0	0		23.00
24.00	HOWARD COUNTY CSS	93.06	7,475	0	0	0		24.00
25.00	PSYCH MEDICATION	93.18	2,192	0	0	0		25.00
	TOTALS		167,666	0				
AA - PASTORAL CARE RECLASS								
1.00	PASTORAL CARE	23.00	83,274	37,418	0	0		1.00
	TOTALS		83,274	37,418				
500.00	Grand Total: Decreases		2,603,249	34,496,919				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part I
Date/Time Prepared:
8/17/2017 9:09 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,018,000	0	0	180,000	1.00
2.00	Land Improvements	3,552,347	0	0	0	2.00
3.00	Buildings and Fixtures	91,701,444	2,503,647	0	0	3.00
4.00	Building Improvements	72,506	19,898	0	0	4.00
5.00	Fixed Equipment	3,846,193	0	0	0	5.00
6.00	Movable Equipment	15,801,309	931,687	0	0	6.00
7.00	HIT designated Assets	22,710,018	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	142,701,817	3,455,232	0	180,000	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	142,701,817	3,455,232	0	180,000	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,838,000	0			1.00
2.00	Land Improvements	3,552,347	0			2.00
3.00	Buildings and Fixtures	94,205,091	0			3.00
4.00	Building Improvements	92,404	0			4.00
5.00	Fixed Equipment	3,846,193	0			5.00
6.00	Movable Equipment	16,732,996	0			6.00
7.00	HIT designated Assets	22,710,018	0			7.00
8.00	Subtotal (sum of lines 1-7)	145,977,049	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	145,977,049	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part II
Date/Time Prepared:
8/17/2017 9:09 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
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
8/17/2017 9:09 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	98,143,688	0	98,143,688	0.713322	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	39,443,014	0	39,443,014	0.286678	0	2.00
3.00	Total (sum of lines 1-2)	137,586,702	0	137,586,702	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,922,965	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,118,769	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,041,734	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,342,689	112,484	0	0	4,378,138	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,118,769	2.00
3.00	Total (sum of lines 1-2)	1,342,689	112,484	0	0	8,496,907	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
8/17/2017 9:09 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)	B	-8,816	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-859	ADMINISTRATIVE & GENERAL		5.00		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	-973,565				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	8,600,100				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
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** 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
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 MISC INCOME	B	-837,902	ADMINISTRATIVE & GENERAL		5.00	0	33.00
33.01 MISC INCOME	B	-20,403	MEDICAL RECORDS & LIBRARY		16.00	0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
8/17/2017 9:09 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
				Cost Center	Line #		
				1.00	2.00	3.00	
33.02	MISC INCOME	B	-2,905	PASTORAL CARE	23.00	0	33.02
33.03	MISC INCOME	B	-17,612	RADIOLOGY-DIAGNOSTIC	54.00	0	33.03
33.04	MISC INCOME	B	-77,076	LABORATORY	60.00	0	33.04
33.05	MISC INCOME	B	-1,246	RESPIRATORY THERAPY	65.00	0	33.05
33.06	MISC INCOME	B	-9,811	ELECTROCARDIOLOGY	69.00	0	33.06
33.07	MISC INCOME	B	-5,188	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33.07
33.08	MISC INCOME	B	-645	DRUGS CHARGED TO PATIENTS	73.00	0	33.08
33.09	MISC INCOME	B	-280	GENESIS	93.01	0	33.09
33.10	MISC INCOME	B	-551	HOWARD COUNTY CSS	93.06	0	33.10
33.11	MISC INCOME	B	-17,943	CLINTON COUNTY	93.07	0	33.11
33.12	MISC INCOME	B	-2,278	AMBULANCE SERVICES	95.00	0	33.12
33.14	MISC. REVENUE - CAFETERIA	B	-299,388	CAFETERIA	11.00	0	33.14
33.15	MISC REVENUE - CONSULTING REV	B	-908,561	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16	MISC REVENUE - CONSULTING REV	B	-169,739	CAP REL COSTS-BLDG & FIXT	1.00	9	33.16
33.17	MISC REVENUE - PROFESSIONAL FEES	B	-900	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.17
33.18	MISC REVENUE SPACE RENTAL INCOME	B	-118,577	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	VENDING REVENUE	B	-16,575	DIETARY	10.00	0	33.19
34.00	HOSPITAL ASSESSMENT TAX OFFSET	A	-2,813,015	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	IHA LOBBYING EXPENSE OFFSET	A	-3,210	ADMINISTRATIVE & GENERAL	5.00	0	34.01
34.02	PHYSICIAN RECRUITMENT EXPENSE	A	-303,301	ADMINISTRATIVE & GENERAL	5.00	0	34.02
34.03	CHARITABLE CONTRIBUTIONS-OFFSET	A	-122,055	ADMINISTRATIVE & GENERAL	5.00	0	34.03
34.04	CHARITABLE CONTRIBUTIONS-OFFSET	A	-682	OPERATION OF PLANT	7.00	0	34.04
34.05	CHARITABLE CONTRIBUTIONS-OFFSET	A	-35	DIETARY	10.00	0	34.05
34.06	GOVERNING BOARD-OFFSET	A	-2,357	ADMINISTRATIVE & GENERAL	5.00	0	34.06
34.07	ADVERTISING EXPENSE OFFSET	A	-1,442	ADMINISTRATIVE & GENERAL	5.00	0	34.07
34.08	ADVERTISING EXPENSE OFFSET	A	-165	OPERATING ROOM	50.00	0	34.08
34.09	ADVERTISING EXPENSE OFFSET	A	-123	RADIOLOGY-DIAGNOSTIC	54.00	0	34.09
34.10	MEDICAL DIRECTOR ONSET	A	25,875	ADMINISTRATIVE & GENERAL	5.00	0	34.10
34.11	12B NON-ALLOW INTEREST EXPENSE	A	-63,267	CAP REL COSTS-BLDG & FIXT	1.00	11	34.11
34.12	12B NON-ALLOW INTEREST EXPENSE	A	-668,077	ADMINISTRATIVE & GENERAL	5.00	0	34.12
34.13	ACCELERATED DEPRECIATION	A	-11,814,979	CAP REL COSTS-MVBLE EQUIP	2.00	9	34.13
34.14	BH PROFESSIONAL BILLING EXPENSE	A	-580,816	GENESIS	93.01	0	34.14
34.15	BH PROFESSIONAL BILLING EXPENSE	A	-1,284,922	HOWARD COUNTY CSS	93.06	0	34.15
34.16	BH PROFESSIONAL BILLING EXPENSE	A	-297,705	CLINTON COUNTY	93.07	0	34.16
34.17	BH PROFESSIONAL BILLING EXPENSE	A	-560,619	PSYCH MEDICATION	93.18	0	34.17
34.18	BH PROFESSIONAL BILLING EXPENSE	A	-92,991	NEW BEGINNINGS	93.43	0	34.18
34.19	NON ALLOWABLE PASTORAL EDUCATION EXP	A	-17,931	PASTORAL CARE	23.00	0	34.19
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-13,492,537				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: 15-0007

Period: From 01/01/2016 To 12/31/2016

Worksheet A-8-1

Date/Time Prepared: 8/17/2017 9:09 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0.00		0	0	1.00
2.00	0.00		0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,245,032	0	3.00
3.01	5.00	ADMINISTRATIVE & GENERAL	13,137,801	7,798,814	3.01
3.02	13.00	NURSING ADMINISTRATION	942,232	0	3.02
3.03	30.00	ADULTS & PEDIATRICS	177,919	0	3.03
3.04	54.00	RADIOLOGY-DIAGNOSTIC	206,833	0	3.04
3.05	69.00	ELECTROCARDIOLOGY	61,693	0	3.05
3.06	73.00	DRUGS CHARGED TO PATIENTS	668,381	0	3.06
4.00	5.00	ADMINISTRATIVE & GENERAL	-385,238	-379,896	4.00
4.01	57.00	CT SCAN	-4,587	-11,085	4.01
4.02	69.00	ELECTROCARDIOLOGY	-14,414	-12,338	4.02
4.03	60.00	LABORATORY	-201,703	-202,494	4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	-64,895	-24,047	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.		15,769,054	7,168,954	5.00

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

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

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

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested 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:				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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-1

Date/Time Prepared:
8/17/2017 9:09 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	1,245,032	0		3.00
3.01	5,338,987	0		3.01
3.02	942,232	0		3.02
3.03	177,919	0		3.03
3.04	206,833	0		3.04
3.05	61,693	0		3.05
3.06	668,381	0		3.06
4.00	-5,342	0		4.00
4.01	6,498	0		4.01
4.02	-2,076	0		4.02
4.03	791	0		4.03
4.04	-40,848	0		4.04
5.00	8,600,100			5.00

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

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

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

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

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

6.00			6.00
7.00			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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-2

Date/Time Prepared:
8/17/2017 9:09 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	AGGREGATE-ADMINISTRATIVE & GENERAL	46,500	0	46,500	211,500	310	1.00
2.00	75.01	AGGREGATE-WOUND CARE CENTER	70,221	70,221	0	197,500	0	2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	350,550	250,550	100,000	211,500	1,200	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	663,801	636,826	26,975	246,400	270	4.00
5.00	57.00	AGGREGATE-CT SCAN	175	175	0	271,900	0	5.00
6.00	58.00	AGGREGATE-MRI	525	525	0	271,900	0	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	900	0	900	211,500	6	7.00
8.00	91.00	AGGREGATE-EMERGENCY	246,000	0	246,000	211,500	3,690	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			1,378,672	958,297	420,375		5,476	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	AGGREGATE-ADMINISTRATIVE & GENERAL	31,522	1,576	0	0	0	1.00
2.00	75.01	AGGREGATE-WOUND CARE CENTER	0	0	0	0	0	2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	122,019	6,101	0	0	0	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	31,985	1,599	0	0	0	4.00
5.00	57.00	AGGREGATE-CT SCAN	0	0	0	0	0	5.00
6.00	58.00	AGGREGATE-MRI	0	0	0	0	0	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	610	31	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	375,209	18,760	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			561,345	28,067	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	AGGREGATE-ADMINISTRATIVE & GENERAL	0	31,522	14,978	14,978	1.00
2.00	75.01	AGGREGATE-WOUND CARE CENTER	0	0	0	70,221	2.00
3.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	122,019	0	250,550	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	0	31,985	0	636,826	4.00
5.00	57.00	AGGREGATE-CT SCAN	0	0	0	175	5.00
6.00	58.00	AGGREGATE-MRI	0	0	0	525	6.00
7.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	610	290	290	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	375,209	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	561,345	15,268	973,565	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,378,138	4,378,138			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,118,769		4,118,769		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,846,324	49,784	46,834	1,942,942	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	22,978,650	1,142,034	1,074,379	234,377	5.00
7.00 00700	OPERATION OF PLANT	5,834,191	556,607	523,632	61,346	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	259,282	28,782	27,076	1,601	8.00
9.00 00900	HOUSEKEEPING	1,168,039	31,091	29,250	36,437	9.00
10.00 01000	DIETARY	535,038	57,098	53,716	16,584	10.00
11.00 01100	CAFETERIA	740,431	89,292	84,002	28,457	11.00
13.00 01300	NURSING ADMINISTRATION	2,044,716	9,651	9,080	46,713	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,358,900	39,495	37,155	31,783	16.00
17.00 01700	SOCIAL SERVICE	670,203	0	0	26,193	17.00
23.00 02300	PASTORAL CARE	266,065	11,470	10,791	10,279	23.00
23.01 02301	EMS CERTIFICATION PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	9,320,386	726,428	683,393	356,289	30.00
31.00 03100	INTENSIVE CARE UNIT	1,978,572	69,365	65,256	73,083	31.00
43.00 04300	NURSERY	380,882	17,524	16,486	13,095	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,141,305	262,884	247,310	103,170	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	839,806	83,743	78,782	28,874	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,550,766	254,905	239,804	64,983	54.00
54.01 03480	ONCOLOGY	1,972,654	272,601	256,452	64,526	54.01
57.00 05700	CT SCAN	705,264	7,965	7,493	23,114	57.00
58.00 05800	MRI	1,054,578	0	0	14,926	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,386,016	55,758	52,454	40,012	59.00
60.00 06000	LABORATORY	3,403,355	65,117	61,259	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	1,313,636	58,333	54,877	49,694	65.00
66.00 06600	PHYSICAL THERAPY	473,681	15,161	14,263	18,822	66.00
67.00 06700	OCCUPATIONAL THERAPY	269,669	9,333	8,780	10,882	67.00
68.00 06800	SPEECH PATHOLOGY	116,403	4,673	4,396	1,543	68.00
69.00 06900	ELECTROCARDIOLOGY	1,270,143	1,381	1,299	43,686	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	48,366	4,235	3,984	1,977	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,520,032	79,508	74,797	9,623	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	1,661,434	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	15,512,883	20,006	18,821	88,588	73.00
74.00 07400	RENAL DIALYSIS	239,212	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	396,608	27,427	25,803	18,140	75.01
76.99 07699	LITHOTRIPSY	268,903	0	0	732	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	3,308,584	303,520	285,539	113,648	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	1,712,892	0	0	80,702	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	758,483	0	0	70,588	93.06
93.07 04957	CLINTON COUNTY	407,811	0	0	21,448	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	1,441,610	0	0	82,681	93.18
93.19 04969	RUSSELL 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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
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	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	29,833	0	0	3,524	33,357	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	1,309,746	22,967	21,606	45,546	1,399,865	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	109,992,259	4,378,138	4,118,769	1,937,666	109,986,983	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	80,342	0	0	3,236	83,578	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	712,536	0	0	71	712,607	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 HEALTHY CHILDREN	1,577	0	0	0	1,577	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	25,137	0	0	0	25,137	194.08
194.09 07959 MOBILE CLINIC	51,612	0	0	1,969	53,581	194.09
194.10 07960 PLASTIC SURGERY	114,984	0	0	0	114,984	194.10
194.11 07961 KOKOMO SCHOOL BASED	29,021	0	0	0	29,021	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	594	0	0	0	594	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	201.00
202.00 TOTAL (sum lines 118-201)	111,008,062	4,378,138	4,118,769	1,942,942	111,008,062	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,429,440				5.00
7.00	00700	OPERATION OF PLANT	2,072,831	9,048,607			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	94,119	99,035	509,895		8.00
9.00	00900	HOUSEKEEPING	375,837	106,983	0	1,747,637	9.00
10.00	01000	DIETARY	196,841	196,471	0	38,830	10.00
11.00	01100	CAFETERIA	279,967	307,245	0	60,723	11.00
13.00	01300	NURSING ADMINISTRATION	627,028	33,210	0	6,563	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	436,014	135,899	0	26,859	16.00
17.00	01700	SOCIAL SERVICE	206,932	0	0	0	17.00
23.00	02300	PASTORAL CARE	88,730	39,468	0	7,800	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,294,319	2,499,573	416,601	494,014	30.00
31.00	03100	INTENSIVE CARE UNIT	649,645	238,679	60,679	47,172	31.00
43.00	04300	NURSERY	127,175	60,298	32,615	11,917	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	818,542	904,559	0	178,776	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	306,419	288,151	0	56,950	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	924,263	877,105	0	173,350	54.00
54.01	03480	ONCOLOGY	762,548	937,997	0	185,384	54.01
57.00	05700	CT SCAN	221,029	27,408	0	5,417	57.00
58.00	05800	MRI	317,800	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	455,895	191,857	0	37,918	59.00
60.00	06000	LABORATORY	1,048,849	224,061	0	44,283	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	438,749	200,719	0	39,670	65.00
66.00	06600	PHYSICAL THERAPY	155,089	52,167	0	10,310	66.00
67.00	06700	OCCUPATIONAL THERAPY	88,747	32,113	0	6,347	67.00
68.00	06800	SPEECH PATHOLOGY	37,742	16,079	0	3,178	68.00
69.00	06900	ELECTROCARDIOLOGY	391,197	4,751	0	939	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	17,402	14,572	0	2,880	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,283,266	273,579	0	54,070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	493,690	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,647,475	68,840	0	13,605	73.00
74.00	07400	RENAL DIALYSIS	71,081	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	139,058	94,375	0	18,652	75.01
76.99	07699	LITHOTRIPSY	80,121	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	1,191,943	1,044,386	0	206,411	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	532,961	0	0	0	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	246,356	0	0	0	93.06
93.07	04957	CLINTON COUNTY	127,553	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	452,938	0	0	0	93.18
93.19	04969	RUSSAVILLE 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
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
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. 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	9,912	0	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0	0	93.44
93.45	04995	DR GERI NG	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	415,966	79,027	0	15,619	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,126,029	9,048,607	509,895	1,747,637	1,094,578	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	24,835	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	211,749	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	469	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	7,469	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	15,921	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	34,167	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	8,624	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	177	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)	25,429,440	9,048,607	509,895	1,747,637	1,094,578	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE	
		11.00	13.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,590,117					11.00
13.00	01300	57,744	2,834,705				13.00
16.00	01600	39,139	0	2,105,244			16.00
17.00	01700	32,726	0	0	936,054		17.00
23.00	02300	17,995	0	0	0	452,598	23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	440,651	1,010,363	162,886	764,786	452,598	30.00
31.00	03100	90,579	270,364	33,655	111,393	0	31.00
43.00	04300	16,126	45,926	8,630	59,875	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	128,202	295,817	199,032	0	0	50.00
52.00	05200	35,556	101,262	17,858	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	80,476	558	105,660	0	0	54.00
54.01	03480	79,528	86,613	104,924	0	0	54.01
57.00	05700	28,464	0	135,201	0	0	57.00
58.00	05800	8,656	14,619	52,343	0	0	58.00
59.00	05900	49,445	122,180	141,751	0	0	59.00
60.00	06000	0	0	222,977	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	62,166	0	26,213	0	0	65.00
66.00	06600	0	0	7,001	0	0	66.00
67.00	06700	13,877	0	4,984	0	0	67.00
68.00	06800	1,900	0	1,394	0	0	68.00
69.00	06900	53,875	49,812	78,002	0	0	69.00
70.00	07000	2,434	0	848	0	0	70.00
71.00	07100	12,384	0	71,853	0	0	71.00
72.00	07200	0	0	46,420	0	0	72.00
73.00	07300	109,411	0	361,413	0	0	73.00
74.00	07400	0	0	2,662	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	22,374	33,998	7,447	0	0	75.01
76.99	07699	902	3,262	8,275	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	140,857	371,081	250,284	0	0	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	64,650	0	13,876	0	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	17,496	4,627	0	0	93.06
93.07	04957	0	0	2,716	0	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	53,991	6,467	0	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
93.24	04999	0	0	0	0	0	93.24
93.25	04975	0	0	0	0	0	93.25

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE	
		11.00	13.00	16.00	17.00	23.00	
93.26	04976 DR. MOUALLA	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
93.43	04993 NEW BEGINNINGS	0	0	109	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	25,736	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,590,117	2,477,342	2,105,244	936,054	452,598	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	316	0	0	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	112	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	350	0	0	0	194.09
194.10	07960 PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961 KOKOMO SCHOOL BASED	0	2,678	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	353,907	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)	1,590,117	2,834,705	2,105,244	936,054	452,598	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description			EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
23.00	02300	PASTORAL CARE					23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0				23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	21,516,592	0	21,516,592	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,818,700	0	3,818,700	31.00
43.00	04300	NURSERY	0	860,564	0	860,564	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,279,597	0	5,279,597	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,837,401	0	1,837,401	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,271,870	0	5,271,870	54.00
54.01	03480	ONCOLOGY	0	4,723,227	0	4,723,227	54.01
57.00	05700	CT SCAN	0	1,161,355	0	1,161,355	57.00
58.00	05800	MRI	0	1,462,922	0	1,462,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,533,286	0	2,533,286	59.00
60.00	06000	LABORATORY	0	5,069,901	0	5,069,901	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	2,244,057	0	2,244,057	65.00
66.00	06600	PHYSICAL THERAPY	0	746,494	0	746,494	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	444,732	0	444,732	67.00
68.00	06800	SPEECH PATHOLOGY	0	187,308	0	187,308	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,895,085	0	1,895,085	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	96,698	0	96,698	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,379,112	0	10,379,112	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,201,544	0	2,201,544	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,841,042	0	20,841,042	73.00
74.00	07400	RENAL DIALYSIS	0	312,955	0	312,955	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	783,882	0	783,882	75.01
76.99	07699	LI THOTRI PSY	0	362,195	0	362,195	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	7,216,253	0	7,216,253	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	0	2,405,081	0	2,405,081	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	0	1,097,550	0	1,097,550	93.06
93.07	04957	CLINTON COUNTY	0	559,528	0	559,528	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	0	2,037,687	0	2,037,687	93.18
93.19	04969	RUSSAVILLE 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
93.22	04972	DR. KOESTER	0	0	0	0	93.22
93.23	04973	DR. B. FOGELSON	0	0	0	0	93.23

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description			EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	24.00	25.00	26.00	
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	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	0	43,378	0	43,378	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	1,936,213	0	1,936,213	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)	0	109,326,209	0	109,326,209	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	108,413	0	108,413	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	924,672	0	924,672	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	2,046	0	2,046	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	112	0	112	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	0	194.07
194.08	07958	SOUTH BERKLEY	0	32,606	0	32,606	194.08
194.09	07959	MOBILE CLINIC	0	69,852	0	69,852	194.09
194.10	07960	PLASTIC SURGERY	0	149,151	0	149,151	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	40,323	0	40,323	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	354,678	0	354,678	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)	0	111,008,062	0	111,008,062	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 8/17/2017 9:09 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	49,784	46,834	96,618	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	1,005,588	1,142,034	1,074,379	3,222,001	5.00
7.00 00700	OPERATION OF PLANT	158,916	556,607	523,632	1,239,155	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	28,782	27,076	55,858	8.00
9.00 00900	HOUSEKEEPING	1,342	31,091	29,250	61,683	9.00
10.00 01000	DIETARY	434	57,098	53,716	111,248	10.00
11.00 01100	CAFETERIA	0	89,292	84,002	173,294	11.00
13.00 01300	NURSING ADMINISTRATION	0	9,651	9,080	18,731	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,885	39,495	37,155	80,535	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00 02300	PASTORAL CARE	0	11,470	10,791	22,261	23.00
23.01 02301	EMS CERTIFICATION PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	888	726,428	683,393	1,410,709	30.00
31.00 03100	INTENSIVE CARE UNIT	0	69,365	65,256	134,621	31.00
43.00 04300	NURSERY	0	17,524	16,486	34,010	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	71,628	262,884	247,310	581,822	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	83,743	78,782	162,525	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	529,492	254,905	239,804	1,024,201	54.00
54.01 03480	ONCOLOGY	13,849	272,601	256,452	542,902	54.01
57.00 05700	CT SCAN	36,212	7,965	7,493	51,670	57.00
58.00 05800	MRI	448,575	0	0	448,575	58.00
59.00 05900	CARDIAC CATHETERIZATION	195,041	55,758	52,454	303,253	59.00
60.00 06000	LABORATORY	0	65,117	61,259	126,376	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	125	58,333	54,877	113,335	65.00
66.00 06600	PHYSICAL THERAPY	0	15,161	14,263	29,424	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,333	8,780	18,113	67.00
68.00 06800	SPEECH PATHOLOGY	0	4,673	4,396	9,069	68.00
69.00 06900	ELECTROCARDIOLOGY	126,135	1,381	1,299	128,815	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	4,235	3,984	8,219	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	37,730	79,508	74,797	192,035	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	389,574	20,006	18,821	428,401	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03950	WOUND CARE CENTER	0	27,427	25,803	53,230	75.01
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	303,520	285,539	589,059	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	642	0	0	642	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	78,808	0	0	78,808	93.06
93.07 04957	CLINTON COUNTY	108,460	0	0	108,460	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	178	0	0	178	93.18
93.19 04969	RUSSELLVILLE 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
93.22 04972	DR. KOESTER	0	0	0	0	93.22

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00	2A			
93.23 04973 DR. B. FOGELSON	0	0	0	0	0	0	93.23
93.24 04999 DR ANNETTE MOORE	0	0	0	0	0	0	93.24
93.25 04975 HRHS INTERNAL MEDICINE	0	0	0	0	0	0	93.25
93.26 04976 DR. MOUALLA	0	0	0	0	0	0	93.26
93.27 04977 DR. SEDAGHAT	0	0	0	0	0	0	93.27
93.28 04978 COMMUNITY OB/GYN	0	0	0	0	0	0	93.28
93.29 04979 BEHAVIORAL HEALTH TIPTON	0	0	0	0	0	0	93.29
93.30 04980 DR. SCHILT	0	0	0	0	0	0	93.30
93.31 04981 HCH BEHAVIORAL CONTRACT SERVICES	0	0	0	0	0	0	93.31
93.32 04982 DR. PETER KLIM	0	0	0	0	0	0	93.32
93.33 04983 HOSPITALISTS	0	0	0	0	0	0	93.33
93.34 04984 DR. NEKOMARAM	0	0	0	0	0	0	93.34
93.35 04985 DR. CARL	0	0	0	0	0	0	93.35
93.36 04986 DR ANITA	0	0	0	0	0	0	93.36
93.37 04987 DR. NICOLE	0	0	0	0	0	0	93.37
93.38 04988 WOUND CARE PHYSICIANS	0	0	0	0	0	0	93.38
93.39 04989 DR. EVANS	0	0	0	0	0	0	93.39
93.40 04990 DR. THUMULURI	0	0	0	0	0	0	93.40
93.41 04991 COMMUNITY FAMILY	0	0	0	0	0	0	93.41
93.42 04992 INDIANA SURGERY CENTER	0	0	0	0	0	0	93.42
93.43 04993 NEW BEGINNINGS	22,163	0	0	22,163	175	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	800	22,967	21,606	45,373	2,265	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,230,465	4,378,138	4,118,769	11,727,372	96,355	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01 19001 COMMUNITY HOWARD FOUNDATION	0	0	0	0	161	0	190.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	524,807	0	0	524,807	4	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
194.00 07950 HEALTHY CHILDREN	0	0	0	0	0	0	194.00
194.01 07951 HCH ONCOLOGY	0	0	0	0	0	0	194.01
194.02 07952 DR. GATEWOOD	0	0	0	0	0	0	194.02
194.03 07953 DR. CHEN	0	0	0	0	0	0	194.03
194.04 07954 DR. SALTER	0	0	0	0	0	0	194.04
194.05 07955 NORTH CENTRAL INDIANA INTERNAL MED	0	0	0	0	0	0	194.05
194.06 07956 DR. UNDERWOOD	0	0	0	0	0	0	194.06
194.07 07957 HCH MEDICAL SURGICAL	0	0	0	0	0	0	194.07
194.08 07958 SOUTH BERKLEY	5,409	0	0	5,409	0	0	194.08
194.09 07959 MOBILE CLINIC	363	0	0	363	98	0	194.09
194.10 07960 PLASTIC SURGERY	83,206	0	0	83,206	0	0	194.10
194.11 07961 KOKOMO SCHOOL BASED	192	0	0	192	0	0	194.11
194.12 07962 SPECIALTY HOSPITAL	0	0	0	0	0	0	194.12
194.13 07963 COMMUNITY ONCOLOGY	0	0	0	0	0	0	194.13
194.14 07964 GREENTOWN MEDICAL OFFICE	0	0	0	0	0	0	194.14
194.15 07965 INDIANA SURGERY CENTER	3,400	0	0	3,400	0	0	194.15
194.16 07966 PASTORAL CARE ALLIED HEALTH	0	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)	3,847,842	4,378,138	4,118,769	12,344,749	96,618	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 8/17/2017 9:09 am	
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,233,657					5.00
7.00	00700	OPERATION OF PLANT	263,587	1,505,793				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	11,968	16,481	84,387			8.00
9.00	00900	HOUSEKEEPING	47,792	17,803	0	129,090		9.00
10.00	01000	DIETARY	25,031	32,695	0	2,868	172,667	10.00
11.00	01100	CAFETERIA	35,601	51,129	0	4,485	0	11.00
13.00	01300	NURSING ADMINISTRATION	79,735	5,526	0	485	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	55,445	22,615	0	1,984	0	16.00
17.00	01700	SOCIAL SERVICE	26,314	0	0	0	0	17.00
23.00	02300	PASTORAL CARE	11,283	6,568	0	576	0	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	418,914	415,958	68,947	36,489	141,074	30.00
31.00	03100	INTENSIVE CARE UNIT	82,611	39,719	10,042	3,484	20,548	31.00
43.00	04300	NURSERY	16,172	10,034	5,398	880	11,045	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	104,088	150,529	0	13,205	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,965	47,952	0	4,207	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	117,532	145,960	0	12,805	0	54.00
54.01	03480	ONCOLOGY	96,968	156,094	0	13,694	0	54.01
57.00	05700	CT SCAN	28,107	4,561	0	400	0	57.00
58.00	05800	MRI	40,412	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	57,973	31,927	0	2,801	0	59.00
60.00	06000	LABORATORY	133,374	37,286	0	3,271	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	55,793	33,402	0	2,930	0	65.00
66.00	06600	PHYSICAL THERAPY	19,722	8,681	0	762	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,285	5,344	0	469	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,799	2,676	0	235	0	68.00
69.00	06900	ELECTROCARDIOLOGY	49,746	791	0	69	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,213	2,425	0	213	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	290,346	45,527	0	3,994	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	62,779	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	590,965	11,456	0	1,005	0	73.00
74.00	07400	RENAL DIALYSIS	9,039	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	17,683	15,705	0	1,378	0	75.01
76.99	07699	LI THOTRI PSY	10,188	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	151,571	173,798	0	15,247	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	67,773	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	31,327	0	0	0	0	93.06
93.07	04957	CLINTON COUNTY	16,220	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	57,597	0	0	0	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
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
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. 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	1,260	0	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0	0	93.44
93.45	04995	DR GERI NG	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	52,895	13,151	0	1,154	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,195,073	1,505,793	84,387	129,090	172,667	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	3,158	0	0	0	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,927	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	60	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	950	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	2,025	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	4,345	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	1,097	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	22	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)	3,233,657	1,505,793	84,387	129,090	172,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 8/17/2017 9:09 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE	
			11.00	13.00	16.00	17.00	23.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	265,924					11.00
13.00	01300	NURSING ADMINISTRATION	9,657	116,457				13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,545	0	168,705			16.00
17.00	01700	SOCIAL SERVICE	5,473	0	0	33,090		17.00
23.00	02300	PASTORAL CARE	3,009	0	0	0	44,208	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,693	41,509	13,040	27,035		30.00
31.00	03100	INTENSIVE CARE UNIT	15,148	11,107	2,694	3,938		31.00
43.00	04300	NURSERY	2,697	1,887	691	2,117		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,440	12,153	15,934	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,946	4,160	1,430	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,458	23	8,459	0		54.00
54.01	03480	ONCOLOGY	13,300	3,558	8,400	0		54.01
57.00	05700	CT SCAN	4,760	0	10,824	0		57.00
58.00	05800	MRI	1,448	601	4,190	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,269	5,019	11,348	0		59.00
60.00	06000	LABORATORY	0	0	17,851	0		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	10,396	0	2,098	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	560	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,321	0	399	0		67.00
68.00	06800	SPEECH PATHOLOGY	318	0	112	0		68.00
69.00	06900	ELECTROCARDIOLOGY	9,010	2,046	6,245	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	407	0	68	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,071	0	5,752	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,716	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,297	0	29,101	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	213	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	03950	WOUND CARE CENTER	3,742	1,397	596	0		75.01
76.99	07699	LI THOTRI PSY	151	134	662	0		76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	23,556	15,245	20,037	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						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	10,812	0	1,111	0		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	0	719	370	0		93.06
93.07	04957	CLINTON COUNTY	0	0	217	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	0	2,218	518	0		93.18
93.19	04969	RUSSELLVILLE 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
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PASTORAL CARE	
		11.00	13.00	16.00	17.00	23.00	
93.26	04976 DR. MOUALLA	0	0	0	0		93.26
93.27	04977 DR. SEDAGHAT	0	0	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. 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	0	0	9	0		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	2,060	0		95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		265,924	101,776	168,705	33,090	0	
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	0		190.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	13	0	0		192.00
193.00	19300 NONPAID WORKERS	0	0	0	0		193.00
194.00	07950 HEALTHY CHILDREN	0	0	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	5	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	0		194.07
194.08	07958 SOUTH BERKLEY	0	0	0	0		194.08
194.09	07959 MOBILE CLINIC	0	14	0	0		194.09
194.10	07960 PLASTIC SURGERY	0	0	0	0		194.10
194.11	07961 KOKOMO SCHOOL BASED	0	110	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	0	14,539	0	0		194.15
194.16	07966 PASTORAL CARE ALLIED HEALTH	0	0	0	0		194.16
200.00	Cross Foot Adjustments					44,208	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	265,924	116,457	168,705	33,090	44,208	202.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 8/17/2017 9:09 am
Cost Center Description			EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.01	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
23.00	02300	PASTORAL CARE				23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		2,665,077	0	30.00
31.00	03100	INTENSIVE CARE UNIT		327,547	0	31.00
43.00	04300	NURSERY		85,582	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		904,302	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		266,621	0	52.00
53.00	05300	ANESTHESIOLOGY		0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,325,670	0	54.00
54.01	03480	ONCOLOGY		838,125	0	54.01
57.00	05700	CT SCAN		101,472	0	57.00
58.00	05800	MRI		495,968	0	58.00
59.00	05900	CARDIAC CATHETERIZATION		422,580	0	59.00
60.00	06000	LABORATORY		318,158	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	63.00
65.00	06500	RESPIRATORY THERAPY		220,425	0	65.00
66.00	06600	PHYSICAL THERAPY		60,085	0	66.00
67.00	06700	OCCUPATIONAL THERAPY		38,472	0	67.00
68.00	06800	SPEECH PATHOLOGY		17,286	0	68.00
69.00	06900	ELECTROCARDIOLOGY		198,895	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		13,643	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		540,204	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		66,495	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		1,083,631	0	73.00
74.00	07400	RENAL DIALYSIS		9,252	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	75.00
75.01	03950	WOUND CARE CENTER		94,633	0	75.01
76.99	07699	LI THOTRI PSY		11,171	0	76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY		994,165	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		84,351	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		114,734	0	93.06
93.07	04957	CLINTON COUNTY		125,964	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		64,623	0	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

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 8/17/2017 9:09 am	
Cost Center Description			EMS CERTIFICATION PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.01	24.00	25.00	26.00		
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
93.42	04992	INDIANA SURGERY CENTER		0	0	0		93.42
93.43	04993	NEW BEGINNINGS		23,607	0	23,607		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		116,898	0	116,898		95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	11,629,636	0	11,629,636		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0		190.00
190.01	19001	COMMUNITY HOWARD FOUNDATION		3,319	0	3,319		190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES		551,751	0	551,751		192.00
193.00	19300	NONPAID WORKERS		0	0	0		193.00
194.00	07950	HEALTHY CHILDREN		60	0	60		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		5	0	5		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		6,359	0	6,359		194.08
194.09	07959	MOBILE CLINIC		2,500	0	2,500		194.09
194.10	07960	PLASTIC SURGERY		87,551	0	87,551		194.10
194.11	07961	KOKOMO SCHOOL BASED		1,399	0	1,399		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		17,961	0	17,961		194.15
194.16	07966	PASTORAL CARE ALLIED HEALTH		0	0	0		194.16
200.00		Cross Foot Adjustments	0	44,208	0	44,208		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	12,344,749	0	12,344,749		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	329,788				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		329,788			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,750	3,750	37,524,310		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	86,025	86,025	4,526,569	-25,429,440	5.00
7.00	00700	OPERATION OF PLANT	41,927	41,927	1,184,787	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,168	2,168	30,916	0	8.00
9.00	00900	HOUSEKEEPING	2,342	2,342	703,711	0	9.00
10.00	01000	DIETARY	4,301	4,301	320,295	0	10.00
11.00	01100	CAFETERIA	6,726	6,726	549,594	0	11.00
13.00	01300	NURSING ADMINISTRATION	727	727	902,176	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,975	2,975	613,836	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	505,876	0	17.00
23.00	02300	PASTORAL CARE	864	864	198,514	0	23.00
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,719	54,719	6,880,915	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,225	5,225	1,411,469	0	31.00
43.00	04300	NURSERY	1,320	1,320	252,912	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,802	19,802	1,992,548	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,308	6,308	557,645	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,201	19,201	1,255,029	0	54.00
54.01	03480	ONCOLOGY	20,534	20,534	1,246,205	0	54.01
57.00	05700	CT SCAN	600	600	446,410	0	57.00
58.00	05800	MRI	0	0	288,268	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,200	4,200	772,767	0	59.00
60.00	06000	LABORATORY	4,905	4,905	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,394	4,394	959,742	0	65.00
66.00	06600	PHYSICAL THERAPY	1,142	1,142	363,523	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	703	703	210,162	0	67.00
68.00	06800	SPEECH PATHOLOGY	352	352	29,806	0	68.00
69.00	06900	ELECTROCARDIOLOGY	104	104	843,727	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	319	319	38,181	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,989	5,989	185,851	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,507	1,507	1,710,918	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	2,066	2,066	350,348	0	75.01
76.99	07699	LITHOTRIPSY	0	0	14,141	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	22,863	22,863	2,194,917	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	0	0	1,558,613	0	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	0	0	1,363,278	0	93.06
93.07	04957	CLINTON COUNTY	0	0	414,227	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	0	0	1,596,832	0	93.18
93.19	04969	RUSSELLVILLE 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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
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	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
93.43	04993	NEW BEGINNINGS	0	0	68,066	0	33,357	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	1,730	1,730	879,631	0	1,399,865	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	329,788	329,788	37,422,405	-25,429,440	84,557,543	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	62,497	0	83,578	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,371	0	712,607	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	0	0	1,577	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	25,137	194.08
194.09	07959	MOBILE CLINIC	0	0	38,037	0	53,581	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	114,984	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	0	0	29,021	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	594	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)	4,378,138	4,118,769	1,942,942		25,429,440	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.275613	12.489142	0.051778		0.297147	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			96,618		3,233,657	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002575		0.037786	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	198,086				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,168	15,571			8.00
9.00	00900	HOUSEKEEPING	2,342	0	193,576		9.00
10.00	01000	DIETARY	4,301	0	4,301	15,571	10.00
11.00	01100	CAFETERIA	6,726	0	6,726	0	24,938,892
13.00	01300	NURSING ADMINISTRATION	727	0	727	0	905,625
16.00	01600	MEDICAL RECORDS & LIBRARY	2,975	0	2,975	0	613,836
17.00	01700	SOCIAL SERVICE	0	0	0	0	513,267
23.00	02300	PASTORAL CARE	864	0	864	0	282,222
23.01	02301	EMS CERTIFICATION PROGRAM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,719	12,722	54,719	12,722	6,911,153
31.00	03100	INTENSIVE CARE UNIT	5,225	1,853	5,225	1,853	1,420,599
43.00	04300	NURSERY	1,320	996	1,320	996	252,912
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,802	0	19,802	0	2,010,671
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,308	0	6,308	0	557,645
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,201	0	19,201	0	1,262,152
54.01	03480	ONCOLOGY	20,534	0	20,534	0	1,247,286
57.00	05700	CT SCAN	600	0	600	0	446,410
58.00	05800	MRI	0	0	0	0	135,755
59.00	05900	CARDIAC CATHETERIZATION	4,200	0	4,200	0	775,471
60.00	06000	LABORATORY	4,905	0	4,905	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,394	0	4,394	0	974,983
66.00	06600	PHYSICAL THERAPY	1,142	0	1,142	0	0
67.00	06700	OCCUPATIONAL THERAPY	703	0	703	0	217,643
68.00	06800	SPEECH PATHOLOGY	352	0	352	0	29,806
69.00	06900	ELECTROCARDIOLOGY	104	0	104	0	844,960
70.00	07000	ELECTROENCEPHALOGRAPHY	319	0	319	0	38,181
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,989	0	5,989	0	194,225
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,507	0	1,507	0	1,715,962
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	2,066	0	350,908
76.99	07699	LITHOTRIPSY	0	0	0	0	14,141
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	22,863	0	22,863	0	2,209,143
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	0	0	0	0	1,013,936
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
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
93.24	04999	DR ANNETTE MOORE	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (SALARIES)	
		7.00	8.00	9.00	10.00	11.00	
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	0	0	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. 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. THUMLURI	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	0	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	1,730	0	1,730	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	198,086	15,571	193,576	15,571	24,938,892
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	0	190.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	HEALTHY CHILDREN	0	0	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	0	0	0	0	194.07
194.08	07958	SOUTH BERKLEY	0	0	0	0	194.08
194.09	07959	MOBILE CLINIC	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	0	0	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	0	0	0	0	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					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	9,048,607	509,895	1,747,637	1,094,578	1,590,117
203.00		Unit cost multiplier (Wkst. B, Part I)	45.680194	32.746452	9.028170	70.295935	0.063761
204.00		Cost to be allocated (per Wkst. B, Part II)	1,505,793	84,387	129,090	172,667	265,924
205.00		Unit cost multiplier (Wkst. B, Part II)	7.601713	5.419498	0.666870	11.089012	0.010663

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PASTORAL CARE (ASSIGNED TIME)	EMS CERTIFICATION PROGRAM (ASSIGNED TIME)	
		13.00	16.00	17.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
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	12,288,211					13.00
16.00	01600	0	422,435,534				16.00
17.00	01700	0	0	15,571			17.00
23.00	02300	0	0	0	100		23.00
23.01	02301	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,379,838	32,681,775	12,722	100	0	30.00
31.00	03100	1,172,007	6,752,677	1,853	0	0	31.00
43.00	04300	199,085	1,731,631	996	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,282,341	39,934,124	0	0	0	50.00
52.00	05200	438,962	3,583,071	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	2,419	21,199,897	0	0	0	54.00
54.01	03480	375,460	21,052,084	0	0	0	54.01
57.00	05700	0	27,127,100	0	0	0	57.00
58.00	05800	63,370	10,502,126	0	0	0	58.00
59.00	05900	529,641	28,441,114	0	0	0	59.00
60.00	06000	0	44,738,495	0	0	0	60.00
63.00	06300	0	0	0	0	0	63.00
65.00	06500	0	5,259,357	0	0	0	65.00
66.00	06600	0	1,404,658	0	0	0	66.00
67.00	06700	0	1,000,057	0	0	0	67.00
68.00	06800	0	279,688	0	0	0	68.00
69.00	06900	215,931	15,650,443	0	0	0	69.00
70.00	07000	0	170,047	0	0	0	70.00
71.00	07100	0	14,416,792	0	0	0	71.00
72.00	07200	0	9,313,743	0	0	0	72.00
73.00	07300	0	72,549,885	0	0	0	73.00
74.00	07400	0	534,112	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03950	147,377	1,494,205	0	0	0	75.01
76.99	07699	14,141	1,660,360	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	1,608,606	50,217,455	0	0	0	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	2,784,010	0	0	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	75,844	928,368	0	0	0	93.06
93.07	04957	0	544,993	0	0	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	234,047	1,297,532	0	0	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 - STATISTICAL BASIS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description			NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	PASTORAL CARE (ASSIGNED TIME)	EMS CERTIFICATION PROGRAM (ASSIGNED TIME)	
			13.00	16.00	17.00	23.00	23.01	
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	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	0	21,915	0	0	0	93.43
93.44	04994	DR. HOVHANESSIAN	0	0	0	0	0	93.44
93.45	04995	DR. GERI NG	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-ESTE LE 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	5,163,820	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,739,069	422,435,534	15,571	100	0	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	1,371	0	0	0	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	487	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	1,517	0	0	0	0	194.09
194.10	07960	PLASTIC SURGERY	0	0	0	0	0	194.10
194.11	07961	KOKOMO SCHOOL BASED	11,609	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	1,534,158	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)	2,834,705	2,105,244	936,054	452,598	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.230685	0.004984	60.115214	4,525.980000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	116,457	168,705	33,090	44,208	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.009477	0.000399	2.125104	442.080000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
8/17/2017 9:09 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		21,516,592	0	21,516,592	30.00	
31.00	03100 INTENSIVE CARE UNIT		3,818,700	0	3,818,700	31.00	
43.00	04300 NURSERY		860,564	0	860,564	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		5,279,597	0	5,279,597	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,837,401	0	1,837,401	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,271,870	0	5,271,870	54.00	
54.01	03480 ONCOLOGY		4,723,227	0	4,723,227	54.01	
57.00	05700 CT SCAN		1,161,355	0	1,161,355	57.00	
58.00	05800 MRI		1,462,922	0	1,462,922	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,533,286	0	2,533,286	59.00	
60.00	06000 LABORATORY		5,069,901	0	5,069,901	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0	2,244,057	0	2,244,057	65.00	
66.00	06600 PHYSICAL THERAPY	0	746,494	0	746,494	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	444,732	0	444,732	67.00	
68.00	06800 SPEECH PATHOLOGY	0	187,308	0	187,308	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,895,085	290	1,895,375	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		96,698	0	96,698	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,379,112	0	10,379,112	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		2,201,544	0	2,201,544	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		20,841,042	0	20,841,042	73.00	
74.00	07400 RENAL DIALYSIS		312,955	0	312,955	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	03950 WOUND CARE CENTER		783,882	0	783,882	75.01	
76.99	07699 LI THOTRI PSY		362,195	0	362,195	76.99	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY		7,216,253	0	7,216,253	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,164,889	0	3,164,889	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		2,405,081	0	2,405,081	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		1,097,550	0	1,097,550	93.06	
93.07	04957 CLINTON COUNTY		559,528	0	559,528	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		2,037,687	0	2,037,687	93.18	
93.19	04969 RUSSIAVILLE 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. MOULLA		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	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
8/17/2017 9:09 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	43,378		43,378	0	43,378	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
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1,936,213		1,936,213	0	1,936,213	0	95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	112,491,098	0	112,491,098	290	112,491,388		200.00
201.00		Less Observation Beds	3,164,889		3,164,889		3,164,889		201.00
202.00		Total (see instructions)	109,326,209	0	109,326,209	290	109,326,499		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
8/17/2017 9:09 am

			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00				
9.00	10.00								
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	29,689,844		29,689,844				30.00
31.00	03100	INTENSIVE CARE UNIT	6,752,677		6,752,677				31.00
43.00	04300	NURSERY	1,731,631		1,731,631				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,307,789	21,626,335	39,934,124	0.132208	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,771,915	811,156	3,583,071	0.512801	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,949,042	17,250,855	21,199,897	0.248674	0.000000		54.00
54.01	03480	ONCOLOGY	174,773	20,877,311	21,052,084	0.224359	0.000000		54.01
57.00	05700	CT SCAN	5,106,187	22,020,913	27,127,100	0.042812	0.000000		57.00
58.00	05800	MRI	832,929	9,669,197	10,502,126	0.139298	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	12,193,486	16,247,628	28,441,114	0.089071	0.000000		59.00
60.00	06000	LABORATORY	14,272,349	30,466,146	44,738,495	0.113323	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	3,965,696	1,293,661	5,259,357	0.426679	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,309,953	94,705	1,404,658	0.531442	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	937,429	62,628	1,000,057	0.444707	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	200,571	79,117	279,688	0.669703	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,940,472	11,709,971	15,650,443	0.121088	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,695	132,352	170,047	0.568655	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,282,828	6,133,964	14,416,792	0.719932	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,802,051	4,511,692	9,313,743	0.236376	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,549,544	56,000,341	72,549,885	0.287265	0.000000		73.00
74.00	07400	RENAL DIALYSIS	534,112	0	534,112	0.585935	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	49,249	1,444,956	1,494,205	0.524615	0.000000		75.01
76.99	07699	LITHOTRIPSY	0	1,660,360	1,660,360	0.218142	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	8,380,250	41,837,205	50,217,455	0.143700	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	717,628	2,274,303	2,991,931	1.057808	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	975	2,783,035	2,784,010	0.863891	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	8,413	919,955	928,368	1.182236	0.000000		93.06
93.07	04957	CLINTON COUNTY	0	544,993	544,993	1.026670	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	681,261	616,271	1,297,532	1.570433	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	0	0	0.000000	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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
8/17/2017 9:09 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	21,915	21,915	1.979375	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	5,163,820	5,163,820	0.374957	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	146,180,749	276,254,785	422,435,534			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	146,180,749	276,254,785	422,435,534			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 8/17/2017 9:09 am
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.132208		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.512801		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248674		54.00
54.01	03480	ONCOLOGY	0.224359		54.01
57.00	05700	CT SCAN	0.042812		57.00
58.00	05800	MRI	0.139298		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089071		59.00
60.00	06000	LABORATORY	0.113323		60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.426679		65.00
66.00	06600	PHYSICAL THERAPY	0.531442		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.444707		67.00
68.00	06800	SPEECH PATHOLOGY	0.669703		68.00
69.00	06900	ELECTROCARDIOLOGY	0.121107		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.568655		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.719932		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236376		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287265		73.00
74.00	07400	RENAL DIALYSIS	0.585935		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03950	WOUND CARE CENTER	0.524615		75.01
76.99	07699	LITHOTRIpsy	0.218142		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.143700		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.057808		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	0.863891		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	1.182236		93.06
93.07	04957	CLINTON COUNTY	1.026670		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	1.570433		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: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 8/17/2017 9:09 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			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	1.979375		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	0.374957		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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
8/17/2017 9:09 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		21,516,592	0	21,516,592	30.00	
31.00	03100 INTENSIVE CARE UNIT		3,818,700	0	3,818,700	31.00	
43.00	04300 NURSERY		860,564	0	860,564	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		5,279,597	0	5,279,597	50.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,837,401	0	1,837,401	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,271,870	0	5,271,870	54.00	
54.01	03480 ONCOLOGY		4,723,227	0	4,723,227	54.01	
57.00	05700 CT SCAN		1,161,355	0	1,161,355	57.00	
58.00	05800 MRI		1,462,922	0	1,462,922	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,533,286	0	2,533,286	59.00	
60.00	06000 LABORATORY		5,069,901	0	5,069,901	60.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0	2,244,057	0	2,244,057	65.00	
66.00	06600 PHYSICAL THERAPY	0	746,494	0	746,494	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	444,732	0	444,732	67.00	
68.00	06800 SPEECH PATHOLOGY	0	187,308	0	187,308	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,895,085	290	1,895,375	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		96,698	0	96,698	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		10,379,112	0	10,379,112	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		2,201,544	0	2,201,544	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		20,841,042	0	20,841,042	73.00	
74.00	07400 RENAL DIALYSIS		312,955	0	312,955	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	03950 WOUND CARE CENTER		783,882	0	783,882	75.01	
76.99	07699 LI THOTRI PSY		362,195	0	362,195	76.99	
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY		7,216,253	0	7,216,253	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,164,889	0	3,164,889	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		2,405,081	0	2,405,081	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		1,097,550	0	1,097,550	93.06	
93.07	04957 CLINTON COUNTY		559,528	0	559,528	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		2,037,687	0	2,037,687	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. MOULLA		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	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
8/17/2017 9:09 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	43,378		43,378	0	43,378	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
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1,936,213		1,936,213	0	1,936,213	0	95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	112,491,098	0	112,491,098	290	112,491,388		200.00
201.00		Less Observation Beds	3,164,889		3,164,889		3,164,889		201.00
202.00		Total (see instructions)	109,326,209	0	109,326,209	290	109,326,499		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 8/17/2017 9:09 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				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	29,689,844		29,689,844				30.00
31.00	03100	INTENSIVE CARE UNIT	6,752,677		6,752,677				31.00
43.00	04300	NURSERY	1,731,631		1,731,631				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	18,307,789	21,626,335	39,934,124	0.132208	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,771,915	811,156	3,583,071	0.512801	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,949,042	17,250,855	21,199,897	0.248674	0.000000		54.00
54.01	03480	ONCOLOGY	174,773	20,877,311	21,052,084	0.224359	0.000000		54.01
57.00	05700	CT SCAN	5,106,187	22,020,913	27,127,100	0.042812	0.000000		57.00
58.00	05800	MRI	832,929	9,669,197	10,502,126	0.139298	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	12,193,486	16,247,628	28,441,114	0.089071	0.000000		59.00
60.00	06000	LABORATORY	14,272,349	30,466,146	44,738,495	0.113323	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	3,965,696	1,293,661	5,259,357	0.426679	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,309,953	94,705	1,404,658	0.531442	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	937,429	62,628	1,000,057	0.444707	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	200,571	79,117	279,688	0.669703	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,940,472	11,709,971	15,650,443	0.121088	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,695	132,352	170,047	0.568655	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,282,828	6,133,964	14,416,792	0.719932	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,802,051	4,511,692	9,313,743	0.236376	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,549,544	56,000,341	72,549,885	0.287265	0.000000		73.00
74.00	07400	RENAL DIALYSIS	534,112	0	534,112	0.585935	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	49,249	1,444,956	1,494,205	0.524615	0.000000		75.01
76.99	07699	LITHOTRIPSY	0	1,660,360	1,660,360	0.218142	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	8,380,250	41,837,205	50,217,455	0.143700	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	717,628	2,274,303	2,991,931	1.057808	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	975	2,783,035	2,784,010	0.863891	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	8,413	919,955	928,368	1.182236	0.000000		93.06
93.07	04957	CLINTON COUNTY	0	544,993	544,993	1.026670	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	681,261	616,271	1,297,532	1.570433	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	0	0	0.000000	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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
8/17/2017 9:09 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			
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	21,915	21,915	1.979375	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	5,163,820	5,163,820	0.374957	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	146,180,749	276,254,785	422,435,534			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	146,180,749	276,254,785	422,435,534			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 8/17/2017 9:09 am	
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS				30.00
31.00	03100	INTENSIVE CARE UNIT				31.00
43.00	04300	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS						
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	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 PATIENT	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	LITHOTRIPSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS						
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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
8/17/2017 9:09 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: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part I Date/Time Prepared: 8/17/2017 9:09 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	PPS Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,665,077	0	2,665,077	14,916	178.67	30.00
31.00	INTENSIVE CARE UNIT	327,547		327,547	1,853	176.77	31.00
43.00	NURSERY	85,582		85,582	996	85.93	43.00
200.00	Total (Lines 30-199)	3,078,206		3,078,206	17,765		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	6,305	1,126,514				
31.00	INTENSIVE CARE UNIT	1,117	197,452				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	7,422	1,323,966				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part II
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	904,302	39,934,124	0.022645	9,464,593	214,326	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	266,621	3,583,071	0.074411	7,229	538	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,325,670	21,199,897	0.062532	2,380,159	148,836	54.00
54.01	03480 ONCOLOGY	838,125	21,052,084	0.039812	115,531	4,600	54.01
57.00	05700 CT SCAN	101,472	27,127,100	0.003741	2,815,508	10,533	57.00
58.00	05800 MRI	495,968	10,502,126	0.047225	438,291	20,698	58.00
59.00	05900 CARDIAC CATHETERIZATION	422,580	28,441,114	0.014858	6,113,156	90,829	59.00
60.00	06000 LABORATORY	318,158	44,738,495	0.007112	7,987,926	56,810	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	220,425	5,259,357	0.041911	2,400,400	100,603	65.00
66.00	06600 PHYSICAL THERAPY	60,085	1,404,658	0.042776	821,069	35,122	66.00
67.00	06700 OCCUPATIONAL THERAPY	38,472	1,000,057	0.038470	529,386	20,365	67.00
68.00	06800 SPEECH PATHOLOGY	17,286	279,688	0.061805	136,677	8,447	68.00
69.00	06900 ELECTROCARDIOLOGY	198,895	15,650,443	0.012709	2,329,395	29,604	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	13,643	170,047	0.080231	17,501	1,404	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	540,204	14,416,792	0.037470	4,028,394	150,944	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	66,495	9,313,743	0.007139	2,845,837	20,316	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,083,631	72,549,885	0.014936	8,858,046	132,304	73.00
74.00	07400 RENAL DIALYSIS	9,252	534,112	0.017322	339,754	5,885	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03950 WOUND CARE CENTER	94,633	1,494,205	0.063333	0	0	75.01
76.99	07699 LI THOTRI PSY	11,171	1,660,360	0.006728	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	994,165	50,217,455	0.019797	4,178,830	82,728	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	392,006	2,991,931	0.131021	409,094	53,600	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	84,351	2,784,010	0.030298	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	114,734	928,368	0.123587	450	56	93.06
93.07	04957 CLINTON COUNTY	125,964	544,993	0.231130	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	64,623	1,297,532	0.049805	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	0	0	0.000000	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: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 8/17/2017 9:09 am
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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	23,607	21,915	1.077207	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)	8,826,538	379,097,562		56,217,226	1,188,548	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 8/17/2017 9:09 am	
Cost Center Description			Title XVIII		Hospital		PPS	
			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	452,598	0	0	452,598	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	
43.00	04300	NURSERY	0	0	0	0	0	
200.00		Total (lines 30-199)	0	452,598	0	0	452,598	
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	14,916	30.34	6,305	191,294	30.00	
31.00	03100	INTENSIVE CARE UNIT	1,853	0.00	1,117	0	31.00	
43.00	04300	NURSERY	996	0.00	0	0	43.00	
200.00		Total (lines 30-199)	17,765		7,422	191,294	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part IV Date/Time Prepared: 8/17/2017 9:09 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03480	ONCOLOGY	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03950	WOUND CARE CENTER	0	0	0	0	75.01
76.99	07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	66,573	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	0	0	0	0	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	0	0	0	0	93.06
93.07	04957	CLINTON COUNTY	0	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	0	0	0	0	93.18
93.19	04969	RUSSAVILLE 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
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. MOULLA	0	0	0	0	93.26
93.27	04977	DR. SEDAGHAT	0	0	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. 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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 8/17/2017 9:09 am
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Cost Center Description			Title XVIII				Hospital		PPS	
			Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)			
			1.00	2.00	3.00	4.00	5.00			
93.43	04993	NEW BEGINNINGS	0	0	0	0	0	0	0	93.43
93.44	04994	DR HOVHANESSIAN	0	0	0	0	0	0	0	93.44
93.45	04995	DR GERING	0	0	0	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0	0	0	0	0	0	0	93.46
93.47	04997	DR KRAFT	0	0	0	0	0	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0	0	0	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0	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	66,573	0	66,573	0	66,573	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 8/17/2017 9:09 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	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	39,934,124	0.000000	0.000000	9,464,593	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,583,071	0.000000	0.000000	7,229	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	21,199,897	0.000000	0.000000	2,380,159	54.00
54.01	03480	ONCOLOGY	0	21,052,084	0.000000	0.000000	115,531	54.01
57.00	05700	CT SCAN	0	27,127,100	0.000000	0.000000	2,815,508	57.00
58.00	05800	MRI	0	10,502,126	0.000000	0.000000	438,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	28,441,114	0.000000	0.000000	6,113,156	59.00
60.00	06000	LABORATORY	0	44,738,495	0.000000	0.000000	7,987,926	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,259,357	0.000000	0.000000	2,400,400	65.00
66.00	06600	PHYSICAL THERAPY	0	1,404,658	0.000000	0.000000	821,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,000,057	0.000000	0.000000	529,386	67.00
68.00	06800	SPEECH PATHOLOGY	0	279,688	0.000000	0.000000	136,677	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,650,443	0.000000	0.000000	2,329,395	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	170,047	0.000000	0.000000	17,501	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	14,416,792	0.000000	0.000000	4,028,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,313,743	0.000000	0.000000	2,845,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	72,549,885	0.000000	0.000000	8,858,046	73.00
74.00	07400	RENAL DIALYSIS	0	534,112	0.000000	0.000000	339,754	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	1,494,205	0.000000	0.000000	0	75.01
76.99	07699	LI THOTRI PSY	0	1,660,360	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0	50,217,455	0.000000	0.000000	4,178,830	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	66,573	2,991,931	0.022251	0.022251	409,094	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	2,784,010	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	928,368	0.000000	0.000000	450	93.06
93.07	04957	CLINTON COUNTY	0	544,993	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	1,297,532	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	0	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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
93.42	04992	INDIANA SURGERY CENTER	0	0	0.000000	0.000000	0	93.42
93.43	04993	NEW BEGINNINGS	0	21,915	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 GERLING	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)	66,573	379,097,562			56,217,226	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 8/17/2017 9:09 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	6,213,267	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	5,240,739	0		54.00
54.01	03480 ONCOLOGY	0	8,291,519	0		54.01
57.00	05700 CT SCAN	0	7,223,210	0		57.00
58.00	05800 MRI	0	3,285,515	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,310,664	0		59.00
60.00	06000 LABORATORY	0	4,906,383	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	0	628,838	0		65.00
66.00	06600 PHYSICAL THERAPY	0	33,357	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	20,580	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	2,414	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,475,636	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	27,074	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,013,851	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,021,699	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,085,105	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03950 WOUND CARE CENTER	0	607,326	0		75.01
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0	8,690,498	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9,103	1,826,864	40,650		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	337,356	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	35,431	0		93.06
93.07	04957 CLINTON COUNTY	0	85,159	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	237,848	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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part IV
Date/Time Prepared:
8/17/2017 9:09 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	14,486	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
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)		9,103	78,614,819	40,650		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part V Date/Time Prepared: 8/17/2017 9:09 am	
			Title XVIII		Hospital		PPS	
Cost Center Description			Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
				PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.132208	6,213,267	0	0	821,444	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.512801	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248674	5,240,739	0	0	1,303,236	54.00
54.01	03480	ONCOLOGY	0.224359	8,291,519	0	0	1,860,277	54.01
57.00	05700	CT SCAN	0.042812	7,223,210	0	0	309,240	57.00
58.00	05800	MRI	0.139298	3,285,515	0	0	457,666	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089071	7,310,664	0	0	651,168	59.00
60.00	06000	LABORATORY	0.113323	4,906,383	0	0	556,006	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.426679	628,838	0	0	268,312	65.00
66.00	06600	PHYSICAL THERAPY	0.531442	33,357	0	0	17,727	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.444707	20,580	0	0	9,152	67.00
68.00	06800	SPEECH PATHOLOGY	0.669703	2,414	0	0	1,617	68.00
69.00	06900	ELECTROCARDIOLOGY	0.121088	4,475,636	0	0	541,946	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.568655	27,074	0	0	15,396	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.719932	2,013,851	0	0	1,449,836	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236376	2,021,699	0	0	477,881	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287265	15,085,105	0	15,898	4,333,423	73.00
74.00	07400	RENAL DIALYSIS	0.585935	0	0	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	0.524615	607,326	0	0	318,612	75.01
76.99	07699	LITHOTRIPSY	0.218142	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.143700	8,690,498	0	0	1,248,825	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.057808	1,826,864	0	0	1,932,471	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	0.863891	337,356	0	0	291,439	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	1.182236	35,431	0	0	41,888	93.06
93.07	04957	CLINTON COUNTY	1.026670	85,159	0	0	87,430	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	1.570433	237,848	0	0	373,524	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	0.000000	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: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 8/17/2017 9:09 am
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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	93.40
93.41	04991	COMMUNITY FAMILY	0.000000	0	0	0	0	93.41
93.42	04992	INDIANA SURGERY CENTER	0.000000	0	0	0	0	93.42
93.43	04993	NEW BEGINNINGS	1.979375	14,486	0	0	28,673	93.43
93.44	04994	DR HOVHANESSIAN	0.000000	0	0	0	0	93.44
93.45	04995	DR GERING	0.000000	0	0	0	0	93.45
93.46	04996	DR HAENDIGES	0.000000	0	0	0	0	93.46
93.47	04997	DR KRAFT	0.000000	0	0	0	0	93.47
93.48	04998	DR GEM-ESTEELUCAS	0.000000	0	0	0	0	93.48
93.49	04974	DR CARL RATLIFF	0.000000	0	0	0	0	93.49
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.374957		0			95.00
200.00		Subtotal (see instructions)		78,614,819	0	15,898	17,397,189	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		78,614,819	0	15,898	17,397,189	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part V Date/Time Prepared: 8/17/2017 9:09 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
		6.00	7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
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	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 PATIENT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,567			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	LITHOTRIPSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS							
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	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: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 8/17/2017 9:09 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
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	0	4,567		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	4,567		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 8/17/2017 9:09 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs	
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.132208	0	459,538	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.512801	0	0	0	0
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248674	0	181,232	0	0
54.01	03480 ONCOLOGY	0.224359	0	476,925	0	0
57.00	05700 CT SCAN	0.042812	0	242,480	0	0
58.00	05800 MRI	0.139298	0	72,620	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.089071	0	862	0	0
60.00	06000 LABORATORY	0.113323	0	406,189	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.426679	0	18,746	0	0
66.00	06600 PHYSICAL THERAPY	0.531442	0	946	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.444707	0	978	0	0
68.00	06800 SPEECH PATHOLOGY	0.669703	0	3,797	0	0
69.00	06900 ELECTROCARDIOLOGY	0.121088	0	76,576	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.568655	0	1,752	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.719932	0	66,371	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.236376	0	1,011	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.287265	0	312,707	0	0
74.00	07400 RENAL DIALYSIS	0.585935	0	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01	03950 WOUND CARE CENTER	0.524615	0	40,797	0	0
76.99	07699 LI THOTRI PSY	0.218142	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
91.00	09100 EMERGENCY	0.143700	0	870,542	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.057808	0	0	0	0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
93.00	04950 OTHER OUTPATIENT SERVICES	0.000000	0	0	0	0
93.01	04951 GENESIS	0.863891	0	35,673	0	0
93.02	04952 WOMEN'S CENTER	0.000000	0	0	0	0
93.03	04953 RESIDENTIAL HOMES	0.000000	0	0	0	0
93.04	04954 DR. STEELE	0.000000	0	0	0	0
93.05	04955 DIABETIC EDUCATION	0.000000	0	0	0	0
93.06	04956 HOWARD COUNTY CSS	1.182236	0	3,933	0	0
93.07	04957 CLINTON COUNTY	1.026670	0	78	0	0
93.08	04958 HOWARD DIABETES	0.000000	0	0	0	0
93.09	04959 DR. AROUTINOVA	0.000000	0	0	0	0
93.10	04960 OB/GYN GREER	0.000000	0	0	0	0
93.11	04961 ONCOLOGY/BECHAR	0.000000	0	0	0	0
93.12	04962 CRITICAL CARE PHYSICIANS	0.000000	0	0	0	0
93.13	04963 PSYCH DR. ERIKA	0.000000	0	0	0	0
93.14	04964 DR. HASAN	0.000000	0	0	0	0
93.15	04965 PSYCH DR. DEB	0.000000	0	0	0	0
93.16	04966 NORTH CENTRAL PEDIATRICS	0.000000	0	0	0	0
93.17	04967 CFHC	0.000000	0	0	0	0
93.18	04968 PSYCH MEDICATION	1.570433	0	9,699	0	0
93.19	04969 RUSSI AVILLE OFFICE	0.000000	0	0	0	0
93.20	04970 ORTOPAEDIC	0.000000	0	0	0	0
93.21	04971 DR. JERRY GREER	0.000000	0	0	0	0
93.22	04972 DR. KOESTER	0.000000	0	0	0	0
93.23	04973 DR. B. FOGELSON	0.000000	0	0	0	0
93.24	04999 DR ANNETTE MOORE	0.000000	0	0	0	0
93.25	04975 HRHS INTERNAL MEDICINE	0.000000	0	0	0	0
93.26	04976 DR. MOULLA	0.000000	0	0	0	0
93.27	04977 DR. SEDAGHAT	0.000000	0	0	0	0
93.28	04978 COMMUNITY OB/GYN	0.000000	0	0	0	0
93.29	04979 BEHAVIORAL HEALTH TIPTON	0.000000	0	0	0	0
93.30	04980 DR. SCHILT	0.000000	0	0	0	0
93.31	04981 HCH BEHAVIORAL CONTRACT SERVICES	0.000000	0	0	0	0
93.32	04982 DR. PETER KLIM	0.000000	0	0	0	0
93.33	04983 HOSPI TALISTS	0.000000	0	0	0	0
93.34	04984 DR. NEKOOMARAM	0.000000	0	0	0	0
93.35	04985 DR. CARL	0.000000	0	0	0	0
93.36	04986 DR ANITA	0.000000	0	0	0	0
93.37	04987 DR. NICOLE	0.000000	0	0	0	0
93.38	04988 WOUND CARE PHYSICIANS	0.000000	0	0	0	0
93.39	04989 DR. EVANS	0.000000	0	0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet D
Part V
Date/Time Prepared:
8/17/2017 9:09 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	1.979375	0	268	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
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0.374957	0	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	3,283,720	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	3,283,720	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 8/17/2017 9:09 am
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		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		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	60,755	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	45,068	0		54.00
54.01	03480 ONCOLOGY	107,002	0		54.01
57.00	05700 CT SCAN	10,381	0		57.00
58.00	05800 MRI	10,116	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	77	0		59.00
60.00	06000 LABORATORY	46,031	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	7,999	0		65.00
66.00	06600 PHYSICAL THERAPY	503	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	435	0		67.00
68.00	06800 SPEECH PATHOLOGY	2,543	0		68.00
69.00	06900 ELECTROCARDIOLOGY	9,272	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	996	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	47,783	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	239	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	89,830	0		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	21,403	0		75.01
76.99	07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	125,097	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	30,818	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	4,650	0		93.06
93.07	04957 CLINTON COUNTY	80	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	15,232	0		93.18
93.19	04969 RUSSIAVILLE OFFICE	0	0		93.19
93.20	04970 ORTHOPAEDIC	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: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 8/17/2017 9:09 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		
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	530	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
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	636,840	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	636,840	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 8/17/2017 9:09 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,916	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,916	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)		12,722	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)		6,305	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,516,592	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)		21,516,592	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		21,516,592	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,442.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,095,089	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)		9,095,089	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 8/17/2017 9:09 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,818,700	1,853	2,060.82	1,117	2,301,936	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)				12,933,994		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				24,331,019		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)				1,515,260		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,197,651		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,712,911		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				21,618,108		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				2,194		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,442.52		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				3,164,889		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 8/17/2017 9:09 am	
Cost Center Description		Cost	Routine Cost (from line 21)	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	2,665,077	21,516,592	0.123861	3,164,889	392,006	90.00
91.00	Nursing School cost	0	21,516,592	0.000000	3,164,889	0	91.00
92.00	Allied health cost	452,598	21,516,592	0.021035	3,164,889	66,573	92.00
93.00	All other Medical Education	0	21,516,592	0.000000	3,164,889	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 8/17/2017 9:09 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,916	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,916	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)		12,722	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)		451	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)		996	15.00
16.00	Nursery days (title V or XIX only)		657	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,516,592	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)		21,516,592	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		21,516,592	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,442.52	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		650,577	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)		650,577	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 8/17/2017 9:09 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)	860,564	996	864.02	657	567,661	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,818,700	1,853	2,060.82	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)					472,763	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,691,001	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)					2,194	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,442.52	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,164,889	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0007		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 8/17/2017 9:09 am	
Cost Center Description		Cost	Routine Cost (from line 21)	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	2,665,077	21,516,592	0.123861	3,164,889	392,006	90.00
91.00	Nursing School cost	0	21,516,592	0.000000	3,164,889	0	91.00
92.00	Allied health cost	0	21,516,592	0.000000	3,164,889	0	92.00
93.00	All other Medical Education	0	21,516,592	0.000000	3,164,889	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 8/17/2017 9:09 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		12,811,400	30.00
31.00	03100	INTENSIVE CARE UNIT		3,499,944	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.132208	9,464,593	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.512801	7,229	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248674	2,380,159	54.00
54.01	03480	ONCOLOGY	0.224359	115,531	54.01
57.00	05700	CT SCAN	0.042812	2,815,508	57.00
58.00	05800	MRI	0.139298	438,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089071	6,113,156	59.00
60.00	06000	LABORATORY	0.113323	7,987,926	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.426679	2,400,400	65.00
66.00	06600	PHYSICAL THERAPY	0.531442	821,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.444707	529,386	67.00
68.00	06800	SPEECH PATHOLOGY	0.669703	136,677	68.00
69.00	06900	ELECTROCARDIOLOGY	0.121107	2,329,395	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.568655	17,501	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.719932	4,028,394	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236376	2,845,837	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287265	8,858,046	73.00
74.00	07400	RENAL DIALYSIS	0.585935	339,754	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	WOUND CARE CENTER	0.524615	0	75.01
76.99	07699	LITHOTRIPSY	0.218142	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.143700	4,178,830	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.057808	409,094	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	0.863891	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	1.182236	450	93.06
93.07	04957	CLINTON COUNTY	1.026670	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	1.570433	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	0.000000	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: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 8/17/2017 9:09 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	1.979375	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
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		56,217,226	12,933,994	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)		56,217,226		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 8/17/2017 9:09 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		636,944	30.00
31.00	03100	INTENSIVE CARE UNIT		140,867	31.00
43.00	04300	NURSERY		414,207	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.132208	200,892	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.512801	36,367	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248674	52,713	54.00
54.01	03480	ONCOLOGY	0.224359	0	54.01
57.00	05700	CT SCAN	0.042812	76,544	57.00
58.00	05800	MRI	0.139298	10,733	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089071	62,083	59.00
60.00	06000	LABORATORY	0.113323	315,053	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.426679	66,863	65.00
66.00	06600	PHYSICAL THERAPY	0.531442	14,870	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.444707	16,199	67.00
68.00	06800	SPEECH PATHOLOGY	0.669703	3,915	68.00
69.00	06900	ELECTROCARDIOLOGY	0.121088	34,145	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.568655	1,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.719932	156,586	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.236376	21,951	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287265	372,548	73.00
74.00	07400	RENAL DIALYSIS	0.585935	14,866	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03950	WOUND CARE CENTER	0.524615	373	75.01
76.99	07699	LITHOTRIPSY	0.218142	0	76.99
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0.143700	94,599	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.057808	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	0.863891	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	1.182236	0	93.06
93.07	04957	CLINTON COUNTY	1.026670	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	1.570433	44,352	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	0.000000	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: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 8/17/2017 9:09 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	1.979375	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
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,597,332	472,763	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)		1,597,332		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 8/17/2017 9:09 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,478,060	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,298,644	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)		819,999	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		1,758,864	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		102.34	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.67	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.80	31.00
32.00	Sum of lines 30 and 31		27.47	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.85	33.00
34.00	Disproportionate share adjustment (see instructions)		408,135	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 8/17/2017 9:09 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000113642	0.000110054	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	728,007	657,845	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	545,011	165,813	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	710,824		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	15,715,662		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		15,715,662	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,283,424	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		0	54.00
54.01	Islet isolation add-on payment		0	54.01
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).		191,294	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		9,103	58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,201,085	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,201,085	61.00
62.00	Deductibles billed to program beneficiaries		1,541,288	62.00
63.00	Coinurance billed to program beneficiaries		31,556	63.00
64.00	Allowable bad debts (see instructions)		61,884	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		40,225	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		36,922	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,668,466	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
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)		9,743	70.93
70.94	HRR adjustment amount (see instructions)		-49,150	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 8/17/2017 9:09 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
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	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	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			129,096	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			15,499,963	71.00
71.01	Sequestration adjustment (see instructions)			309,999	71.01
72.00	Interim payments			15,286,169	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)			-96,205	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,527,459	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	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	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	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 8/17/2017 9:09 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,567	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,356,539	2.00
3.00	PPS payments		11,015,375	3.00
4.00	Outlier payment (see instructions)		215,492	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		40,650	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,567	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		15,898	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)		15,898	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		15,898	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		11,331	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)		4,567	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)		11,271,517	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,195,651	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)		9,080,433	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)		9,080,433	30.00
31.00	Primary payer payments		1,608	31.00
32.00	Subtotal (line 30 minus line 31)		9,078,825	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		92,590	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		60,184	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		69,328	36.00
37.00	Subtotal (see instructions)		9,139,009	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-24	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)		9,139,033	40.00
40.01	Sequestration adjustment (see instructions)		182,781	40.01
41.00	Interim payments		8,975,533	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-19,281	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
8/17/2017 9:09 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		15,191,358		8,974,891	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	07/08/2016	70,200	3.01	
3.02		03/29/2017	94,811		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	03/29/2017	69,558	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)		94,811		642	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,286,169		8,975,533	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		96,205		19,281	6.02	
7.00	Total Medicare program liability (see instructions)		15,189,964		8,956,252	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: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 8/17/2017 9:09 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			4,606 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			7,422 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			1,024 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			14,575 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			422,435,534 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			558,114 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)			390,455 8.00
9.00	Sequestration adjustment amount (see instructions)			7,809 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			382,646 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 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)			382,646 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part VII Date/Time Prepared: 8/17/2017 9:09 am	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,691,001		1.00
2.00	Medical and other services			636,840	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,691,001	636,840	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)		1,691,001	636,840	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		1,597,332	3,283,720	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)		1,597,332	3,283,720	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,597,332	3,283,720	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		0	2,646,880	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		93,669	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)		1,597,332	636,840	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,597,332	636,840	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		93,669	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,597,332	636,840	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,597,332	636,840	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,597,332	636,840	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1,597,332	636,840	40.00
41.00	Interim payments		0		41.00
42.00	Balance due provider/program (line 40 minus line 41)		1,597,332	636,840	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		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: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet G

Date/Time Prepared:
8/17/2017 9:09 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	5,336,707	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	126,233	0	0	0	3.00
4.00	Accounts receivable	85,845,729	0	0	0	4.00
5.00	Other receivable	1,755,221	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-67,267,738	0	0	0	6.00
7.00	Inventory	4,567,653	0	0	0	7.00
8.00	Prepaid expenses	248,048	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	30,611,853	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,928,000	0	0	0	12.00
13.00	Land improvements	3,552,347	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	94,205,091	0	0	0	15.00
16.00	Accumulated depreciation	-29,256,767	0	0	0	16.00
17.00	Leasehold improvements	92,404	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	20,221,319	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	182,237	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	0	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	22,710,018	0	0	0	27.00
28.00	Accumulated depreciation	-21,507,244	0	0	0	28.00
29.00	Minor equipment-nondepreciable	175,633	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	95,303,038	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,526,461	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	-47,983,620	0	0	0	33.00
34.00	Other assets	28,149,608	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	-15,307,551	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	110,607,340	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,328,636	0	0	0	37.00
38.00	Salaries, wages, and fees payable	82,122	0	0	0	38.00
39.00	Payroll taxes payable	-13,561	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	1,495,459	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,892,656	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	549,041	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	549,041	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,441,697	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	100,165,643				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)	100,165,643	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	110,607,340	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-1

Date/Time Prepared:
8/17/2017 9:09 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		103,509,894		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,344,251			2.00
3.00	Total (sum of line 1 and line 2)		100,165,643		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		100,165,643		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)		100,165,643		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
8/17/2017 9:09 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	31,421,475		31,421,475	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)	31,421,475		31,421,475	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,752,677		6,752,677	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)	6,752,677		6,752,677	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	38,174,152		38,174,152	17.00
18.00	Ancillary services	98,218,070	222,093,288	320,311,358	18.00
19.00	Outpatient services	9,788,527	48,997,677	58,786,204	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	5,163,820	5,163,820	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PROFESSIONAL FEES AND NONREIMB	0	13,518,781	13,518,781	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	146,180,749	289,773,566	435,954,315	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		124,500,599		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	ROUNDING	2			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)		2		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		124,500,597		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0007

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-3

Date/Time Prepared:
8/17/2017 9:09 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	435,954,315	1.00
2.00	Less contractual allowances and discounts on patients' accounts	325,916,957	2.00
3.00	Net patient revenues (line 1 minus line 2)	110,037,358	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	124,500,597	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-14,463,239	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	9,591	6.00
7.00	Income from investments	8,816	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	859	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	299,388	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	16,575	21.00
22.00	Rental of hospital space	329,037	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	7,017,042	24.00
24.01	OTHER NON OPERATING REVENUE	3,437,680	24.01
25.00	Total other income (sum of lines 6-24)	11,118,988	25.00
26.00	Total (line 5 plus line 25)	-3,344,251	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,344,251	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0007	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 8/17/2017 9:09 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,099,197	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		121,353	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)		40.37	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)		5.67	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.80	8.00
9.00	Sum of lines 7 and 8		27.47	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.72	10.00
11.00	Disproportionate share adjustment (see instructions)		62,874	11.00
12.00	Total prospective capital payments (see instructions)		1,283,424	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00