

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: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 12:47 pm
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/24/2017 Time: 12:47 pm

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 BALL MEMORIAL HOSPITAL (15-0089) 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)

_____ CHIEF FINANCIAL OFFICER
 Title _____
 05/25/2017
 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	862,791	438,279	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-16,290	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	846,501	438,279	0	0	200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDI-CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:35 pm			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2401 UNIVERSITY AVENUE			PO Box:						
2.00	City: MUNCI E			State: IN		Zip Code: 47303-3428		County: DELAWARE		
		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		BALL MEMORIAL HOSPITAL	150089	11300	1	07/01/1966	N	P	0
4.00	Subprovider - IPF									
5.00	Subprovider - IRF		BMH PHYSICAL REHAB	15T089	11300	5	07/01/1986	N	P	0
6.00	Subprovider - (Other)									
7.00	Swing Beds - SNF									
8.00	Swing Beds - NF									
9.00	Hospital-Based SNF									
10.00	Hospital-Based NF									
11.00	Hospital-Based OLTC									
12.00	Hospital-Based HHA									
13.00	Separately Certified ASC									
14.00	Hospital-Based Hospice									
15.00	Hospital-Based Health Clinic - RHC									
16.00	Hospital-Based Health Clinic - FQHC									
17.00	Hospital-Based (CMHC) I									
18.00	Renal Dialysis									
19.00	Other									
							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		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,239	1,782	35	92	17,435	47	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			12	3	0	0	170		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:35 pm		
		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status 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)	N			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)	N	N		40.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	Y	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.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, 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)	N			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)	Y			12.00	12.00
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)		40.69	41.03		
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)		52.82	54.48		
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)		40.73	42.26		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		52.82	54.48		
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)		12.09	12.22		

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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)				Y		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)		2.75	15.74	0.148729		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)	FAMILY MEDICINE	1350	3.24	21.04	0.133443	65.00
65.01		INTERNAL MEDICINE	1400	4.25	13.76	0.235980	65.01

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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)		1.56	8.44	0.156000		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)	FAMILY MEDICINE	1350	12.21	18.27	0.400591	
67.01		INT MEDICINE	1400	2.98	21.02	0.124167	
				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			
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.			Y			
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)			Y	N	0	76.00
						1.00	
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N	81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
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	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	

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		V	XIX				
		1.00	2.00				
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N			94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N			96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00			97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				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:	643,978	0			118.01	
					1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				118.02	
119.00	DO NOT USE THIS LINE				119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y				121.00	
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		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:35 pm	
		1.00	2.00				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
				1.00		2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
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)					9.99	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/22/2017 5:35 pm	
			Beginning 1.00	Ending 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)		Y	1,817	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 5:35 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		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)	Y					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	03/10/2017			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.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					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)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2017	Y	04/01/2017		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: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 5:35 pm	
		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		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		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.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/22/2017 5:35 pm
		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.	DI RECTOR, GOVERNMENT PROGRAMS		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: 15-0089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	262	95,892	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)		262	95,892	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	23	8,418	0.00	0	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)		321	117,486	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,856		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						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)		337				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)		8	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: 15-0089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	31,161	889	63,532			1.00
2.00 HMO and other (see instructions)	7,830	18,072				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	226	173				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	31,161	889	63,532			7.00
8.00 INTENSIVE CARE UNIT	5,976	854	10,953			8.00
9.00 NEONATAL INTENSIVE CARE UNIT	0	293	3,197			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		1,475	2,715			13.00
14.00 Total (see instructions)	37,137	3,511	80,397	64.48	1,750.73	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	3,008	12	3,974	0.00	22.21	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	344			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)				64.48	1,772.94	27.00
28.00 Observation Bed Days		2,335	7,700			28.00
29.00 Ambulance Trips	1,141					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	47	644			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: 15-0089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,053	333	16,651	1.00
2.00 HMO and other (see instructions)			1,327	3,088		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				12		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 NEONATAL INTENSIVE CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,053	333	16,651	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	220	1	300	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: 15-0089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2017 5:35 pm

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	101,763,681	-548,301	101,215,380	3,687,731.80	27.45
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		413,195	0	413,195	3,656.00	113.02
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
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	3,730,231	3,730,231	140,858.00	26.48
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)		5,641,502	540,774	6,182,276	218,617.37	28.28
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		3,934,228	0	3,934,228	59,592.06	66.02
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		4,924,838	0	4,924,838	67,736.21	72.71
14.00	Home office and/or related organization salaries and wage-related costs		27,192,764	0	27,192,764	693,192.00	39.23
14.01	Home office salaries		0	0	0	0.00	0.00
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)		36,211,941	0	36,211,941		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,429,064	0	2,429,064		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		104,816	0	104,816		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		856,057	0	856,057		
25.50	Home office wage-related		0	0	0		
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	27,424	0	27,424	1,882.00	14.57
27.00	Administrative & General	5.00	6,255,103	-266,779	5,988,324	180,308.77	33.21

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2017 5:35 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	4,955	0	4,955	49.38	100.34	28.00
29.00	Maintenance & Repairs	2,971,444	-42,535	2,928,909	135,811.20	21.57	29.00
30.00	Operation of Plant	1,162,267	-44,341	1,117,926	46,968.59	23.80	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,503,005	-14,416	2,488,589	191,023.02	13.03	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,474,269	-1,096,304	1,377,965	87,938.02	15.67	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,080,164	1,080,164	80,911.00	13.35	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,163,517	-24,284	5,139,233	159,431.64	32.23	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	4,761,651	-125,467	4,636,184	128,001.94	36.22	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2017 5:35 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	101,355,441	-4,278,532	97,076,909	3,543,267.18	27.40	1.00
2.00	Excluded area salaries (see instructions)	5,641,502	540,774	6,182,276	218,617.37	28.28	2.00
3.00	Subtotal salaries (line 1 minus line 2)	95,713,939	-4,819,306	90,894,633	3,324,649.81	27.34	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,051,830	0	36,051,830	820,520.27	43.94	4.00
5.00	Subtotal wage-related costs (see inst.)	36,211,941	0	36,211,941	0.00	39.84	5.00
6.00	Total (sum of lines 3 thru 5)	167,977,710	-4,819,306	163,158,404	4,145,170.08	39.36	6.00
7.00	Total overhead cost (see instructions)	25,323,635	-533,962	24,789,673	1,012,325.56	24.49	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2017 5:35 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,927,312 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			13,018,762 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			987 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)			0 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)			13,842,071 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			433,441 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			52,671 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)			698,068 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			21,050 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			7,237,683 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			24,569 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			345,265 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			39,601,879 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: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/22/2017 5:35 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital -Based SNF			8.00
9.00	Hospital -Based NF			9.00
10.00	Hospital -Based OLTC			10.00
11.00	Hospital -Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital -Based Hospice			13.00
14.00	Hospital -Based Health Clinic RHC			14.00
15.00	Hospital -Based Health Clinic FQHC			15.00
16.00	Hospital -Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/22/2017 5:35 pm	
			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)		0.167860		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		48,762,163		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		344,452,642		6.00
7.00	Medicaid cost (line 1 times line 6)		57,819,820		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)		9,057,657		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)		9,057,657		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Charity care charges for the entire facility (see instructions)	39,389,621	3,519,216	42,908,837	20.00
21.00	Cost of patients approved for charity care (line 1 times line 20)	6,611,942	590,736	7,202,678	21.00
22.00	Partial payment by patients approved for charity care	211,065	25,922	236,987	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,400,877	564,814	6,965,691	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			19,848,969	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,329,857	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			18,519,112	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,108,618	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,074,309	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,131,966	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		6,890,171	6,890,171	16,599,103	23,489,274	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,424	29,727,960	29,755,384	125,079	29,880,463	4.00
5.01	01160	COMMUNICATIONS	504,189	155,230	659,419	-3,030	656,389	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04	00570	ADMINITTING	937,084	99,342	1,036,426	-18,129	1,018,297	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	4,813,830	65,398,246	70,212,076	142,819	70,354,895	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,971,444	12,001,276	14,972,720	-7,342,163	7,630,557	6.00
7.00	00700	OPERATION OF PLANT	1,162,267	4,585,670	5,747,937	204,108	5,952,045	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,174,684	1,174,684	8.00
9.00	00900	HOUSEKEEPING	2,503,005	784,740	3,287,745	-444,792	2,842,953	9.00
10.00	01000	DIETARY	2,474,269	1,799,370	4,273,639	-2,084,130	2,189,509	10.00
11.00	01100	CAFETERIA	0	0	0	1,975,205	1,975,205	11.00
13.00	01300	NURSING ADMINISTRATION	5,163,517	1,233,954	6,397,471	-151,239	6,246,232	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	705,848	705,848	9,367,884	10,073,732	14.00
15.00	01500	PHARMACY	4,761,651	24,753,109	29,514,760	-23,656,571	5,858,189	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,730,231	3,730,231	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,432,634	3,284,669	7,717,303	-4,129,984	3,587,319	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,689,579	7,070,781	26,760,360	-2,799,337	23,961,023	30.00
31.00	03100	INTENSIVE CARE UNIT	6,791,146	1,905,224	8,696,370	-1,205,825	7,490,545	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	1,747,052	451,180	2,198,232	-232,506	1,965,726	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,362,462	574,960	1,937,422	-93,191	1,844,231	41.00
43.00	04300	NURSERY	0	0	0	659,531	659,531	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,914,078	18,328,144	23,242,222	-16,852,520	6,389,702	50.00
51.00	05100	RECOVERY ROOM	1,401,216	445,392	1,846,608	-331,798	1,514,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,907,466	647,386	2,554,852	-501,023	2,053,829	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,679,701	11,318,773	18,998,474	-7,902,080	11,096,394	54.00
57.00	03280	EKG AND EEG	119,026	12,776	131,802	-6,313	125,489	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,609,762	7,872,456	9,482,218	-7,422,912	2,059,306	59.00
60.00	06000	LABORATORY	0	9,893,739	9,893,739	-31,330	9,862,409	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	0	1,273,850	1,273,850	-1,673	1,272,177	63.00
65.00	06500	RESPIRATORY THERAPY	3,166,994	770,556	3,937,550	-527,412	3,410,138	65.00
65.01	06501	SLEEP LAB	489,877	435,745	925,622	-377,671	547,951	65.01
66.00	06600	PHYSICAL THERAPY	4,454,841	909,897	5,364,738	-590,599	4,774,139	66.00
67.00	06700	OCCUPATIONAL THERAPY	625,976	110,263	736,239	25,886	762,125	67.00
68.00	06800	SPEECH PATHOLOGY	353,703	34,531	388,234	20,851	409,085	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,041,765	804,931	1,846,696	-494,446	1,352,250	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,672,450	7,672,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,601,890	13,601,890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	24,333,088	24,333,088	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,629,722	8,216,339	9,846,061	-120,678	9,725,383	73.01
74.00	07400	RENAL DIALYSIS	0	1,179,434	1,179,434	-36,322	1,143,112	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	469,116	117,577	586,693	-12,118	574,575	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	474,845	927,059	1,401,904	-239,831	1,162,073	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	399,238	382,467	781,705	-331,891	449,814	90.02
90.03	09003	ONCOLOGY CLINIC	630,750	305,632	936,382	-61,807	874,575	90.03
91.00	09100	EMERGENCY	5,125,762	6,178,620	11,304,382	-1,801,599	9,502,783	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,649,250	286,347	1,935,597	-1,288,843	646,754	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,036,642	497,965	1,534,607	-190,323	1,344,284	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,521,283	232,371,609	330,892,892	-1,651,277	329,241,615	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	147,163	543,823	690,986	-5,092	685,894	190.00
191.00	19100	RESEARCH	450,664	106,764	557,428	-1,939	555,489	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	217,803	15,284	233,087	19,353	252,440	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A

Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.0207952 PAVILLION PHARMACY	726,614	5,712,911	6,439,525	14,924	6,454,449	194.02
194.0307953 VENDING	0	0	0	0	0	194.03
194.0407954 CARELINE	0	0	0	0	0	194.04
194.0507955 WELLNESS CENTER	51,353	56,115	107,468	-42,597	64,871	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	25,404	25,404	-8,912	16,492	194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958 RENTAL PROPERTY	0	0	0	545,919	545,919	194.08
194.0907959 ADVERTISING	0	0	0	0	0	194.09
194.1007960 INTEGRAL TAC	0	0	0	0	0	194.10
194.1107961 IU HEALTH HOSPICE	0	1,168	1,168	438	1,606	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.1607966 JAY COUNTY HOSPITAL	238,595	11,293	249,888	-639	249,249	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	1,239,567	103,639	1,343,206	61,072	1,404,278	194.22
194.2307973 CANCER CENTER BOUTIQUE	14,024	108,081	122,105	-591	121,514	194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	703	703	-260	443	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	153,207	8,362	161,569	1,069,601	1,231,170	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	3,408	3,795	7,203	0	7,203	194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983 LAB CORP	0	0	0	0	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985 LEASED SPACE	0	0	0	0	0	194.35
200.00 TOTAL (SUM OF LINES 118-199)	101,763,681	239,068,951	340,832,632	0	340,832,632	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,096,357	22,392,917	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,616,570	26,263,893	4.00
5.01	01160	COMMUNICATIONS	-83,887	572,502	5.01
5.02	00550	DATA PROCESSING	11,899,060	11,899,060	5.02
5.04	00570	ADMITTING	5,583,182	6,601,479	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,729,661	4,729,661	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-34,822,108	35,532,787	5.06
6.00	00600	MAINTENANCE & REPAIRS	-328,427	7,302,130	6.00
7.00	00700	OPERATION OF PLANT	-107,929	5,844,116	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,174,684	8.00
9.00	00900	HOUSEKEEPING	-79,113	2,763,840	9.00
10.00	01000	DIETARY	-438,181	1,751,328	10.00
11.00	01100	CAFETERIA	-1,144,075	831,130	11.00
13.00	01300	NURSING ADMINISTRATION	-62,023	6,184,209	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,073,732	14.00
15.00	01500	PHARMACY	-518,336	5,339,853	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,730,231	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-134,066	3,453,253	22.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-147,924	23,813,099	30.00
31.00	03100	INTENSIVE CARE UNIT	-4,794	7,485,751	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	-81,250	1,884,476	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-22,633	1,821,598	41.00
43.00	04300	NURSERY	0	659,531	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-275,100	6,114,602	50.00
51.00	05100	RECOVERY ROOM	0	1,514,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-1,117	2,052,712	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-731,709	10,364,685	54.00
57.00	03280	EKG AND EEG	-116,277	9,212	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-30,800	2,028,506	59.00
60.00	06000	LABORATORY	-48,260	9,814,149	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	-34,136	1,238,041	63.00
65.00	06500	RESPIRATORY THERAPY	-1,400	3,408,738	65.00
65.01	06501	SLEEP LAB	-99,183	448,768	65.01
66.00	06600	PHYSICAL THERAPY	-1,455,302	3,318,837	66.00
67.00	06700	OCCUPATIONAL THERAPY	-86,495	675,630	67.00
68.00	06800	SPEECH PATHOLOGY	-68,798	340,287	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-31,096	1,321,154	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,672,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,601,890	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,333,088	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	-1,838,500	7,886,883	73.01
74.00	07400	RENAL DIALYSIS	0	1,143,112	74.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-20,832	553,743	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,162,073	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.02	09002	PAIN CLINIC	-8,200	441,614	90.02
90.03	09003	ONCOLOGY CLINIC	0	874,575	90.03
91.00	09100	EMERGENCY	-9,166	9,493,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	646,754	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-9,001	1,335,283	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,341,142	303,900,473	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	685,894	190.00
191.00	19100	RESEARCH	-2,932	552,557	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	BSU PHARMACY	-272,172	-19,732	194.01
194.02	07952	PAVILLION PHARMACY	0	6,454,449	194.02
194.03	07953	VENDING	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.04	07954	CARELINE	0	0	194.04
194.05	07955	WELLNESS CENTER	0	64,871	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	16,492	194.06
194.07	07957	PERINATAL CLINIC	0	0	194.07
194.08	07958	RENTAL PROPERTY	-1,300	544,619	194.08
194.09	07959	ADVERTISING	0	0	194.09
194.10	07960	INTEGRA LTAC	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	-1,602	4	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	249,249	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	-939,789	464,489	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	121,514	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	443	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	1,231,170	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	-4,260	2,943	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	194.32
194.33	07983	LAB CORP	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	194.34
194.35	07985	LEASED SPACE	0	0	194.35
200.00		TOTAL (SUM OF LINES 118-199)	-26,563,197	314,269,435	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,272,114	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	336,567	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
0			0	10,608,681	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,672,450	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	833,622	2.00
3.00	PAVILLION PHARMACY	194.02	0	21	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
0			0	8,506,093	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,601,890	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
0			0	13,601,890	
D - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,333,088	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	282,037	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,147	3.00
4.00	PHARMACY	15.00	0	584,105	4.00
5.00	IU HEALTH HOSPICE	194.11	0	1,305	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
0			0	25,204,682	
E - INTERN & RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,730,231	0	1.00
0			3,730,231	0	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,080,164	895,041	1.00
0			1,080,164	895,041	
G - PHARMACY ADMIN COSTS					
1.00	BSU PHARMACY	194.01	18,131	1,820	1.00
2.00	PAVILLION PHARMACY	194.02	18,131	1,820	2.00
0			36,262	3,640	
H - AUTO & BUILDING INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	335,165	1.00
0			0	335,165	
I - REHAB ADMIN COSTS					
1.00	OCCUPATIONAL THERAPY	67.00	47,478	3,956	1.00
2.00	SPEECH PATHOLOGY	68.00	26,827	1,239	2.00
3.00	THERAPIES TO OTHER ENTITIES	194.22	61,819	2,582	3.00
0			136,124	7,777	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
J - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,174,684	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	0			1,174,684	
L - MISC PROPERTIES					
1.00	RENTAL PROPERTY	194.08	0	545,919	1.00
	0		0	545,919	
M - OP ONCOLOGY INFUSION					
1.00	ONCOLOGY CLINIC	90.03	174,420	14,017	1.00
	0		174,420	14,017	
P - LEGAL FEES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,675	1.00
	0		0	2,675	
Q - NURSERY					
1.00	NURSERY	43.00	588,884	70,647	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		588,884	70,647	
R - OBSERVATION					
1.00	ADULTS & PEDIATRICS	30.00	1,053,924	85,512	1.00
	TOTALS		1,053,924	85,512	
S - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	216,902	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
0			0	216,902		
T - CORPORATE TELEPHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,293		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
0			0	8,293		
U - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,292,005		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
43.00		0.00	0	0	43.00
			0	16,292,005	
V - LEASE EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,077,179	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
			0	1,077,179	
W - PTO USED AS STD					
1.00	COMMUNICATIONS	5.01	0	7,603	1.00
2.00	ADMINISTRATIVE	5.04	0	9,522	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	18,013	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	9,686	4.00
5.00	OPERATION OF PLANT	7.00	0	1,061	5.00
6.00	HOUSEKEEPING	9.00	0	14,416	6.00
7.00	DIETARY	10.00	0	16,140	7.00
8.00	NURSING ADMINISTRATION	13.00	0	22,418	8.00
9.00	PHARMACY	15.00	0	49,251	9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,550	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	122,130	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	48,263	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	8,325	13.00
14.00	SUBPROVIDER - IRF	41.00	0	2,752	14.00
15.00	OPERATING ROOM	50.00	0	30,041	15.00
16.00	RECOVERY ROOM	51.00	0	8,652	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,339	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	40,201	18.00
19.00	EKG AND EEG	57.00	0	4,739	19.00
20.00	RESPIRATORY THERAPY	65.00	0	9,783	20.00
21.00	SLEEP LAB	65.01	0	3,495	21.00
22.00	PHYSICAL THERAPY	66.00	0	30,216	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	10,324	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	15,957	24.00
25.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	697	25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,340	26.00
27.00	PAIN CLINIC	90.02	0	1,495	27.00
28.00	ONCOLOGY CLINIC	90.03	0	7,132	28.00
29.00	EMERGENCY	91.00	0	26,112	29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	4,404	30.00
31.00	AMBULANCE SERVICES	95.00	0	4,589	31.00
32.00	THERAPIES TO OTHER ENTITIES	194.22	0	655	32.00
			0	548,301	
X - WASTE DISPOSAL					
1.00	OPERATION OF PLANT	7.00	0	263,858	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
			0	263,858	
Y - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	499,647	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
			0	499,647	

Provider CCN: 15-0089

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

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
Z - BLACKFORD					
1.00	BLACKFORD COMMUNITY HOSPITAL	194.26	450,689	619,390	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
TOTALS			450,689	619,390	
AA - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	426	1.00
TOTALS			0	426	
500.00	Grand Total: Increases		7,250,698	80,582,424	500.00

RECLASSIFICATIONS

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	167	14		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,569	0		2.00
3.00	COMMUNICATIONS	5.01	0	52	0		3.00
4.00	ADMINISTRATIVE	5.04	0	1,740	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	27,292	0		5.00
6.00	OPERATION OF PLANT	7.00	0	181	0		6.00
7.00	HOUSEKEEPING	9.00	0	158,344	0		7.00
8.00	DIETARY	10.00	0	9,580	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	4,099	0		9.00
10.00	PHARMACY	15.00	0	131,222	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	92	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	1,825,885	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	890,799	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	116,252	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	48,899	0		15.00
16.00	OPERATING ROOM	50.00	0	3,601,997	0		16.00
17.00	RECOVERY ROOM	51.00	0	160,235	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	223,470	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	918,477	0		19.00
20.00	EKG AND EEG	57.00	0	4,136	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	421,666	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	385,151	0		22.00
23.00	SLEEP LAB	65.01	0	61,699	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	30,954	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	23,203	0		25.00
26.00	SPEECH PATHOLOGY	68.00	0	1,622	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	13,693	0		27.00
28.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	656	0		28.00
29.00	RENAL DIALYSIS	74.00	0	12,590	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	6,783	0		30.00
31.00	HYPERBARIC OXYGEN THERAPY	76.98	0	106,517	0		31.00
32.00	PAIN CLINIC	90.02	0	125,784	0		32.00
33.00	ONCOLOGY CLINIC	90.03	0	203,920	0		33.00
34.00	EMERGENCY	91.00	0	947,017	0		34.00
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	95,978	0		35.00
36.00	AMBULANCE SERVICES	95.00	0	40,374	0		36.00
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,015	0		37.00
38.00	RESEARCH	191.00	0	342	0		38.00
39.00	PAVILLION PHARMACY	194.02	0	3,283	0		39.00
40.00	WELLNESS CENTER	194.05	0	359	0		40.00
41.00	IU HEALTH HOSPICE	194.11	0	69	0		41.00
42.00	CANCER CENTER BOUTIQUE	194.23	0	460	0		42.00
43.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	58	0		43.00
				10,608,681			
B - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	210,062	0		2.00
3.00	PHARMACY	15.00	0	9,714	0		3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	157	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	333,101	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	51,748	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	13,617	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	308	0		8.00
9.00	OPERATING ROOM	50.00	0	2,344,415	0		9.00
10.00	RECOVERY ROOM	51.00	0	236	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	98,724	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,849,503	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	2,473,394	0		13.00
14.00	RESPIRATORY THERAPY	65.00	0	62	0		14.00
15.00	PHYSICAL THERAPY	66.00	0	4,647	0		15.00
16.00	ELECTROCARDIOLOGY	69.00	0	62,784	0		16.00
17.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	751	0		17.00
18.00	RENAL DIALYSIS	74.00	0	1,485	0		18.00
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	18,517	0		19.00
20.00	PAIN CLINIC	90.02	0	335	0		20.00
21.00	EMERGENCY	91.00	0	31,188	0		21.00

RECLASSIFICATIONS

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To 12/31/2016

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
22.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	870	0	22.00	
23.00	AMBULANCE SERVICES	95.00	0	472	0	23.00	
	0		0	8,506,093			
C - IMPLANTABLE DEVICES							
1.00	HOUSEKEEPING	9.00	0	112	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	0	1,589	0	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	2,675	0	3.00	
4.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	7	0	4.00	
5.00	SUBPROVIDER - IRF	41.00	0	20	0	5.00	
6.00	OPERATING ROOM	50.00	0	9,112,186	0	6.00	
7.00	RECOVERY ROOM	51.00	0	5,600	0	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,909	0	8.00	
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	629,431	0	9.00	
10.00	CARDIAC CATHETERIZATION	59.00	0	3,821,801	0	10.00	
11.00	OCCUPATIONAL THERAPY	67.00	0	196	0	11.00	
12.00	SPEECH PATHOLOGY	68.00	0	1,726	0	12.00	
13.00	HYPERBARIC OXYGEN THERAPY	76.98	0	10,062	0	13.00	
14.00	PAIN CLINIC	90.02	0	90	0	14.00	
15.00	EMERGENCY	91.00	0	11,471	0	15.00	
16.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	15	0	16.00	
	0		0	13,601,890			
D - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	86,920	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	10	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	1,115	0	3.00	
4.00	DIETARY	10.00	0	5,316	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	114	0	5.00	
6.00	PHARMACY	15.00	0	23,648,991	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	172,187	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	53,683	0	8.00	
9.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	6,304	0	9.00	
10.00	SUBPROVIDER - IRF	41.00	0	3,180	0	10.00	
11.00	OPERATING ROOM	50.00	0	201,897	0	11.00	
12.00	RECOVERY ROOM	51.00	0	34,453	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,025	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	495,649	0	14.00	
15.00	EKG AND EEG	57.00	0	1	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	65,927	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	5,175	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	524	0	18.00	
19.00	OCCUPATIONAL THERAPY	67.00	0	15	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	713	0	20.00	
21.00	RENAL DIALYSIS	74.00	0	12,365	0	21.00	
22.00	CARDIAC REHABILITATION	76.97	0	3	0	22.00	
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	69,329	0	23.00	
24.00	PAIN CLINIC	90.02	0	134,016	0	24.00	
25.00	ONCOLOGY CLINIC	90.03	0	24,873	0	25.00	
26.00	EMERGENCY	91.00	0	139,285	0	26.00	
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	12,016	0	27.00	
28.00	AMBULANCE SERVICES	95.00	0	12,315	0	28.00	
29.00	RESEARCH	191.00	0	79	0	29.00	
30.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	202	0	30.00	
	0		0	25,204,682			
E - INTERN & RESIDENT SALARIES							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,730,231	0	0	1.00	
	0		3,730,231	0			
F - CAFETERIA							
1.00	DIETARY	10.00	1,080,164	895,041	0	1.00	
	0		1,080,164	895,041			
G - PHARMACY ADMIN COSTS							
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	36,262	3,640	0	1.00	
2.00		0.00	0	0	0	2.00	
	0		36,262	3,640			
H - AUTO & BUILDING INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	335,165	12	1.00	
	0		0	335,165			

RECLASSIFICATIONS

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Worksheet A-6
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
I - REHAB ADMIN COSTS							
1.00	PHYSICAL THERAPY	66.00	136,124	7,777	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	O		136,124	7,777			
J - LAUNDRY							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23	14		1.00
2.00	COMMUNICATIONS	5.01	0	2	0		2.00
3.00	ADMITTING	5.04	0	1,738	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	843	0		4.00
5.00	HOUSEKEEPING	9.00	0	119,540	0		5.00
6.00	DIETARY	10.00	0	14,381	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	348,309	0		7.00
8.00	PHARMACY	15.00	0	74	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	296,249	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	59,442	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	10,417	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	17,604	0		12.00
13.00	OPERATING ROOM	50.00	0	51,019	0		13.00
14.00	RECOVERY ROOM	51.00	0	15,788	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	26,879	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	44,947	0		16.00
17.00	EKG AND EEG	57.00	0	25	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	8,074	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	290	0		19.00
20.00	SLEEP LAB	65.01	0	12,301	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	19,012	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	5,702	0		22.00
23.00	RENAL DIALYSIS	74.00	0	1,637	0		23.00
24.00	CARDIAC REHABILITATION	76.97	0	113	0		24.00
25.00	HYPERBARIC OXYGEN THERAPY	76.98	0	18	0		25.00
26.00	PAIN CLINIC	90.02	0	3,899	0		26.00
27.00	ONCOLOGY CLINIC	90.03	0	43	0		27.00
28.00	EMERGENCY	91.00	0	85,033	0		28.00
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	21,943	0		29.00
30.00	WELLNESS CENTER	194.05	0	9,339	0		30.00
	O		0	1,174,684			
L - MISC PROPERTIES							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	545,919	14		1.00
	O		0	545,919			
M - OP ONCOLOGY INFUSION							
1.00	ADULTS & PEDIATRICS	30.00	174,420	14,017	0		1.00
	O		174,420	14,017			
P - LEGAL FEES							
1.00	PHYSICAL THERAPY	66.00	0	2,675	0		1.00
	O		0	2,675			
Q - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	553,344	67,178	0		1.00
2.00	NEONATAL INTENSIVE CARE UNIT	32.00	1,614	204	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	33,926	3,265	0		3.00
	O		588,884	70,647			
R - OBSERVATION							
1.00	OBSERVATION BEDS (DISTINCT PART)	92.01	1,053,924	85,512	0		1.00
	TOTALS		1,053,924	85,512			
S - EMPLOYEE BENEFITS							
1.00	COMMUNICATIONS	5.01	0	1,170	0		1.00
2.00	ADMITTING	5.04	0	1,812	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	17,504	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	8,004	0		4.00
5.00	OPERATION OF PLANT	7.00	0	2,286	0		5.00
6.00	HOUSEKEEPING	9.00	0	5,081	0		6.00
7.00	DIETARY	10.00	0	5,128	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	12,393	0		8.00
9.00	PHARMACY	15.00	0	11,386	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	8,589	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	35,921	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	11,733	0		12.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	4,097	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	2,926	0	14.00	
15.00	OPERATING ROOM	50.00	0	10,406	0	15.00	
16.00	RECOVERY ROOM	51.00	0	2,950	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,434	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,597	0	18.00	
19.00	EKG AND EEG	57.00	0	291	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	4,115	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	3,222	0	21.00	
22.00	SLEEP LAB	65.01	0	899	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	11,597	0	23.00	
24.00	OCCUPATIONAL THERAPY	67.00	0	1,467	0	24.00	
25.00	SPEECH PATHOLOGY	68.00	0	798	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	2,385	0	26.00	
27.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	3,952	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	1,024	0	28.00	
29.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,105	0	29.00	
30.00	PAIN CLINIC	90.02	0	973	0	30.00	
31.00	ONCOLOGY CLINIC	90.03	0	1,721	0	31.00	
32.00	EMERGENCY	91.00	0	7,353	0	32.00	
33.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,638	0	33.00	
34.00	AMBULANCE SERVICES	95.00	0	1,604	0	34.00	
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	283	0	35.00	
36.00	RESEARCH	191.00	0	1,107	0	36.00	
37.00	BSU PHARMACY	194.01	0	598	0	37.00	
38.00	PAVILLION PHARMACY	194.02	0	1,765	0	38.00	
39.00	WELLNESS CENTER	194.05	0	102	0	39.00	
40.00	JAY COUNTY HOSPITAL	194.16	0	639	0	40.00	
41.00	THERAPIES TO OTHER ENTITIES	194.22	0	3,329	0	41.00	
42.00	CANCER CENTER BOUTIQUE	194.23	0	40	0	42.00	
43.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	478	0	43.00	
			0	216,902			
T - CORPORATE TELEPHONE							
1.00	COMMUNICATIONS	5.01	0	359	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	1,340	0	2.00	
3.00	PHARMACY	15.00	0	600	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	5,462	0	4.00	
5.00	CARDIAC REHABILITATION	76.97	0	67	0	5.00	
6.00	EMERGENCY	91.00	0	465	0	6.00	
			0	8,293			
U - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,331	9	1.00	
2.00	COMMUNICATIONS	5.01	0	1,447	0	2.00	
3.00	ADMINISTRATIVE	5.04	0	11,489	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	518,150	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	7,165,244	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	502,716	0	6.00	
7.00	HOUSEKEEPING	9.00	0	7,195	0	7.00	
8.00	DIETARY	10.00	0	74,520	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	131,662	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	350,006	0	10.00	
11.00	PHARMACY	15.00	0	158,517	0	11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	369,010	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	459,420	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	135,745	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	79,994	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	20,254	0	16.00	
17.00	OPERATING ROOM	50.00	0	1,524,428	0	17.00	
18.00	RECOVERY ROOM	51.00	0	112,536	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	87,391	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,364,084	0	20.00	
21.00	EKG AND EEG	57.00	0	1,860	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	627,935	0	22.00	
23.00	LABORATORY	60.00	0	24,517	0	23.00	
24.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,673	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	116,752	0	25.00	
26.00	SLEEP LAB	65.01	0	137,994	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	33,261	0	27.00	

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6
Date/Time Prepared:
5/22/2017 5:35 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	OCCUPATIONAL THERAPY	67.00	0	667	0		28.00
29.00	SPEECH PATHOLOGY	68.00	0	3,069	0		29.00
30.00	ELECTROCARDIOLOGY	69.00	0	409,169	0		30.00
31.00	RENAL DIALYSIS	74.00	0	8,245	0		31.00
32.00	CARDIAC REHABILITATION	76.97	0	4,128	0		32.00
33.00	HYPERBARIC OXYGEN THERAPY	76.98	0	32,562	0		33.00
34.00	PAIN CLINIC	90.02	0	66,714	0		34.00
35.00	ONCOLOGY CLINIC	90.03	0	5,436	0		35.00
36.00	EMERGENCY	91.00	0	579,787	0		36.00
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	16,947	0		37.00
38.00	AMBULANCE SERVICES	95.00	0	107,783	0		38.00
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,794	0		39.00
40.00	RESEARCH	191.00	0	411	0		40.00
41.00	WELLNESS CENTER	194.05	0	32,797	0		41.00
42.00	IU HEALTH HOSPIECE	194.11	0	274	0		42.00
43.00	CANCER CENTER BOUTIQUE	194.23	0	91	0		43.00
	O		0	16,292,005			
V - LEASE EXPENSE							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	21,905	10		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	451,729	0		2.00
3.00	LABORATORY	60.00	0	6,813	0		3.00
4.00	SLEEP LAB	65.01	0	160,825	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	323,784	0		5.00
6.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	71,787	0		6.00
7.00	ONCOLOGY CLINIC	90.03	0	14,251	0		7.00
8.00	AMBULANCE SERVICES	95.00	0	26,085	0		8.00
	O		0	1,077,179			
W - PTO USED AS STD							
1.00	COMMUNICATIONS	5.01	7,603	0	0		1.00
2.00	ADMINISTRATIVE	5.04	9,522	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	18,013	0	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	9,686	0	0		4.00
5.00	OPERATION OF PLANT	7.00	1,061	0	0		5.00
6.00	HOUSEKEEPING	9.00	14,416	0	0		6.00
7.00	DIETARY	10.00	16,140	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	22,418	0	0		8.00
9.00	PHARMACY	15.00	49,251	0	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	1,550	0	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	122,130	0	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	48,263	0	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	32.00	8,325	0	0		13.00
14.00	SUBPROVIDER - IRF	41.00	2,752	0	0		14.00
15.00	OPERATING ROOM	50.00	30,041	0	0		15.00
16.00	RECOVERY ROOM	51.00	8,652	0	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	15,339	0	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	40,201	0	0		18.00
19.00	EKG AND EEG	57.00	4,739	0	0		19.00
20.00	RESPIRATORY THERAPY	65.00	9,783	0	0		20.00
21.00	SLEEP LAB	65.01	3,495	0	0		21.00
22.00	PHYSICAL THERAPY	66.00	30,216	0	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	10,324	0	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	15,957	0	0		24.00
25.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	697	0	0		25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	3,340	0	0		26.00
27.00	PAIN CLINIC	90.02	1,495	0	0		27.00
28.00	ONCOLOGY CLINIC	90.03	7,132	0	0		28.00
29.00	EMERGENCY	91.00	26,112	0	0		29.00
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	4,404	0	0		30.00
31.00	AMBULANCE SERVICES	95.00	4,589	0	0		31.00
32.00	THERAPIES TO OTHER ENTITIES	194.22	655	0	0		32.00
	O		548,301	0			
X - WASTE DISPOSAL							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	93,811	14		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	9,171	0		2.00
3.00	HOUSEKEEPING	9.00	0	154,520	0		3.00

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
4.00	OPERATING ROOM	50.00	0	1,047	0		4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	476	0		5.00	
6.00	SLEEP LAB	65.01	0	819	0		6.00	
7.00	PHYSICAL THERAPY	66.00	0	304	0		7.00	
8.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	3,630	0		8.00	
9.00	PAIN CLINIC	90.02	0	80	0		9.00	
	O		0	263,858				
Y - UTILITIES								
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	465,752	14		1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	13,482	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	0	33	0		3.00	
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,901	0		4.00	
5.00	SLEEP LAB	65.01	0	3,134	0		5.00	
6.00	PHYSICAL THERAPY	66.00	0	498	0		6.00	
7.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,721	0		7.00	
8.00	AMBULANCE SERVICES	95.00	0	1,690	0		8.00	
9.00	PHYSICIAN PRACTICE CLINICS	194.06	0	8,912	0		9.00	
10.00	I.U. HEALTH HOSPICE	194.11	0	524	0		10.00	
	O		0	499,647				
Z - BLACKFORD								
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	231,641	217,072	0		1.00	
2.00	MAINTENANCE & REPAIRS	6.00	32,849	85,006	0		2.00	
3.00	OPERATION OF PLANT	7.00	43,280	10,934	0		3.00	
4.00	NURSING ADMINISTRATION	13.00	1,866	1,072	0		4.00	
5.00	PHARMACY	15.00	76,216	203,530	0		5.00	
6.00	OPERATING ROOM	50.00	2,343	2,782	0		6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	31,299	93,987	0		7.00	
8.00	RESPIRATORY THERAPY	65.00	13,471	3,289	0		8.00	
9.00	PHYSICAL THERAPY	66.00	17,724	1,718	0		9.00	
	TOTALS		450,689	619,390				
AA - INTEREST EXPENSE								
1.00	PHARMACY	15.00	0	426	11		1.00	
	TOTALS		0	426				
500.00	Grand Total: Decreases		7,798,999	80,034,123			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

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

Worksheet A-7
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,924,410	0	0	0	0	1.00
2.00	Land Improvements	4,397,723	0	0	0	766,740	2.00
3.00	Buildings and Fixtures	268,794,475	2,400,000	0	2,400,000	2,934,527	3.00
4.00	Building Improvements	7,973,276	12,838,723	0	12,838,723	45,302	4.00
5.00	Fixed Equipment	59,321	0	0	0	59,321	5.00
6.00	Movable Equipment	162,203,764	7,223,870	0	7,223,870	8,239,256	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	446,352,969	22,462,593	0	22,462,593	12,045,146	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	446,352,969	22,462,593	0	22,462,593	12,045,146	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,924,410	0				1.00
2.00	Land Improvements	3,630,983	0				2.00
3.00	Buildings and Fixtures	268,259,948	0				3.00
4.00	Building Improvements	20,766,697	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	161,188,378	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	456,770,416	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	456,770,416	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

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

Worksheet A-7
Part II
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,189,664	564,408	2,411,167	0	0	1.00
3.00	Total (sum of lines 1-2)	2,189,664	564,408	2,411,167	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,724,932	6,890,171				1.00
3.00	Total (sum of lines 1-2)	1,724,932	6,890,171				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

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

Worksheet A-7
Part III
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	456,770,416	0	456,770,416	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	456,770,416	0	456,770,416	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	20,616,205	-2,278,114	1.00
3.00	Total (sum of lines 1-2)	0	0	0	20,616,205	-2,278,114	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,312,928	335,165	0	1,406,733	22,392,917	1.00
3.00	Total (sum of lines 1-2)	2,312,928	335,165	0	1,406,733	22,392,917	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

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

Worksheet A-8

Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-98,665	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-746,115			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	20,163,925			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,144,075	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
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

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		
33.00 MI SCCELLANEOUS INCOME	B	-3,919,701			NEW CAP REL COSTS-BLDG & FIXT	1.00		10	33.00
34.00 MI SCCELLANEOUS INCOME	B	-115,511			EMPLOYEE BENEFITS DEPARTMENT	4.00			0 34.00
35.00 MI SCCELLANEOUS INCOME	B	-83,887			COMMUNICATIONS	5.01			0 35.00
36.00 MI SCCELLANEOUS INCOME	B	-27,504			ADMINISTRATION	5.04			0 36.00
37.00 MI SCCELLANEOUS INCOME	B	-959,322			OTHER ADMINISTRATIVE AND GENERAL	5.06			0 37.00
38.00 MI SCCELLANEOUS INCOME	B	-328,427			MAINTENANCE & REPAIRS	6.00			0 38.00
39.00 MI SCCELLANEOUS INCOME	B	-107,929			OPERATION OF PLANT	7.00			0 39.00
40.00 MI SCCELLANEOUS INCOME	B	-79,113			HOUSEKEEPING	9.00			0 40.00
41.00 MI SCCELLANEOUS INCOME	B	-438,181			DIETARY	10.00			0 41.00
42.00 MI SCCELLANEOUS INCOME	B	-61,963			NURSING ADMINISTRATION	13.00			0 42.00
43.00 MI SCCELLANEOUS INCOME	B	-518,336			PHARMACY	15.00			0 43.00
44.00 MI SCCELLANEOUS INCOME	B	-134,066			I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00			0 44.00
45.00 MI SCCELLANEOUS INCOME	B	-143,489			ADULTS & PEDIATRICS	30.00			0 45.00
45.01 MI SCCELLANEOUS INCOME	B	-273,598			OPERATING ROOM	50.00			0 45.01
45.02 MI SCCELLANEOUS INCOME	B	-1,117			DELIVERY ROOM & LABOR ROOM	52.00			0 45.02
45.03 MI SCCELLANEOUS INCOME	B	-731,703			RADIOLOGY-DIAGNOSTIC	54.00			0 45.03
45.04 MI SCCELLANEOUS INCOME	B	-116,277			EKG AND EEG	57.00			0 45.04
45.05 MI SCCELLANEOUS INCOME	B	-30,800			CARDIAC CATHETERIZATION	59.00			0 45.05
45.06 MI SCCELLANEOUS INCOME	B	-97,147			SLEEP LAB	65.01			0 45.06
45.07 MI SCCELLANEOUS INCOME	B	-1,452,302			PHYSICAL THERAPY	66.00			0 45.07
45.08 MI SCCELLANEOUS INCOME	B	-86,495			OCCUPATIONAL THERAPY	67.00			0 45.08
45.09 MI SCCELLANEOUS INCOME	B	-68,798			SPEECH PATHOLOGY	68.00			0 45.09
45.10 MI SCCELLANEOUS INCOME	B	-31,096			ELECTROCARDIOLOGY	69.00			0 45.10
45.11 MI SCCELLANEOUS INCOME	B	-1,838,500			HOSPITAL BASED RETAIL PHARMACIES	73.01			0 45.11
45.12 MI SCCELLANEOUS INCOME	B	-20,832			CARDIAC REHABILITATION	76.97			0 45.12
45.13 MI SCCELLANEOUS INCOME	B	-5,758			EMERGENCY	91.00			0 45.13
45.14 MI SCCELLANEOUS INCOME	B	-2,980			AMBULANCE SERVICES	95.00			0 45.14
45.15 NON-ALLOWABLE MARKETING	A	-741,111			OTHER ADMINISTRATIVE AND GENERAL	5.06			0 45.15
45.16 NON-ALLOWABLE MARKETING	A	-358			SLEEP LAB	65.01			0 45.16
45.17 NON-ALLOWABLE MARKETING	A	-3,000			PHYSICAL THERAPY	66.00			0 45.17
45.18 CORPORATE TELEPHONE	A	-8,293			OTHER ADMINISTRATIVE AND GENERAL	5.06			0 45.18
45.19 EMPLOYEE BENEFITS OFFSET	A	-17,999,696			EMPLOYEE BENEFITS DEPARTMENT	4.00			0 45.19
45.20 HOSPITAL ASSESSMENT FEES	A	-13,533,277			OTHER ADMINISTRATIVE AND GENERAL	5.06			0 45.20
45.21 TV DEPRECIATION	A	-2,658			NEW CAP REL COSTS-BLDG & FIXT	1.00		9	45.21
45.22 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-1,863			OTHER ADMINISTRATIVE AND GENERAL	5.06			0 45.22
45.23 PTO ACCRUAL	A	-335,123			OTHER ADMINISTRATIVE AND GENERAL	5.06			0 45.23
45.24 NON-ALLOWABLE MARKETING	A	-60			NURSING ADMINISTRATION	13.00			0 45.24
45.25 NON-ALLOWABLE MARKETING	A	-6			RADIOLOGY-DIAGNOSTIC	54.00			0 45.25
45.26 NON-ALLOWABLE MARKETING	A	-3,408			EMERGENCY	91.00			0 45.26
45.27 LOSS ON EXTINGUISHMENT OF DEBT CARRY	A	787,473			NEW CAP REL COSTS-BLDG & FIXT	1.00		14	45.27
45.28 MI SCCELLANEOUS INCOME	B	-272,172			BSU PHARMACY	194.01			0 45.28
45.29 MI SCCELLANEOUS INCOME	B	-1,300			RENTAL PROPERTY	194.08			0 45.29
45.30 MI SCCELLANEOUS INCOME	B	-1,602			IU HEALTH HOSPICE	194.11			0 45.30
45.31 MI SCCELLANEOUS INCOME	B	-2,932			RESEARCH	191.00			0 45.31
45.32 MI SCCELLANEOUS INCOME	B	-939,789			THERAPIES TO OTHER ENTITIES	194.22			0 45.32
45.33 MI SCCELLANEOUS INCOME	B	-4,260			CARDINAL HEALTH ALLIANCE	194.30			0 45.33
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,563,197							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: 15-0089

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

Worksheet A-8-1

Date/Time Prepared: 5/22/2017 5:35 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	5,372,843	3,235,649 1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	14,878,800	379,817 2.00
3.00	5.02	DATA PROCESSING	HOME OFFICE	11,899,060	0 3.00
4.00	5.04	ADMITTING	HOME OFFICE	5,610,686	0 4.00
4.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	4,729,661	0 4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	26,554,307	45,265,966 4.02
4.03	13.00	NURSING ADMINISTRATION	RELATED PARTY	370,944	370,944 4.03
4.04	22.00	I&R SERVICES-OTHER PRGM COST	RELATED PARTY	1,833,471	1,833,471 4.04
4.05	31.00	INTENSIVE CARE UNIT	RELATED PARTY	450	450 4.05
4.06	32.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	6,250	6,250 4.06
4.07	41.00	SUBPROVIDER - IRF	RELATED PARTY	368,080	368,080 4.07
4.08	50.00	OPERATING ROOM	RELATED PARTY	472,642	472,642 4.08
4.09	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	1,514,138	1,514,138 4.09
4.10	59.00	CARDIAC CATHETERIZATION	RELATED PARTY	1,356	1,356 4.10
4.11	60.00	LABORATORY	RELATED PARTY	9,738,196	9,738,196 4.11
4.12	65.01	SLEEP LAB	RELATED PARTY	160,825	160,825 4.12
4.13	66.00	PHYSICAL THERAPY	RELATED PARTY	243,000	243,000 4.13
4.14	69.00	ELECTROCARDIOLOGY	RELATED PARTY	7,200	7,200 4.14
4.15	73.01	HOSPITAL BASED RETAIL PHARMA	RELATED PARTY	168,573	168,573 4.15
4.16	91.00	EMERGENCY	RELATED PARTY	2,595,191	2,595,191 4.16
4.17	95.00	AMBULANCE SERVICES	RELATED PARTY	116,532	116,532 4.17
5.00	0		0	86,642,205	66,478,280 5.00

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

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

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

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

6.00	B		0.00	IU HEALTH	100.00	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: 15-0089

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

Worksheet A-8-1

Date/Time Prepared:
5/22/2017 5:35 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,137,194	9	1.00
2.00	14,498,983	0	2.00
3.00	11,899,060	0	3.00
4.00	5,610,686	0	4.00
4.01	4,729,661	0	4.01
4.02	-18,711,659	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
5.00	20,163,925		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	HEALTHCARE	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: 15-0089

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2017 5:35 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	346	346	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	928,900	531,460	397,440	171,400	6,012	2.00
3.00	30.00	ADULTS & PEDIATRICS	10,368	0	10,368	171,400	72	3.00
4.00	31.00	INTENSIVE CARE UNIT	5,041	4,591	450	171,400	3	4.00
5.00	32.00	NEONATAL INTENSIVE CARE UNIT	81,250	81,250	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	106,520	4,720	101,800	171,400	1,018	6.00
7.00	50.00	OPERATING ROOM	4,642	0	4,642	204,100	32	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,276,439	0	1,276,439	231,100	17,680	8.00
9.00	59.00	CARDIAC CATHETERIZATION	290,645	0	290,645	231,100	6,655	9.00
10.00	60.00	LABORATORY	130,995	0	130,995	219,500	784	10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	92,493	0	92,493	219,500	553	11.00
12.00	65.00	RESPIRATORY THERAPY	1,400	1,400	0	0	0	12.00
13.00	65.01	SLEEP LAB	3,738	0	3,738	171,400	25	13.00
14.00	69.00	ELECTROCARDIOLOGY	7,200	0	7,200	171,400	228	14.00
15.00	90.02	PAIN CLINIC	8,200	8,200	0	0	0	15.00
16.00	91.00	EMERGENCY	2,595,191	0	2,595,191	171,400	34,586	16.00
17.00	95.00	AMBULANCE SERVICES	13,437	0	13,437	171,400	90	17.00
200.00			5,556,805	631,967	4,924,838		67,738	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	495,412	24,771	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	5,933	297	0	0	0	3.00
4.00	31.00	INTENSIVE CARE UNIT	247	12	0	0	0	4.00
5.00	32.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	5.00
6.00	41.00	SUBPROVIDER - IRF	83,887	4,194	0	0	0	6.00
7.00	50.00	OPERATING ROOM	3,140	157	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,964,350	98,218	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	739,409	36,970	0	0	0	9.00
10.00	60.00	LABORATORY	82,735	4,137	0	0	0	10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	58,357	2,918	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	65.01	SLEEP LAB	2,060	103	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	18,788	939	0	0	0	14.00
15.00	90.02	PAIN CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	2,850,019	142,501	0	0	0	16.00
17.00	95.00	AMBULANCE SERVICES	7,416	371	0	0	0	17.00
200.00			6,311,753	315,588	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	346		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	495,412	0	531,460		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	5,933	4,435	4,435		3.00
4.00	31.00	INTENSIVE CARE UNIT	0	247	203	4,794		4.00
5.00	32.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	81,250		5.00
6.00	41.00	SUBPROVIDER - IRF	0	83,887	17,913	22,633		6.00
7.00	50.00	OPERATING ROOM	0	3,140	1,502	1,502		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,964,350	0	0		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	739,409	0	0		9.00
10.00	60.00	LABORATORY	0	82,735	48,260	48,260		10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	0	58,357	34,136	34,136		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	1,400		12.00
13.00	65.01	SLEEP LAB	0	2,060	1,678	1,678		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	18,788	0	0		14.00
15.00	90.02	PAIN CLINIC	0	0	0	8,200		15.00
16.00	91.00	EMERGENCY	0	2,850,019	0	0		16.00
17.00	95.00	AMBULANCE SERVICES	0	7,416	6,021	6,021		17.00
200.00			0	6,311,753	114,148	746,115		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	22,392,917	22,392,917				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,263,893	77,211	26,341,104			4.00
5.01 01160	COMMUNICATIONS	572,502	18,964	129,271	720,737		5.01
5.02 00550	DATA PROCESSING	11,899,060	0	0	0	11,899,060	5.02
5.04 00570	ADMITTING	6,601,479	62,311	241,462	12,074	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	4,729,661	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	35,532,787	732,223	1,188,142	16,242	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	7,302,130	11,314,160	762,451	26,840	0	6.00
7.00 00700	OPERATION OF PLANT	5,844,116	763,746	291,017	9,282	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,174,684	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,763,840	186,300	647,827	37,754	0	9.00
10.00 01000	DIETARY	1,751,328	143,675	358,710	17,381	0	10.00
11.00 01100	CAFETERIA	831,130	169,387	281,187	15,991	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,184,209	219,721	1,337,840	31,510	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,073,732	202,935	0	0	0	14.00
15.00 01500	PHARMACY	5,339,853	85,757	1,206,887	25,298	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,730,231	0	971,050	27,839	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,453,253	229,925	182,445	3,946	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	23,813,099	1,807,157	5,178,643	147,991	1,356,789	30.00
31.00 03100	INTENSIVE CARE UNIT	7,485,751	352,256	1,755,301	42,363	422,945	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	1,884,476	65,134	452,204	10,639	113,921	32.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	1,821,598	129,964	353,958	9,130	68,422	41.00
43.00 04300	NURSERY	659,531	50,322	153,298	3,667	47,440	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	6,114,602	442,975	1,270,798	37,282	1,090,727	50.00
51.00 05100	RECOVERY ROOM	1,514,810	103,050	362,511	9,595	133,238	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,052,712	161,234	483,725	11,909	204,812	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,364,685	774,912	1,980,559	46,465	1,581,908	54.00
57.00 03280	EKG AND EEG	9,212	0	29,751	1,587	36,826	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,028,506	177,742	419,052	9,821	577,866	59.00
60.00 06000	LABORATORY	9,814,149	40,486	0	0	812,427	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,238,041	0	0	0	49,695	63.00
65.00 06500	RESPIRATORY THERAPY	3,408,738	58,627	818,375	21,274	159,898	65.00
65.01 06501	SLEEP LAB	448,768	0	126,614	3,638	63,273	65.01
66.00 06600	PHYSICAL THERAPY	3,318,837	39,106	1,111,764	26,770	123,880	66.00
67.00 06700	OCCUPATIONAL THERAPY	675,630	30,434	172,625	4,205	39,197	67.00
68.00 06800	SPEECH PATHOLOGY	340,287	7,279	99,059	2,438	21,847	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	1,321,154	233,470	267,037	9,887	320,400	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,672,450	0	0	0	301,382	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	13,601,890	0	0	0	737,065	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	24,333,088	0	0	0	1,558,788	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	7,886,883	0	414,626	8,082	62,558	73.01
74.00 07400	RENAL DIALYSIS	1,143,112	36,941	0	0	26,828	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	553,743	0	122,120	3,844	24,007	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,162,073	2,684	122,742	3,248	105,812	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	441,614	284,121	103,540	4,000	53,931	90.02
90.03 09003	ONCOLOGY CLINIC	874,575	12,267	207,744	5,028	202,290	90.03
91.00 09100	EMERGENCY	9,493,617	399,654	1,327,536	35,625	1,522,982	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	646,754	47,930	153,828	4,427	26,991	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	1,335,283	28,801	268,663	10,972	50,915	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	303,900,473	19,492,861	25,354,362	698,044	11,899,060	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	685,894	0	38,309	2,076	0	190.00
191.00 19100	RESEARCH	552,557	16,065	117,316	3,211	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	194.00
194.01 07951 BSU PHARMACY	-19,732		0	61,418	1,196		0 194.01
194.02 07952 PAVILLION PHARMACY	6,454,449	35,878		193,871	4,321		0 194.02
194.03 07953 VENDING	0	0		0	0		0 194.03
194.04 07954 CARELINE	0	0		0	0		0 194.04
194.05 07955 WELLNESS CENTER	64,871	64,223		13,368	559		0 194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	16,492	256,992		0	0		0 194.06
194.07 07957 PERINATAL CLINIC	0	0		0	0		0 194.07
194.08 07958 RENTAL PROPERTY	544,619	1,706,791		0	0		0 194.08
194.09 07959 ADVERTISING	0	0		0	0		0 194.09
194.10 07960 INTEGRAL TAC	0	240,357		0	0		0 194.10
194.11 07961 IU HEALTH HOSPICE	4	48,866		0	0		0 194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0	0		0 194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0		0	0		0 194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0	0		0 194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	57,045		0	0		0 194.15
194.16 07966 JAY COUNTY HOSPITAL	249,249	0		62,111	0		0 194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0		0	0		0 194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0		0	0		0 194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0		0	0		0 194.19
194.20 07970 MEALS ON WHEELS	0	0		0	0		0 194.20
194.21 07971 ST MARY'S SCHOOL	0	0		0	0		0 194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	464,489	0		338,605	8,230		0 194.22
194.23 07973 CANCER CENTER BOUTIQUE	121,514	10,786		3,651	247		0 194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	317,669		0	0		0 194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	443	112,076		0	0		0 194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	1,231,170	33,308		157,206	2,841		0 194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0		0	0		0 194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0	0		0 194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0	0		0 194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	2,943	0		887	12		0 194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0		0 194.31
194.32 07982 RENAL DIALYSIS	0	0		0	0		0 194.32
194.33 07983 LAB CORP	0	0		0	0		0 194.33
194.34 07984 H.O. MATERIALS MGMT	0	0		0	0		0 194.34
194.35 07985 LEASED SPACE	0	0		0	0		0 194.35
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)	314,269,435	22,392,917		26,341,104	720,737	11,899,060	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B Part I Date/Time Prepared: 5/22/2017 5:35 pm

Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNICATIONS						5.01
5.02	00550 DATA PROCESSING						5.02
5.04	00570 ADMINITING	6,917,326					5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	4,729,661				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	0	0	37,469,394	37,469,394		5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	19,405,581	2,626,856	22,032,437	6.00
7.00	00700 OPERATION OF PLANT	0	0	6,908,161	935,130	1,651,660	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	1,174,684	159,012	0	8.00
9.00	00900 HOUSEKEEPING	0	0	3,635,721	492,153	402,888	9.00
10.00	01000 DIETARY	0	0	2,271,094	307,429	310,708	10.00
11.00	01100 CAFETERIA	0	0	1,297,695	175,664	366,312	11.00
13.00	01300 NURSING ADMINISTRATION	0	0	7,773,280	1,052,238	475,165	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	10,276,667	1,391,111	438,862	14.00
15.00	01500 PHARMACY	0	0	6,657,795	901,239	185,456	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,729,120	640,162	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,869,569	523,808	497,231	22.00
23.00	02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	788,752	539,297	33,631,728	4,552,673	3,908,119	30.00
31.00	03100 INTENSIVE CARE UNIT	245,874	168,112	10,472,602	1,417,634	761,780	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	66,227	45,281	2,637,882	357,080	140,857	32.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	39,776	27,196	2,450,044	331,653	281,058	41.00
43.00	04300 NURSERY	27,579	18,856	960,693	130,045	108,826	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	634,080	433,542	10,024,006	1,356,910	957,968	50.00
51.00	05100 RECOVERY ROOM	77,456	52,960	2,253,620	305,064	222,853	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	119,065	81,409	3,114,866	421,647	348,680	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	919,579	628,799	16,296,907	2,206,047	1,675,807	54.00
57.00	03280 EKG AND EEG	21,409	14,638	113,423	15,354	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	335,935	229,690	3,778,612	511,496	384,381	59.00
60.00	06000 LABORATORY	472,294	322,924	11,462,280	1,551,603	87,553	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	28,890	19,753	1,336,379	180,900	0	63.00
65.00	06500 RESPIRATORY THERAPY	92,954	63,556	4,623,422	625,854	126,785	65.00
65.01	06501 SLEEP LAB	36,783	25,150	704,226	95,328	0	65.01
66.00	06600 PHYSICAL THERAPY	72,016	49,240	4,741,613	641,853	84,569	66.00
67.00	06700 OCCUPATIONAL THERAPY	22,786	15,580	960,457	130,013	65,816	67.00
68.00	06800 SPEECH PATHOLOGY	12,701	8,684	492,295	66,640	15,742	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	186,261	127,353	2,465,562	333,753	504,897	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	175,204	119,793	8,268,829	1,119,318	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	428,484	292,969	15,060,408	2,038,667	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	906,182	619,587	27,417,645	3,711,417	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	36,367	24,865	8,433,381	1,141,593	0	73.01
74.00	07400 RENAL DIALYSIS	15,596	10,664	1,233,141	166,925	79,888	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	13,956	9,542	727,212	98,440	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	61,513	42,058	1,500,130	203,067	5,804	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	31,352	21,436	939,994	127,243	614,434	90.02
90.03	09003 ONCOLOGY CLINIC	117,599	80,406	1,499,909	203,037	26,529	90.03
91.00	09100 EMERGENCY	885,366	605,355	14,270,135	1,931,691	864,282	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	15,691	10,728	906,349	122,689	103,651	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	29,599	20,238	1,744,471	236,142	62,284	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,917,326	4,729,661	299,990,982	35,536,578	15,760,845	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	726,279	98,313	0	190.00
191.00	19100 RESEARCH	0	0	689,149	93,287	34,742	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	42,882	5,805	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	6,688,519	905,398	77,588	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A.05	5.06	6.00	
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	143,021	19,360	138,886	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	273,484	37,020	555,764	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	2,251,410	304,764	3,691,068	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	0	240,357	32,536	519,790	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	48,870	6,615	105,677	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	57,045	7,722	123,363	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	311,360	42,148	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	811,324	109,826	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	136,198	18,437	23,326	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	317,669	43,002	686,985	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	112,519	15,231	242,373	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	1,424,525	192,832	72,030	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	3,842	520	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,917,326	4,729,661	314,269,435	37,469,394	22,032,437	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	9,494,951				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,333,696			8.00
9.00	00900	HOUSEKEEPING	187,697	171	4,718,630		9.00
10.00	01000	DIETARY	144,752	16	4,605	3,038,604	10.00
11.00	01100	CAFETERIA	170,656	19	48,686	0	11.00
13.00	01300	NURSING ADMINISTRATION	221,369	0	19,244	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	204,456	0	20,396	0	14.00
15.00	01500	PHARMACY	86,400	515	22,698	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	231,649	0	4,605	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,820,705	591,516	2,122,135	2,368,644	30.00
31.00	03100	INTENSIVE CARE UNIT	354,896	109,993	351,331	232,478	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	65,622	15,290	17,106	0	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	130,939	34,545	214,977	148,909	41.00
43.00	04300	NURSERY	50,699	15,510	51,318	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	446,296	95,777	265,801	0	50.00
51.00	05100	RECOVERY ROOM	103,822	35,871	15,790	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	162,442	57,196	252,643	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	780,721	88,164	232,412	0	54.00
57.00	03280	EKG AND EEG	0	46	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	179,074	17,948	121,716	0	59.00
60.00	06000	LABORATORY	40,789	0	119,742	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	608	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	59,067	281	18,915	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	39,399	5,774	78,293	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,662	0	4,605	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,334	0	4,605	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	235,220	11,948	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	38	9,211	0	73.01
74.00	07400	RENAL DIALYSIS	37,218	3,268	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	161	37,502	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,704	1	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	286,251	6	2,303	0	90.02
90.03	09003	ONCOLOGY CLINIC	12,359	4,492	0	0	90.03
91.00	09100	EMERGENCY	402,650	218,497	568,446	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	48,289	9,137	16,448	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	29,017	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,573,154	1,316,788	4,625,533	2,750,031	1,979,186
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	7,305
191.00	19100	RESEARCH	16,186	0	0	0	11,297
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	38,818	0	0
194.01	07951	BSU PHARMACY	0	0	0	0	4,209
194.02	07952	PAVILLION PHARMACY	36,147	0	0	0	15,203
194.03	07953	VENDING	0	0	0	0	0
194.04	07954	CARELINE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.05	07955 WELLNESS CENTER	64,704	16,686	16,777	0	1,967	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	258,918	0	9,211	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	1,719,587	0	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	242,159	0	0	155,052	0	194.10
194.11	07961 IU HEALTH HOSPICE	49,233	222	18,422	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	57,472	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	28,959	194.22
194.23	07973 CANCER CENTER BOUTIQUE	10,867	0	0	0	868	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	320,051	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	112,916	0	0	133,521	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	33,557	0	9,869	0	9,995	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	43	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
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)	9,494,951	1,333,696	4,718,630	3,038,604	2,059,032	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES						
	13.00	14.00	15.00	16.00	21.00						
GENERAL SERVICE COST CENTERS											
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00					
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00					
5.01 01160 COMMUNICATIONS						5.01					
5.02 00550 DATA PROCESSING						5.02					
5.04 00570 ADMITTING						5.04					
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05					
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06					
6.00 00600 MAINTENANCE & REPAIRS						6.00					
7.00 00700 OPERATION OF PLANT						7.00					
8.00 00800 LAUNDRY & LINEN SERVICE						8.00					
9.00 00900 HOUSEKEEPING						9.00					
10.00 01000 DIETARY						10.00					
11.00 01100 CAFETERIA						11.00					
13.00 01300 NURSING ADMINISTRATION	9,652,169					13.00					
14.00 01400 CENTRAL SERVICES & SUPPLY	0	12,331,492				14.00					
15.00 01500 PHARMACY	0	49,195	7,992,315			15.00					
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00					
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	5,467,238	21.00					
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	34	0	0	0	22.00					
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00					
INPATIENT ROUTINE SERVICE COST CENTERS											
30.00 03000 ADULTS & PEDIATRICS	4,032,317	684,528	34,820	0	3,069,950	30.00					
31.00 03100 INTENSIVE CARE UNIT	1,595,534	333,962	11,007	0	686,413	31.00					
32.00 02060 NEONATAL INTENSIVE CARE UNIT	382,210	43,586	1,251	0	71,048	32.00					
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00					
41.00 04100 SUBPROVIDER - I RF	270,873	18,332	654	0	0	41.00					
43.00 04300 NURSERY	101,555	0	0	0	0	43.00					
ANCILLARY SERVICE COST CENTERS											
50.00 05000 OPERATING ROOM	479,496	1,351,174	15,195	0	367,844	50.00					
51.00 05100 RECOVERY ROOM	301,286	60,073	7,231	0	0	51.00					
52.00 05200 DELIVERY ROOM & LABOR ROOM	410,666	83,779	3,649	0	0	52.00					
54.00 05400 RADIOLOGY-DIAGNOSTIC	236,547	350,209	6,106	0	167,306	54.00					
57.00 03280 EKG AND EEG	0	1,551	0	0	0	57.00					
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00					
59.00 05900 CARDIAC CATHETERIZATION	207,201	158,083	2,619	0	0	59.00					
60.00 06000 LABORATORY	0	0	0	0	0	60.00					
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01					
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	442,266	0	0	0	63.00					
65.00 06500 RESPIRATORY THERAPY	0	144,394	238	0	105,426	65.00					
65.01 06501 SLEEP LAB	0	23,131	0	0	0	65.01					
66.00 06600 PHYSICAL THERAPY	0	11,605	0	0	0	66.00					
67.00 06700 OCCUPATIONAL THERAPY	0	8,699	3	0	0	67.00					
68.00 06800 SPEECH PATHOLOGY	0	608	0	0	0	68.00					
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01					
69.00 06900 ELECTROCARDIOLOGY	0	5,134	0	0	280,753	69.00					
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,876,417	0	0	0	71.00					
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5,099,372	0	0	0	72.00					
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	5,117,523	0	0	73.00					
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	246	1,583,326	0	0	73.01					
74.00 07400 RENAL DIALYSIS	0	4,720	1,157	0	0	74.00					
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00					
76.97 07697 CARDIAC REHABILITATION	10,493	2,543	1	0	0	76.97					
76.98 07698 HYPERBARIC OXYGEN THERAPY	105,112	45,992	2	0	0	76.98					
OUTPATIENT SERVICE COST CENTERS											
90.00 09000 CLINIC	0	0	0	0	0	90.00					
90.02 09002 PAIN CLINIC	52,467	47,157	317	0	111,155	90.02					
90.03 09003 ONCOLOGY CLINIC	161,848	76,450	5,134	0	96,258	90.03					
91.00 09100 EMERGENCY	1,111,947	355,039	28,666	0	445,767	91.00					
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00					
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	119,163	35,982	2,494	0	0	92.01					
OTHER REIMBURSABLE COST CENTERS											
95.00 09500 AMBULANCE SERVICES	0	15,136	205	0	0	95.00					
SPECIAL PURPOSE COST CENTERS											
113.00 11300 INTEREST EXPENSE						113.00					
118.00	SUBTOTALS (SUM OF LINES 1-117)					9,578,715	12,329,397	6,821,598	0	5,401,920	118.00
NONREIMBURSABLE COST CENTERS											
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	381	0	0	0	190.00					
191.00 19100 RESEARCH	73,454	128	2	0	65,318	191.00					
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00					
194.01 07951 BSU PHARMACY	0	0	0	0	0	194.01					

COST ALLOCATION - GENERAL SERVICE COSTS

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To 12/31/2016

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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	INTERNS &	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	RESIDENTS	
	13.00	14.00	15.00	16.00	21.00	
194.02 07952 PAVILLION PHARMACY	0	1,231	1,170,713	0	0	0 194.02
194.03 07953 VENDING	0	0	0	0	0	0 194.03
194.04 07954 CARELINE	0	0	0	0	0	0 194.04
194.05 07955 WELLNESS CENTER	0	135	0	0	0	0 194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0 194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0 194.07
194.08 07958 RENTAL PROPERTY	0	0	0	0	0	0 194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0 194.09
194.10 07960 INTEGRAL TAC	0	0	0	0	0	0 194.10
194.11 07961 IU HEALTH HOSPICE	0	26	0	0	0	0 194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0 194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	0 194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0 194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0 194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	0 194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0 194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0 194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0 194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0 194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0 194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	0 194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	172	0	0	0	0 194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0 194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	22	2	0	0	0 194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	0 194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0 194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0 194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0 194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0 194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0 194.32
194.33 07983 LAB CORP	0	0	0	0	0	0 194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0 194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0 194.35
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	9,652,169	12,331,492	7,992,315	0	5,467,238	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS					
		22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,140,782				22.00
23.00	02300	PARAMED PRGM		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,886,639	0	60,224,508	-5,956,589	54,267,919
31.00	03100	INTENSIVE CARE UNIT	645,426	0	17,122,117	-1,331,839	15,790,278
32.00	02060	NEONATAL INTENSIVE CARE UNIT	66,805	0	3,836,172	-137,853	3,698,319
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	3,914,110	0	3,914,110
43.00	04300	NURSERY	0	0	1,431,549	0	1,431,549
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	345,879	0	15,837,528	-713,723	15,123,805
51.00	05100	RECOVERY ROOM	0	0	3,339,371	0	3,339,371
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,897,473	0	4,897,473
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,316	0	22,361,039	-324,622	22,036,417
57.00	03280	EKG AND EEG	0	0	135,957	0	135,957
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	5,395,687	0	5,395,687
60.00	06000	LABORATORY	0	0	13,261,967	0	13,261,967
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	1,960,153	0	1,960,153
65.00	06500	RESPIRATORY THERAPY	99,131	0	5,878,369	-204,557	5,673,812
65.01	06501	SLEEP LAB	0	0	835,486	0	835,486
66.00	06600	PHYSICAL THERAPY	0	0	5,697,301	0	5,697,301
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,215,053	0	1,215,053
68.00	06800	SPEECH PATHOLOGY	0	0	595,802	0	595,802
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	263,989	0	4,136,044	-544,742	3,591,302
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,264,564	0	12,264,564
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	22,198,447	0	22,198,447
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	36,246,585	0	36,246,585
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	11,196,233	0	11,196,233
74.00	07400	RENAL DIALYSIS	0	0	1,526,317	0	1,526,317
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	889,877	0	889,877
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	1,874,239	0	1,874,239
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	PAIN CLINIC	104,518	0	2,299,919	-215,673	2,084,246
90.03	09003	ONCOLOGY CLINIC	90,511	0	2,194,218	-186,769	2,007,449
91.00	09100	EMERGENCY	419,150	0	20,741,623	-864,917	19,876,706
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	1,379,781	0	1,379,781
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	2,125,862	0	2,125,862
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,079,364	0	287,013,351	-10,481,284	276,532,067
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	832,278	0	832,278
191.00	19100	RESEARCH	61,418	0	1,044,981	-126,736	918,245

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00					
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0	38,818	0	38,818	194.00
194.0107951 BSU PHARMACY	0	0	52,896	0	52,896	194.01
194.0207952 PAVILLION PHARMACY	0	0	8,894,799	0	8,894,799	194.02
194.0307953 VENDING	0	0	0	0	0	194.03
194.0407954 CARELINE	0	0	0	0	0	194.04
194.0507955 WELLNESS CENTER	0	0	401,536	0	401,536	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	1,134,397	0	1,134,397	194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958 RENTAL PROPERTY	0	0	7,966,829	0	7,966,829	194.08
194.0907959 ADVERTISING	0	0	0	0	0	194.09
194.1007960 INTEGRAL TAC	0	0	1,189,894	0	1,189,894	194.10
194.1107961 IU HEALTH HOSPICE	0	0	229,065	0	229,065	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	245,602	0	245,602	194.15
194.1607966 JAY COUNTY HOSPITAL	0	0	353,508	0	353,508	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	0	0	950,109	0	950,109	194.22
194.2307973 CANCER CENTER BOUTIQUE	0	0	189,868	0	189,868	194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	1,367,707	0	1,367,707	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	0	616,584	0	616,584	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	0	1,742,808	0	1,742,808	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	4,405	0	4,405	194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983 LAB CORP	0	0	0	0	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,140,782	0	314,269,435	-10,608,020	303,661,415	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 5:35 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	77,211	77,211	77,211		4.00
5.01 01160	COMMUNICATIONS	0	18,964	18,964	379	19,343	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04 00570	ADMINISTRATIVE	0	62,311	62,311	708	324	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	732,223	732,223	3,482	436	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	11,314,160	11,314,160	2,235	720	6.00
7.00 00700	OPERATION OF PLANT	0	763,746	763,746	853	249	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	186,300	186,300	1,899	1,013	9.00
10.00 01000	DIETARY	0	143,675	143,675	1,051	466	10.00
11.00 01100	CAFETERIA	0	169,387	169,387	824	429	11.00
13.00 01300	NURSING ADMINISTRATION	0	219,721	219,721	3,921	846	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	202,935	202,935	0	0	14.00
15.00 01500	PHARMACY	0	85,757	85,757	3,537	679	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,846	747	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	229,925	229,925	535	106	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,807,157	1,807,157	15,185	3,972	30.00
31.00 03100	INTENSIVE CARE UNIT	0	352,256	352,256	5,145	1,137	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	0	65,134	65,134	1,325	286	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	129,964	129,964	1,037	245	41.00
43.00 04300	NURSERY	0	50,322	50,322	449	98	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	442,975	442,975	3,725	1,001	50.00
51.00 05100	RECOVERY ROOM	0	103,050	103,050	1,063	258	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	161,234	161,234	1,418	320	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	774,912	774,912	5,805	1,247	54.00
57.00 03280	EKG AND EEG	0	0	0	87	43	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	177,742	177,742	1,228	264	59.00
60.00 06000	LABORATORY	0	40,486	40,486	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	58,627	58,627	2,399	571	65.00
65.01 06501	SLEEP LAB	0	0	0	371	98	65.01
66.00 06600	PHYSICAL THERAPY	0	39,106	39,106	3,259	718	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	30,434	30,434	506	113	67.00
68.00 06800	SPEECH PATHOLOGY	0	7,279	7,279	290	65	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	233,470	233,470	783	265	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	1,215	217	73.01
74.00 07400	RENAL DIALYSIS	0	36,941	36,941	0	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	358	103	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	2,684	2,684	360	87	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	0	284,121	284,121	303	107	90.02
90.03 09003	ONCOLOGY CLINIC	0	12,267	12,267	609	135	90.03
91.00 09100	EMERGENCY	0	399,654	399,654	3,891	956	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	47,930	47,930	451	119	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	28,801	28,801	787	294	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	19,492,861	19,492,861	74,319	18,734	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	112	56	190.00
191.00 19100	RESEARCH	0	16,065	16,065	344	86	191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
194.01 07951 BSU PHARMACY	0	0	0	0	180	32	194.01
194.02 07952 PAVILLION PHARMACY	0	35,878	35,878	35,878	568	116	194.02
194.03 07953 VENDING	0	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	64,223	64,223	64,223	39	15	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	256,992	256,992	256,992	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,706,791	1,706,791	1,706,791	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	240,357	240,357	240,357	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	48,866	48,866	48,866	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	57,045	57,045	57,045	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	182	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	992	221	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	10,786	10,786	10,786	11	7	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	317,669	317,669	317,669	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	112,076	112,076	112,076	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	33,308	33,308	33,308	461	76	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	3	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0			201.00
202.00 TOTAL (sum lines 118-201)	0	22,392,917	22,392,917	22,392,917	77,211	19,343	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 5:35 pm		
Cost Center Description			DATA PROCESSING	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
			5.02	5.04	5.05	5.06	6.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	0				5.02
5.04	00570	ADMITTING	0	63,343			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	736,141	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	51,599	11,368,714
7.00	00700	OPERATION OF PLANT	0	0	0	18,369	852,255
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,123	0
9.00	00900	HOUSEKEEPING	0	0	0	9,667	207,890
10.00	01000	DIETARY	0	0	0	6,039	160,325
11.00	01100	CAFETERIA	0	0	0	3,451	189,016
13.00	01300	NURSING ADMINISTRATION	0	0	0	20,669	245,184
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	27,326	226,452
15.00	01500	PHARMACY	0	0	0	17,703	95,695
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	12,575	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	10,289	256,571
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,138	0	89,558	2,016,587
31.00	03100	INTENSIVE CARE UNIT	0	2,225	0	27,847	393,078
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	599	0	7,014	72,682
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	360	0	6,515	145,026
43.00	04300	NURSERY	0	250	0	2,554	56,154
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,738	0	26,654	494,310
51.00	05100	RECOVERY ROOM	0	701	0	5,992	114,992
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,078	0	8,282	179,919
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,064	0	43,333	864,715
57.00	03280	EKG AND EEG	0	194	0	302	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	3,040	0	10,047	198,340
60.00	06000	LABORATORY	0	4,274	0	30,478	45,177
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	261	0	3,553	0
65.00	06500	RESPIRATORY THERAPY	0	841	0	12,294	65,421
65.01	06501	SLEEP LAB	0	333	0	1,873	0
66.00	06600	PHYSICAL THERAPY	0	652	0	12,608	43,638
67.00	06700	OCCUPATIONAL THERAPY	0	206	0	2,554	33,961
68.00	06800	SPEECH PATHOLOGY	0	115	0	1,309	8,123
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	1,686	0	6,556	260,526
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,586	0	21,987	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,878	0	40,046	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,201	0	72,904	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	329	0	22,424	0
74.00	07400	RENAL DIALYSIS	0	141	0	3,279	41,222
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	126	0	1,934	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	557	0	3,989	2,995
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	PAIN CLINIC	0	284	0	2,499	317,047
90.03	09003	ONCOLOGY CLINIC	0	1,064	0	3,988	13,689
91.00	09100	EMERGENCY	0	8,012	0	37,944	445,968
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	142	0	2,410	53,484
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	268	0	4,639	32,138
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	63,343	0	698,176	8,132,580
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,931	0
191.00	19100	RESEARCH	0	0	0	1,832	17,927
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	0	114	0
194.02	07952	PAVILLION PHARMACY	0	0	0	17,785	40,035
194.03	07953	VENDING	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.02	5.04	5.05	5.06	6.00	
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	0	380	71,665	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	727	286,774	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	0	5,986	1,904,587	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	0	639	268,211	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	130	54,529	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	152	63,655	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	828	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	2,157	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	0	362	12,036	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	845	354,483	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	299	125,064	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	3,788	37,168	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	10	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
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)	0	63,343	0	736,141	11,368,714	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 5:35 pm
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,635,472				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,123			8.00
9.00	00900	HOUSEKEEPING	32,330	0	439,099		9.00
10.00	01000	DIETARY	24,933	0	429	336,918	10.00
11.00	01100	CAFETERIA	29,395	0	4,531	0	397,033
13.00	01300	NURSING ADMINISTRATION	38,130	0	1,791	0	21,379
14.00	01400	CENTRAL SERVICES & SUPPLY	35,217	0	1,898	0	0
15.00	01500	PHARMACY	14,882	1	2,112	0	17,165
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	18,888
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	39,901	0	429	0	2,678
23.00	02300	PARAMED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	313,608	1,385	197,477	262,633	100,414
31.00	03100	INTENSIVE CARE UNIT	61,130	258	32,694	25,777	28,743
32.00	02060	NEONATAL INTENSIVE CARE UNIT	11,303	36	1,592	0	7,218
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	22,554	81	20,005	16,511	6,195
43.00	04300	NURSERY	8,733	36	4,775	0	2,488
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	76,873	224	24,735	0	25,295
51.00	05100	RECOVERY ROOM	17,883	84	1,469	0	6,510
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,980	134	23,510	0	8,080
54.00	05400	RADIOLOGY-DIAGNOSTIC	134,477	206	21,627	0	31,526
57.00	03280	EKG AND EEG	0	0	0	0	1,077
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	30,845	42	11,326	0	6,663
60.00	06000	LABORATORY	7,026	0	11,143	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1	0	0	0
65.00	06500	RESPIRATORY THERAPY	10,174	1	1,760	0	14,434
65.01	06501	SLEEP LAB	0	0	0	0	2,468
66.00	06600	PHYSICAL THERAPY	6,786	14	7,286	0	18,163
67.00	06700	OCCUPATIONAL THERAPY	5,281	0	429	0	2,853
68.00	06800	SPEECH PATHOLOGY	1,263	0	429	0	1,654
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	40,516	28	0	0	6,708
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	857	0	5,484
74.00	07400	RENAL DIALYSIS	6,411	8	0	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	3,490	0	2,608
76.98	07698	HYPERBARIC OXYGEN THERAPY	466	0	0	0	2,203
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	PAIN CLINIC	49,306	0	214	0	2,714
90.03	09003	ONCOLOGY CLINIC	2,129	11	0	0	3,411
91.00	09100	EMERGENCY	69,355	512	52,898	0	24,171
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,318	21	1,531	0	3,004
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4,998	0	0	0	7,444
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,132,203	3,083	430,437	304,921	381,638
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,409
191.00	19100	RESEARCH	2,788	0	0	0	2,178
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,612	0	0
194.01	07951	BSU PHARMACY	0	0	0	0	812
194.02	07952	PAVILLION PHARMACY	6,226	0	0	0	2,931
194.03	07953	VENDING	0	0	0	0	0
194.04	07954	CARELINE	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.05	07955 WELLNESS CENTER	11,145	39	1,561	0	379	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	44,598	0	857	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	296,193	0	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	41,711	0	0	17,192	0	194.10
194.11	07961 IU HEALTH HOSPICE	8,480	1	1,714	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	9,899	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	5,584	194.22
194.23	07973 CANCER CENTER BOUTIQUE	1,872	0	0	0	167	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	55,128	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	19,449	0	0	14,805	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	5,780	0	918	0	1,927	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	8	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
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)	1,635,472	3,123	439,099	336,918	397,033	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/22/2017 5:35 pm		
Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.04	00570	ADMINISTRATION				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION	551,641			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	493,828		14.00
15.00	01500	PHARMACY	0	1,970	239,501	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	230,456	27,412	1,043	30.00
31.00	03100	INTENSIVE CARE UNIT	91,188	13,374	330	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	21,844	1,745	37	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	15,481	734	20	41.00
43.00	04300	NURSERY	5,804	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	27,404	54,108	455	50.00
51.00	05100	RECOVERY ROOM	17,219	2,406	217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,470	3,355	109	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,519	14,024	183	54.00
57.00	03280	EKG AND EEG	0	62	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,842	6,330	78	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	17,711	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,782	7	65.00
65.01	06501	SLEEP LAB	0	926	0	65.01
66.00	06600	PHYSICAL THERAPY	0	465	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	348	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	24	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	206	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	115,186	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	204,219	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	153,359	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	10	47,444	73.01
74.00	07400	RENAL DIALYSIS	0	189	35	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	600	102	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6,007	1,842	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
90.02	09002	PAIN CLINIC	2,999	1,888	10	90.02
90.03	09003	ONCOLOGY CLINIC	9,250	3,061	154	90.03
91.00	09100	EMERGENCY	63,550	14,218	859	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,810	1,441	75	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	606	6	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	547,443	493,745	204,421	0
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15	0	190.00
191.00	19100	RESEARCH	4,198	5	0	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
194.0207952 PAVILLION PHARMACY	0	49	35,080	0		194.02
194.0307953 VENDING	0	0	0	0		194.03
194.0407954 CARELINE	0	0	0	0		194.04
194.0507955 WELLNESS CENTER	0	5	0	0		194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	0	0		194.06
194.0707957 PERINATAL CLINIC	0	0	0	0		194.07
194.0807958 RENTAL PROPERTY	0	0	0	0		194.08
194.0907959 ADVERTISING	0	0	0	0		194.09
194.1007960 INTEGRAL TAC	0	0	0	0		194.10
194.1107961 IU HEALTH HOSPICE	0	1	0	0		194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0		194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0		194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	0	0		194.15
194.1607966 JAY COUNTY HOSPITAL	0	0	0	0		194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0		194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0		194.19
194.2007970 MEALS ON WHEELS	0	0	0	0		194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0		194.21
194.2207972 THERAPIES TO OTHER ENTITIES	0	0	0	0		194.22
194.2307973 CANCER CENTER BOUTIQUE	0	7	0	0		194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0		194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	1	0	0		194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0		194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0		194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	0	0		194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.31
194.3207982 RENAL DIALYSIS	0	0	0	0		194.32
194.3307983 LAB CORP	0	0	0	0		194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0		194.34
194.3507985 LEASED SPACE	0	0	0	0		194.35
200.00 Cross Foot Adjustments					35,056	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	551,641	493,828	239,501	0	35,056	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		22.00	23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	540,435			22.00
23.00	02300	PARAMED PRGM		0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		5,074,025	0	5,074,025
31.00	03100	INTENSIVE CARE UNIT		1,035,182	0	1,035,182
32.00	02060	NEONATAL INTENSIVE CARE UNIT		190,815	0	190,815
40.00	04000	SUBPROVIDER - I PF		0	0	0
41.00	04100	SUBPROVIDER - I RF		364,728	0	364,728
43.00	04300	NURSERY		131,663	0	131,663
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		1,183,497	0	1,183,497
51.00	05100	RECOVERY ROOM		271,844	0	271,844
52.00	05200	DELIVERY ROOM & LABOR ROOM		438,889	0	438,889
54.00	05400	RADIOLOGY-DIAGNOSTIC		1,914,638	0	1,914,638
57.00	03280	EKG AND EEG		1,765	0	1,765
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0
59.00	05900	CARDIAC CATHETERIZATION		457,787	0	457,787
60.00	06000	LABORATORY		138,584	0	138,584
60.01	06001	BLOOD LABORATORY		0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		21,526	0	21,526
65.00	06500	RESPIRATORY THERAPY		172,311	0	172,311
65.01	06501	SLEEP LAB		6,069	0	6,069
66.00	06600	PHYSICAL THERAPY		132,695	0	132,695
67.00	06700	OCCUPATIONAL THERAPY		76,685	0	76,685
68.00	06800	SPEECH PATHOLOGY		20,551	0	20,551
68.01	06801	AUDIOLOGY		0	0	0
69.00	06900	ELECTROCARDIOLOGY		550,744	0	550,744
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		138,759	0	138,759
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		248,143	0	248,143
73.00	07300	DRUGS CHARGED TO PATIENTS		234,464	0	234,464
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES		77,980	0	77,980
74.00	07400	RENAL DIALYSIS		88,226	0	88,226
76.00	03160	CARDIOPULMONARY		0	0	0
76.97	07697	CARDIAC REHABILITATION		9,321	0	9,321
76.98	07698	HYPERBARIC OXYGEN THERAPY		21,190	0	21,190
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		0	0	0
90.02	09002	PAIN CLINIC		661,492	0	661,492
90.03	09003	ONCOLOGY CLINIC		49,768	0	49,768
91.00	09100	EMERGENCY		1,121,988	0	1,121,988
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		125,736	0	125,736
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		79,981	0	79,981
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	15,041,046
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,523	0	3,523
191.00	19100	RESEARCH		45,423	0	45,423

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS			3,612	0	3,612	194.00
194.01 07951 BSU PHARMACY			1,138	0	1,138	194.01
194.02 07952 PAVILLION PHARMACY			138,668	0	138,668	194.02
194.03 07953 VENDING			0	0	0	194.03
194.04 07954 CARELINE			0	0	0	194.04
194.05 07955 WELLNESS CENTER			149,451	0	149,451	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS			589,948	0	589,948	194.06
194.07 07957 PERINATAL CLINIC			0	0	0	194.07
194.08 07958 RENTAL PROPERTY			3,913,557	0	3,913,557	194.08
194.09 07959 ADVERTISING			0	0	0	194.09
194.10 07960 INTEGRAL TAC			568,110	0	568,110	194.10
194.11 07961 IU HEALTH HOSPICE			113,721	0	113,721	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS			0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL			0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY			0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS			130,751	0	130,751	194.15
194.16 07966 JAY COUNTY HOSPITAL			1,010	0	1,010	194.16
194.17 07967 CARDINAL HEALTH CHOICE			0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES			0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS			0	0	0	194.19
194.20 07970 MEALS ON WHEELS			0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL			0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES			8,954	0	8,954	194.22
194.23 07973 CANCER CENTER BOUTIQUE			25,248	0	25,248	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY			728,125	0	728,125	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH			271,694	0	271,694	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL			83,426	0	83,426	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES			0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP			0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI			0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE			21	0	21	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS			0	0	0	194.31
194.32 07982 RENAL DIALYSIS			0	0	0	194.32
194.33 07983 LAB CORP			0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT			0	0	0	194.34
194.35 07985 LEASED SPACE			0	0	0	194.35
200.00 Cross Foot Adjustments	540,435	0	575,491	0	575,491	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	540,435	0	22,392,917	0	22,392,917	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATIONS (FTE' S)	DATA PROCESSING (GROSS CHARGES)	ADMI TTING (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5.01	5.02	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,768,837				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,099	101,187,956			4.00
5.01	01160	COMMUNI CATIONS	1,498	496,586	175,324		5.01
5.02	00550	DATA PROCESSING	0	0	0	1,647,393,560	5.02
5.04	00570	ADMI TTING	4,922	927,562	2,937	0	1,647,393,560
5.05	00580	CASHI ERING/ACCOUNTS RECEI VABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMI NI STRATI VE AND GENERAL	57,839	4,564,176	3,951	0	5.06
6.00	00600	MAI NTENANCE & REPAI RS	893,716	2,928,909	6,529	0	6.00
7.00	00700	OPERATI ON OF PLANT	60,329	1,117,926	2,258	0	7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	14,716	2,488,589	9,184	0	9.00
10.00	01000	DI ETARY	11,349	1,377,965	4,228	0	10.00
11.00	01100	CAFETERIA	13,380	1,080,164	3,890	0	11.00
13.00	01300	NURSI NG ADMI NI STRATI ON	17,356	5,139,233	7,665	0	13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	16,030	0	0	0	14.00
15.00	01500	PHARMACY	6,774	4,636,184	6,154	0	15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	0	0	0	16.00
21.00	02100	I & R SERVI CES-SALARY & FRINGES APPRVD	0	3,730,231	6,772	0	21.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRVD	18,162	700,853	960	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	142,749	19,893,609	36,000	187,842,891	187,842,891
31.00	03100	INTENSI VE CARE UNIT	27,825	6,742,883	10,305	58,555,315	58,555,315
32.00	02060	NEONATAL INTENSI VE CARE UNIT	5,145	1,737,113	2,588	15,772,030	15,772,030
40.00	04000	SUBPROVI DER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVI DER - I RF	10,266	1,359,710	2,221	9,472,800	9,472,800
43.00	04300	NURSERY	3,975	588,884	892	6,567,877	6,567,877
ANCI LLARY SERVICE COST CENTERS							
50.00	05000	OPERATI NG ROOM	34,991	4,881,694	9,069	151,007,452	151,007,452
51.00	05100	RECOVERY ROOM	8,140	1,392,564	2,334	18,446,367	18,446,367
52.00	05200	DELIV ERY ROOM & LABOR ROOM	12,736	1,858,201	2,897	28,355,565	28,355,565
54.00	05400	RADI OLOGY-DI AGNOSTI C	61,211	7,608,201	11,303	219,018,405	219,018,405
57.00	03280	EKG AND EEG	0	114,287	386	5,098,494	5,098,494
58.00	05800	MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	0	0	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	14,040	1,609,762	2,389	80,003,531	80,003,531
60.00	06000	LABORATORY	3,198	0	0	112,477,806	112,477,806
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0	0	6,880,109	6,880,109
65.00	06500	RESPI RATORY THERAPY	4,631	3,143,740	5,175	22,137,292	22,137,292
65.01	06501	SLEEP LAB	0	486,382	885	8,759,991	8,759,991
66.00	06600	PHYSI CAL THERAPY	3,089	4,270,777	6,512	17,150,756	17,150,756
67.00	06700	OCCUPATI ONAL THERAPY	2,404	663,130	1,023	5,426,629	5,426,629
68.00	06800	SPEECH PATHOLOGY	575	380,530	593	3,024,710	3,024,710
68.01	06801	AUDI OLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDI OLOGY	18,442	1,025,808	2,405	44,358,359	44,358,359
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	41,725,283	41,725,283
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	102,044,211	102,044,211
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	215,808,921	215,808,921
73.01	07301	HOSPI TAL BASED RETAI L PHARMACI ES	0	1,592,763	1,966	8,660,916	8,660,916
74.00	07400	RENAL DI ALYSI S	2,918	0	0	3,714,214	3,714,214
76.00	03160	CARDI OPULMONARY	0	0	0	0	76.00
76.97	07697	CARDI AC REHABI LI TATI ON	0	469,116	935	3,323,738	3,323,738
76.98	07698	HYPERBARI C OXYGEN THERAPY	212	471,505	790	14,649,367	14,649,367
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINI C	0	0	0	0	90.00
90.02	09002	PAI N CLINI C	22,443	397,743	973	7,466,538	7,466,538
90.03	09003	ONCOLOGY CLINI C	969	798,038	1,223	28,006,395	28,006,395
91.00	09100	EMERGENCY	31,569	5,099,650	8,666	210,851,698	210,851,698
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)					92.00
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART)	3,786	590,922	1,077	3,736,851	3,736,851
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVI CES	2,275	1,032,053	2,669	7,049,049	7,049,049
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LI NES 1-117)	1,539,759	97,397,443	169,804	1,647,393,560	1,647,393,560
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	147,163	505	0	190.00
191.00	19100	RESEARCH	1,269	450,664	781	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5.01	5.02	5.04	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	0 194.00
194.01 07951 BSU PHARMACY	0		235,934	291	0	0	0 194.01
194.02 07952 PAVILLION PHARMACY	2,834		744,745	1,051	0	0	0 194.02
194.03 07953 VENDING	0		0	0	0	0	0 194.03
194.04 07954 CARELINE	0		0	0	0	0	0 194.04
194.05 07955 WELLNESS CENTER	5,073		51,353	136	0	0	0 194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	20,300		0	0	0	0	0 194.06
194.07 07957 PERINATAL CLINIC	0		0	0	0	0	0 194.07
194.08 07958 RENTAL PROPERTY	134,821		0	0	0	0	0 194.08
194.09 07959 ADVERTISING	0		0	0	0	0	0 194.09
194.10 07960 INTEGRAL TAC	18,986		0	0	0	0	0 194.10
194.11 07961 IU HEALTH HOSPICE	3,860		0	0	0	0	0 194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0		0	0	0	0	0 194.12
194.13 07963 EXECUTIVE PHYSICAL	0		0	0	0	0	0 194.13
194.14 07964 NEW CASTLE ONCOLOGY	0		0	0	0	0	0 194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	4,506		0	0	0	0	0 194.15
194.16 07966 JAY COUNTY HOSPITAL	0		238,595	0	0	0	0 194.16
194.17 07967 CARDINAL HEALTH CHOICE	0		0	0	0	0	0 194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0		0	0	0	0	0 194.18
194.19 07969 HEALTH CARE CONNECTIONS	0		0	0	0	0	0 194.19
194.20 07970 MEALS ON WHEELS	0		0	0	0	0	0 194.20
194.21 07971 ST MARY'S SCHOOL	0		0	0	0	0	0 194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0		1,300,731	2,002	0	0	0 194.22
194.23 07973 CANCER CENTER BOUTIQUE	852		14,024	60	0	0	0 194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	25,093		0	0	0	0	0 194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	8,853		0	0	0	0	0 194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	2,631		603,896	691	0	0	0 194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0		0	0	0	0	0 194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0		0	0	0	0	0 194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0		0	0	0	0	0 194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0		3,408	3	0	0	0 194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	0 194.31
194.32 07982 RENAL DIALYSIS	0		0	0	0	0	0 194.32
194.33 07983 LAB CORP	0		0	0	0	0	0 194.33
194.34 07984 H.O. MATERIALS MGMT	0		0	0	0	0	0 194.34
194.35 07985 LEASED SPACE	0		0	0	0	0	0 194.35
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)	22,392,917		26,341,104	720,737	11,899,060	6,917,326	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.659684		0.260319	4.110886	0.007223	0.004199	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			77,211	19,343	0	63,343	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000763	0.110327	0.000000	0.000038	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared: 5/22/2017 5:35 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,647,393,560				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-37,469,394	276,800,041		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	19,405,581	804,763	6.00
7.00	00700	OPERATION OF PLANT	0	0	6,908,161	60,329	744,434
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,174,684	0	0
9.00	00900	HOUSEKEEPING	0	0	3,635,721	14,716	14,716
10.00	01000	DIETARY	0	0	2,271,094	11,349	11,349
11.00	01100	CAFETERIA	0	0	1,297,695	13,380	13,380
13.00	01300	NURSING ADMINISTRATION	0	0	7,773,280	17,356	17,356
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	10,276,667	16,030	16,030
15.00	01500	PHARMACY	0	0	6,657,795	6,774	6,774
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,729,120	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,869,569	18,162	18,162
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	187,842,891	0	33,631,728	142,749	142,749
31.00	03100	INTENSIVE CARE UNIT	58,555,315	0	10,472,602	27,825	27,825
32.00	02060	NEONATAL INTENSIVE CARE UNIT	15,772,030	0	2,637,882	5,145	5,145
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	9,472,800	0	2,450,044	10,266	10,266
43.00	04300	NURSERY	6,567,877	0	960,693	3,975	3,975
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	151,007,452	0	10,024,006	34,991	34,991
51.00	05100	RECOVERY ROOM	18,446,367	0	2,253,620	8,140	8,140
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,355,565	0	3,114,866	12,736	12,736
54.00	05400	RADIOLOGY-DIAGNOSTIC	219,018,405	0	16,296,907	61,211	61,211
57.00	03280	EKG AND EEG	5,098,494	0	113,423	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	80,003,531	0	3,778,612	14,040	14,040
60.00	06000	LABORATORY	112,477,806	0	11,462,280	3,198	3,198
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,880,109	0	1,336,379	0	0
65.00	06500	RESPIRATORY THERAPY	22,137,292	0	4,623,422	4,631	4,631
65.01	06501	SLEEP LAB	8,759,991	0	704,226	0	0
66.00	06600	PHYSICAL THERAPY	17,150,756	0	4,741,613	3,089	3,089
67.00	06700	OCCUPATIONAL THERAPY	5,426,629	0	960,457	2,404	2,404
68.00	06800	SPEECH PATHOLOGY	3,024,710	0	492,295	575	575
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	44,358,359	0	2,465,562	18,442	18,442
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,725,283	0	8,268,829	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	102,044,211	0	15,060,408	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	215,808,921	0	27,417,645	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	8,660,916	0	8,433,381	0	0
74.00	07400	RENAL DIALYSIS	3,714,214	0	1,233,141	2,918	2,918
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	3,323,738	0	727,212	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	14,649,367	0	1,500,130	212	212
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	PAIN CLINIC	7,466,538	0	939,994	22,443	22,443
90.03	09003	ONCOLOGY CLINIC	28,006,395	0	1,499,909	969	969
91.00	09100	EMERGENCY	210,851,698	0	14,270,135	31,569	31,569
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,736,851	0	906,349	3,786	3,786
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	7,049,049	0	1,744,471	2,275	2,275
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,647,393,560	-37,469,394	262,521,588	575,685	515,356
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	726,279	0	0
191.00	19100	RESEARCH	0	0	689,149	1,269	1,269
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	42,882	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)		
	5.05	5A.06	5.06	6.00	7.00		
194.0207952	PAVILLION PHARMACY	0	0	6,688,519	2,834	2,834	194.02
194.0307953	VENDING	0	0	0	0	0	194.03
194.0407954	CARELINE	0	0	0	0	0	194.04
194.0507955	WELLNESS CENTER	0	0	143,021	5,073	5,073	194.05
194.0607956	PHYSICIAN PRACTICE CLINICS	0	0	273,484	20,300	20,300	194.06
194.0707957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958	RENTAL PROPERTY	0	0	2,251,410	134,821	134,821	194.08
194.0907959	ADVERTISING	0	0	0	0	0	194.09
194.1007960	INTEGRAL TAC	0	0	240,357	18,986	18,986	194.10
194.1107961	IU HEALTH HOSPICE	0	0	48,870	3,860	3,860	194.11
194.1207962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.1407964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965	MARKETING/PUBLIC RELATIONS	0	0	57,045	4,506	4,506	194.15
194.1607966	JAY COUNTY HOSPITAL	0	0	311,360	0	0	194.16
194.1707967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972	THERAPIES TO OTHER ENTITIES	0	0	811,324	0	0	194.22
194.2307973	CANCER CENTER BOUTIQUE	0	0	136,198	852	852	194.23
194.2407974	BOSC BALL OUTPATIENT SURGERY	0	0	317,669	25,093	25,093	194.24
194.2507975	CARDINAL BEHAVIORAL HEALTH	0	0	112,519	8,853	8,853	194.25
194.2607976	BLACKFORD COMMUNITY HOSPITAL	0	0	1,424,525	2,631	2,631	194.26
194.2707977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980	CARDINAL HEALTH ALLIANCE	0	0	3,842	0	0	194.30
194.3107986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983	LAB CORP	0	0	0	0	0	194.33
194.3407984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985	LEASED SPACE	0	0	0	0	0	194.35
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)	4,729,661		37,469,394	22,032,437	9,494,951	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002871		0.135366	27.377547	12.754591	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0		736,141	11,368,714	1,635,472	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		0.002659	14.126785	2.196934	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,619,914				8.00	
9.00	00900	HOUSEKEEPING	208	28,688			9.00	
10.00	01000	DIETARY	20	28	243,869		10.00	
11.00	01100	CAFETERIA	23	296	0	142,347	11.00	
13.00	01300	NURSING ADMINISTRATION	0	117	0	7,665	54,270	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	124	0	0	0	14.00
15.00	01500	PHARMACY	625	138	0	6,154	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,772	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	28	0	960	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	718,460	12,902	190,100	36,000	22,672	30.00
31.00	03100	INTENSIVE CARE UNIT	133,598	2,136	18,658	10,305	8,971	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	18,571	104	0	2,588	2,149	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	41,959	1,307	11,951	2,221	1,523	41.00
43.00	04300	NURSERY	18,838	312	0	892	571	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	116,331	1,616	0	9,069	2,696	50.00
51.00	05100	RECOVERY ROOM	43,569	96	0	2,334	1,694	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	69,470	1,536	0	2,897	2,309	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,085	1,413	0	11,303	1,330	54.00
57.00	03280	EKG AND EEG	56	0	0	386	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,800	740	0	2,389	1,165	59.00
60.00	06000	LABORATORY	0	728	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	738	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	341	115	0	5,175	0	65.00
65.01	06501	SLEEP LAB	0	0	0	885	0	65.01
66.00	06600	PHYSICAL THERAPY	7,013	476	0	6,512	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	28	0	1,023	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	28	0	593	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	14,512	0	0	2,405	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	46	56	0	1,966	0	73.01
74.00	07400	RENAL DIALYSIS	3,969	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	195	228	0	935	59	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1	0	0	790	591	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	7	14	0	973	295	90.02
90.03	09003	ONCOLOGY CLINIC	5,456	0	0	1,223	910	90.03
91.00	09100	EMERGENCY	265,388	3,456	0	8,666	6,252	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	11,098	100	0	1,077	670	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	2,669	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,599,377	28,122	220,709	136,827	53,857	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	505	0	190.00
191.00	19100	RESEARCH	0	0	0	781	413	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	236	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	291	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		
	8.00	9.00	10.00	11.00	13.00		
194.0207952	PAVILLION PHARMACY	0	0	0	1,051	0	194.02
194.0307953	VENDING	0	0	0	0	0	194.03
194.0407954	CARELINE	0	0	0	0	0	194.04
194.0507955	WELLNESS CENTER	20,267	102	0	136	0	194.05
194.0607956	PHYSICIAN PRACTICE CLINICS	0	56	0	0	0	194.06
194.0707957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958	RENTAL PROPERTY	0	0	0	0	0	194.08
194.0907959	ADVERTISING	0	0	0	0	0	194.09
194.1007960	INTEGRAL TAC	0	0	12,444	0	0	194.10
194.1107961	IU HEALTH HOSPICE	270	112	0	0	0	194.11
194.1207962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.1407964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.1607966	JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.1707967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972	THERAPIES TO OTHER ENTITIES	0	0	0	2,002	0	194.22
194.2307973	CANCER CENTER BOUTIQUE	0	0	0	60	0	194.23
194.2407974	BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.2507975	CARDINAL BEHAVIORAL HEALTH	0	0	10,716	0	0	194.25
194.2607976	BLACKFORD COMMUNITY HOSPITAL	0	60	0	691	0	194.26
194.2707977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980	CARDINAL HEALTH ALLIANCE	0	0	0	3	0	194.30
194.3107986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983	LAB CORP	0	0	0	0	0	194.33
194.3407984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985	LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,333,696	4,718,630	3,038,604	2,059,032	9,652,169	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.823313	164.480968	12.459985	14.464878	177.854597	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,123	439,099	336,918	397,033	551,641	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001928	15.306016	1.381553	2.789191	10.164750	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	14.00	15.00	16.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	32,892,582					14.00
15.00 01500 PHARMACY	131,222	38,002,266				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,647,393,560			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,771		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	92	0	0	0	4,771	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,825,885	165,563	187,842,891	2,679	2,679	30.00
31.00 03100 INTENSIVE CARE UNIT	890,799	52,338	58,555,315	599	599	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	116,260	5,949	15,772,030	62	62	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	48,898	3,109	9,472,800	0	0	41.00
43.00 04300 NURSERY	0	0	6,567,877	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,604,073	72,248	151,007,452	321	321	50.00
51.00 05100 RECOVERY ROOM	160,236	34,381	18,446,367	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	223,470	17,351	28,355,565	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	934,134	29,035	219,018,405	146	146	54.00
57.00 03280 EKG AND EEG	4,136	1	5,098,494	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	421,666	12,455	80,003,531	0	0	59.00
60.00 06000 LABORATORY	0	0	112,477,806	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1,179,684	0	6,880,109	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	385,151	1,130	22,137,292	92	92	65.00
65.01 06501 SLEEP LAB	61,699	0	8,759,991	0	0	65.01
66.00 06600 PHYSICAL THERAPY	30,954	1	17,150,756	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	23,203	15	5,426,629	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,622	0	3,024,710	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	13,693	0	44,358,359	245	245	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,672,450	0	41,725,283	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	13,601,890	0	102,044,211	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	24,333,088	215,808,921	0	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	655	7,528,464	8,660,916	0	0	73.01
74.00 07400 RENAL DIALYSIS	12,590	5,502	3,714,214	0	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	6,783	3	3,323,738	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	122,677	9	14,649,367	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	125,784	1,509	7,466,538	97	97	90.02
90.03 09003 ONCOLOGY CLINIC	203,920	24,413	28,006,395	84	84	90.03
91.00 09100 EMERGENCY	947,017	136,303	210,851,698	389	389	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	95,978	11,858	3,736,851	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	40,374	973	7,049,049	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	32,886,995	32,435,698	1,647,393,560	4,714	4,714	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,015	0	0	0	0	190.00
191.00 19100 RESEARCH	342	8	0	57	57	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				14.00	15.00	
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.0107951 BSU PHARMACY	0	0	0	0	0	0 194.01
194.0207952 PAVILLION PHARMACY	3,284	5,566,552	0	0	0	0 194.02
194.0307953 VENDING	0	0	0	0	0	0 194.03
194.0407954 CARELINE	0	0	0	0	0	0 194.04
194.0507955 WELLNESS CENTER	359	0	0	0	0	0 194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0 194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	0 194.07
194.0807958 RENTAL PROPERTY	0	0	0	0	0	0 194.08
194.0907959 ADVERTISING	0	0	0	0	0	0 194.09
194.1007960 INTEGRAL TAC	0	0	0	0	0	0 194.10
194.1107961 IU HEALTH HOSPICE	69	0	0	0	0	0 194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0 194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	0 194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0 194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0 194.15
194.1607966 JAY COUNTY HOSPITAL	0	0	0	0	0	0 194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0 194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0 194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0 194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	0 194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	0 194.21
194.2207972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	0 194.22
194.2307973 CANCER CENTER BOUTIQUE	460	0	0	0	0	0 194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0 194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	58	8	0	0	0	0 194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	0 194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0 194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0 194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0 194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0 194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	0 194.32
194.3307983 LAB CORP	0	0	0	0	0	0 194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	0 194.34
194.3507985 LEASED SPACE	0	0	0	0	0	0 194.35
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)	12,331,492	7,992,315	0	5,467,238	5,140,782	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.374902	0.210312	0.000000	1,145.931251	1,077.506183	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	493,828	239,501	0	35,056	540,435	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.015013	0.006302	0.000000	7.347726	113.274995	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

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Cost Center Description		PARAMED PRGM (100% RADIOLOGY)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	DATA PROCESSING	5.02
5.04	00570	ADMINISTRATIVE	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM	23.00
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	32.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	03280	EKG AND EEG	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
68.01	06801	AUDIOLOGY	68.01
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03160	CARDIOPULMONARY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.02	09002	PAIN CLINIC	90.02
90.03	09003	ONCOLOGY CLINIC	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		100	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	194.00
194.01	07951	BSU PHARMACY	194.01
194.02	07952	PAVILLION PHARMACY	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
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Cost Center Description		PARAMED ED PRGM (100% RADIOLOGY)	
		23.00	
194.03	07953 VENDING	0	194.03
194.04	07954 CARELINE	0	194.04
194.05	07955 WELLNESS CENTER	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	0	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRA LTAC	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	194.19
194.20	07970 MEALS ON WHEELS	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32	07982 RENAL DIALYSIS	0	194.32
194.33	07983 LAB CORP	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	194.34
194.35	07985 LEASED SPACE	0	194.35
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C
Part I
Date/Time Prepared:
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		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		54,267,919	4,435	54,272,354	30.00	
31.00	03100 INTENSIVE CARE UNIT		15,790,278	203	15,790,481	31.00	
32.00	02060 NEONATAL INTENSIVE CARE UNIT		3,698,319	0	3,698,319	32.00	
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF		3,914,110	17,913	3,932,023	41.00	
43.00	04300 NURSERY		1,431,549	0	1,431,549	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		15,123,805	1,502	15,125,307	50.00	
51.00	05100 RECOVERY ROOM		3,339,371	0	3,339,371	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,897,473	0	4,897,473	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		22,036,417	0	22,036,417	54.00	
57.00	03280 EKG AND EEG		135,957	0	135,957	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		5,395,687	0	5,395,687	59.00	
60.00	06000 LABORATORY		13,261,967	48,260	13,310,227	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		1,960,153	34,136	1,994,289	63.00	
65.00	06500 RESPIRATORY THERAPY	0	5,673,812	0	5,673,812	65.00	
65.01	06501 SLEEP LAB	0	835,486	1,678	837,164	65.01	
66.00	06600 PHYSICAL THERAPY	0	5,697,301	0	5,697,301	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,215,053	0	1,215,053	67.00	
68.00	06800 SPEECH PATHOLOGY	0	595,802	0	595,802	68.00	
68.01	06801 AUDIOLOGY	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY		3,591,302	0	3,591,302	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,264,564	0	12,264,564	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		22,198,447	0	22,198,447	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		36,246,585	0	36,246,585	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES		11,196,233	0	11,196,233	73.01	
74.00	07400 RENAL DIALYSIS		1,526,317	0	1,526,317	74.00	
76.00	03160 CARDIOPULMONARY		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		889,877	0	889,877	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,874,239	0	1,874,239	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.02	09002 PAIN CLINIC		2,084,246	0	2,084,246	90.02	
90.03	09003 ONCOLOGY CLINIC		2,007,449	0	2,007,449	90.03	
91.00	09100 EMERGENCY		19,876,706	0	19,876,706	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,866,707	0	5,866,707	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,379,781	0	1,379,781	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		2,125,862	6,021	2,131,883	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		282,398,774	114,148	282,512,922	200.00	
201.00	Less Observation Beds		5,866,707		5,866,707	201.00	
202.00	Total (see instructions)		276,532,067	114,148	276,646,215	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

		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	162,838,460		162,838,460		30.00
31.00	03100	INTENSIVE CARE UNIT	58,555,315		58,555,315		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	15,772,030		15,772,030		32.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	9,472,800		9,472,800		41.00
43.00	04300	NURSERY	6,567,877		6,567,877		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,616,392	56,391,060	151,007,452	0.100153	50.00
51.00	05100	RECOVERY ROOM	9,746,997	8,699,370	18,446,367	0.181031	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,384,950	4,970,615	28,355,565	0.172716	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,302,227	165,716,178	219,018,405	0.100614	54.00
57.00	03280	EKG AND EEG	2,920,310	2,178,184	5,098,494	0.026666	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,612,337	41,391,194	80,003,531	0.067443	59.00
60.00	06000	LABORATORY	61,281,041	51,196,765	112,477,806	0.117907	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,873,855	2,006,254	6,880,109	0.284901	63.00
65.00	06500	RESPIRATORY THERAPY	19,928,583	2,208,709	22,137,292	0.256301	65.00
65.01	06501	SLEEP LAB	5,677	8,754,314	8,759,991	0.095375	65.01
66.00	06600	PHYSICAL THERAPY	8,341,375	8,809,381	17,150,756	0.332189	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,916,850	509,779	5,426,629	0.223906	67.00
68.00	06800	SPEECH PATHOLOGY	2,696,616	328,094	3,024,710	0.196978	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	31,900,745	12,457,614	44,358,359	0.080961	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,368,646	20,356,637	41,725,283	0.293936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72,697,404	29,346,807	102,044,211	0.217538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,866,665	112,942,256	215,808,921	0.167957	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,660,916	8,660,916	1.292731	73.01
74.00	07400	RENAL DIALYSIS	3,462,312	251,902	3,714,214	0.410939	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	960,094	2,363,644	3,323,738	0.267734	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	139,418	14,509,949	14,649,367	0.127940	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.02	09002	PAIN CLINIC	764	7,465,774	7,466,538	0.279145	90.02
90.03	09003	ONCOLOGY CLINIC	110,093	27,896,302	28,006,395	0.071678	90.03
91.00	09100	EMERGENCY	58,159,330	152,692,368	210,851,698	0.094269	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,847,130	23,157,301	25,004,431	0.234627	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	863,718	2,873,133	3,736,851	0.369236	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	13,599	7,035,450	7,049,049	0.301581	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	872,223,610	775,169,950	1,647,393,560		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	872,223,610	775,169,950	1,647,393,560		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 5:35 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100163		50.00
51.00	05100	RECOVERY ROOM	0.181031		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.172716		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.100614		54.00
57.00	03280	EKG AND EEG	0.026666		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.067443		59.00
60.00	06000	LABORATORY	0.118336		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.289863		63.00
65.00	06500	RESPIRATORY THERAPY	0.256301		65.00
65.01	06501	SLEEP LAB	0.095567		65.01
66.00	06600	PHYSICAL THERAPY	0.332189		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.223906		67.00
68.00	06800	SPEECH PATHOLOGY	0.196978		68.00
68.01	06801	AUDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.080961		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293936		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.217538		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167957		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.292731		73.01
74.00	07400	RENAL DIALYSIS	0.410939		74.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.267734		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.127940		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.02	09002	PAIN CLINIC	0.279145		90.02
90.03	09003	ONCOLOGY CLINIC	0.071678		90.03
91.00	09100	EMERGENCY	0.094269		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.234627		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.369236		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.302436		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: 15-0089

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

Worksheet C
Part I
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		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	54,267,919	54,267,919	4,435	54,272,354	30.00
31.00	03100 INTENSIVE CARE UNIT	15,790,278	15,790,278	203	15,790,481	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	3,698,319	3,698,319	0	3,698,319	32.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	3,914,110	3,914,110	17,913	3,932,023	41.00
43.00	04300 NURSERY	1,431,549	1,431,549	0	1,431,549	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	15,123,805	15,123,805	1,502	15,125,307	50.00
51.00	05100 RECOVERY ROOM	3,339,371	3,339,371	0	3,339,371	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	4,897,473	4,897,473	0	4,897,473	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,036,417	22,036,417	0	22,036,417	54.00
57.00	03280 EKG AND EEG	135,957	135,957	0	135,957	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,395,687	5,395,687	0	5,395,687	59.00
60.00	06000 LABORATORY	13,261,967	13,261,967	48,260	13,310,227	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,960,153	1,960,153	34,136	1,994,289	63.00
65.00	06500 RESPIRATORY THERAPY	5,673,812	5,673,812	0	5,673,812	65.00
65.01	06501 SLEEP LAB	835,486	835,486	1,678	837,164	65.01
66.00	06600 PHYSICAL THERAPY	5,697,301	5,697,301	0	5,697,301	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,215,053	1,215,053	0	1,215,053	67.00
68.00	06800 SPEECH PATHOLOGY	595,802	595,802	0	595,802	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	3,591,302	3,591,302	0	3,591,302	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,264,564	12,264,564	0	12,264,564	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	22,198,447	22,198,447	0	22,198,447	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,246,585	36,246,585	0	36,246,585	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	11,196,233	11,196,233	0	11,196,233	73.01
74.00	07400 RENAL DIALYSIS	1,526,317	1,526,317	0	1,526,317	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	889,877	889,877	0	889,877	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,874,239	1,874,239	0	1,874,239	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	2,084,246	2,084,246	0	2,084,246	90.02
90.03	09003 ONCOLOGY CLINIC	2,007,449	2,007,449	0	2,007,449	90.03
91.00	09100 EMERGENCY	19,876,706	19,876,706	0	19,876,706	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,866,707	5,866,707	0	5,866,707	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,379,781	1,379,781	0	1,379,781	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	2,125,862	2,125,862	6,021	2,131,883	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	282,398,774	282,398,774	114,148	282,512,922	200.00
201.00	Less Observation Beds	5,866,707	5,866,707		5,866,707	201.00
202.00	Total (see instructions)	276,532,067	276,532,067	114,148	276,646,215	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C
Part I
Date/Time Prepared:
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		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	162,838,460		162,838,460		30.00
31.00	03100	INTENSIVE CARE UNIT	58,555,315		58,555,315		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	15,772,030		15,772,030		32.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	9,472,800		9,472,800		41.00
43.00	04300	NURSERY	6,567,877		6,567,877		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	94,616,392	56,391,060	151,007,452	0.100153	50.00
51.00	05100	RECOVERY ROOM	9,746,997	8,699,370	18,446,367	0.181031	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,384,950	4,970,615	28,355,565	0.172716	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,302,227	165,716,178	219,018,405	0.100614	54.00
57.00	03280	EKG AND EEG	2,920,310	2,178,184	5,098,494	0.026666	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	38,612,337	41,391,194	80,003,531	0.067443	59.00
60.00	06000	LABORATORY	61,281,041	51,196,765	112,477,806	0.117907	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,873,855	2,006,254	6,880,109	0.284901	63.00
65.00	06500	RESPIRATORY THERAPY	19,928,583	2,208,709	22,137,292	0.256301	65.00
65.01	06501	SLEEP LAB	5,677	8,754,314	8,759,991	0.095375	65.01
66.00	06600	PHYSICAL THERAPY	8,341,375	8,809,381	17,150,756	0.332189	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,916,850	509,779	5,426,629	0.223906	67.00
68.00	06800	SPEECH PATHOLOGY	2,696,616	328,094	3,024,710	0.196978	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	31,900,745	12,457,614	44,358,359	0.080961	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,368,646	20,356,637	41,725,283	0.293936	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72,697,404	29,346,807	102,044,211	0.217538	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,866,665	112,942,256	215,808,921	0.167957	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,660,916	8,660,916	1.292731	73.01
74.00	07400	RENAL DIALYSIS	3,462,312	251,902	3,714,214	0.410939	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	960,094	2,363,644	3,323,738	0.267734	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	139,418	14,509,949	14,649,367	0.127940	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.02	09002	PAIN CLINIC	764	7,465,774	7,466,538	0.279145	90.02
90.03	09003	ONCOLOGY CLINIC	110,093	27,896,302	28,006,395	0.071678	90.03
91.00	09100	EMERGENCY	58,159,330	152,692,368	210,851,698	0.094269	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,847,130	23,157,301	25,004,431	0.234627	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	863,718	2,873,133	3,736,851	0.369236	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	13,599	7,035,450	7,049,049	0.301581	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	872,223,610	775,169,950	1,647,393,560		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	872,223,610	775,169,950	1,647,393,560		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/22/2017 5:35 pm
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
32.00	02060	NEONATAL INTENSIVE CARE UNIT			32.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	03280	EKG AND EEG	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	SLEEP LAB	0.000000		65.01
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
68.01	06801	AUDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.02	09002	PAIN CLINIC	0.000000		90.02
90.03	09003	ONCOLOGY CLINIC	0.000000		90.03
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
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: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/22/2017 5:35 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,074,025	0	5,074,025	71,232	71.23	30.00
31.00	INTENSIVE CARE UNIT	1,035,182		1,035,182	10,953	94.51	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	190,815		190,815	3,197	59.69	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	364,728	0	364,728	3,974	91.78	41.00
43.00	NURSERY	131,663		131,663	2,715	48.49	43.00
200.00	Total (Lines 30-199)	6,796,413		6,796,413	92,071		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	31,161	2,219,598				
31.00	INTENSIVE CARE UNIT	5,976	564,792				
32.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	3,008	276,074				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	40,145	3,060,464				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0089

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

Worksheet D
Part II
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,183,497	151,007,452	0.007837	45,781,298	358,788	50.00
51.00	05100 RECOVERY ROOM	271,844	18,446,367	0.014737	4,581,538	67,518	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	438,889	28,355,565	0.015478	193,689	2,998	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,914,638	219,018,405	0.008742	27,494,004	240,353	54.00
57.00	03280 EKG AND EEG	1,765	5,098,494	0.000346	1,723,833	596	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	457,787	80,003,531	0.005722	18,847,241	107,844	59.00
60.00	06000 LABORATORY	138,584	112,477,806	0.001232	29,299,093	36,096	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	21,526	6,880,109	0.003129	2,979,284	9,322	63.00
65.00	06500 RESPIRATORY THERAPY	172,311	22,137,292	0.007784	10,667,724	83,038	65.00
65.01	06501 SLEEP LAB	6,069	8,759,991	0.000693	5,292	4	65.01
66.00	06600 PHYSICAL THERAPY	132,695	17,150,756	0.007737	3,311,200	25,619	66.00
67.00	06700 OCCUPATIONAL THERAPY	76,685	5,426,629	0.014131	915,516	12,937	67.00
68.00	06800 SPEECH PATHOLOGY	20,551	3,024,710	0.006794	999,273	6,789	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	550,744	44,358,359	0.012416	18,286,492	227,045	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	138,759	41,725,283	0.003326	10,272,092	34,165	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	248,143	102,044,211	0.002432	36,247,149	88,153	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	234,464	215,808,921	0.001086	48,669,134	52,855	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	77,980	8,660,916	0.009004	0	0	73.01
74.00	07400 RENAL DIALYSIS	88,226	3,714,214	0.023754	2,311,134	54,899	74.00
76.00	03160 CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	9,321	3,323,738	0.002804	529,134	1,484	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	21,190	14,649,367	0.001446	135,559	196	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 PAIN CLINIC	661,492	7,466,538	0.088594	539	48	90.02
90.03	09003 ONCOLOGY CLINIC	49,768	28,006,395	0.001777	83,807	149	90.03
91.00	09100 EMERGENCY	1,121,988	210,851,698	0.005321	30,878,709	164,306	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	548,490	25,004,431	0.021936	813,991	17,856	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	125,736	3,736,851	0.033648	426,482	14,350	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	8,713,142	1,387,138,029		295,453,207	1,607,408	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/22/2017 5:35 pm
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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	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	71,232	0.00	31,161	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,953	0.00	5,976	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,197	0.00	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	3,974	0.00	3,008	0	41.00
43.00	04300	NURSERY	2,715	0.00	0	0	43.00
200.00		Total (lines 30-199)	92,071		40,145	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0089

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	03280	EKG AND EEG	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
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
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:35 pm
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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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	151,007,452	0.000000	0.000000	45,781,298	50.00
51.00	05100	RECOVERY ROOM	0	18,446,367	0.000000	0.000000	4,581,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	28,355,565	0.000000	0.000000	193,689	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	219,018,405	0.000000	0.000000	27,494,004	54.00
57.00	03280	EKG AND EEG	0	5,098,494	0.000000	0.000000	1,723,833	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	80,003,531	0.000000	0.000000	18,847,241	59.00
60.00	06000	LABORATORY	0	112,477,806	0.000000	0.000000	29,299,093	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,880,109	0.000000	0.000000	2,979,284	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,137,292	0.000000	0.000000	10,667,724	65.00
65.01	06501	SLEEP LAB	0	8,759,991	0.000000	0.000000	5,292	65.01
66.00	06600	PHYSICAL THERAPY	0	17,150,756	0.000000	0.000000	3,311,200	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,426,629	0.000000	0.000000	915,516	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,024,710	0.000000	0.000000	999,273	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	44,358,359	0.000000	0.000000	18,286,492	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,725,283	0.000000	0.000000	10,272,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	102,044,211	0.000000	0.000000	36,247,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	215,808,921	0.000000	0.000000	48,669,134	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,660,916	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	3,714,214	0.000000	0.000000	2,311,134	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,323,738	0.000000	0.000000	529,134	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	14,649,367	0.000000	0.000000	135,559	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0	7,466,538	0.000000	0.000000	539	90.02
90.03	09003	ONCOLOGY CLINIC	0	28,006,395	0.000000	0.000000	83,807	90.03
91.00	09100	EMERGENCY	0	210,851,698	0.000000	0.000000	30,878,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	25,004,431	0.000000	0.000000	813,991	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,736,851	0.000000	0.000000	426,482	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	1,387,138,029			295,453,207	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:35 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	17,986,774	0	50.00
51.00	05100 RECOVERY ROOM	0	2,858,668	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	15,494	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	63,587,452	0	54.00
57.00	03280 EKG AND EEG	0	691,108	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,116,221	0	59.00
60.00	06000 LABORATORY	0	8,633,845	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	829,038	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	550,171	0	65.00
65.01	06501 SLEEP LAB	0	2,793,654	0	65.01
66.00	06600 PHYSICAL THERAPY	0	132,418	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	26,722	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	16,111	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	6,894,587	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,493,504	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	16,016,631	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	33,207,987	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	101,503	0	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,281,704	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	6,997,384	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	2,705,026	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	12,160,986	0	90.03
91.00	09100 EMERGENCY	0	34,110,272	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,672,074	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	1,320,919	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	246,200,253	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 5:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.100153	17,986,774	0	0	1,801,429	50.00
51.00	05100 RECOVERY ROOM	0.181031	2,858,668	0	0	517,508	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.172716	15,494	0	0	2,676	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.100614	63,587,452	0	0	6,397,788	54.00
57.00	03280 EKG AND EEG	0.026666	691,108	0	0	18,429	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.067443	16,116,221	0	0	1,086,926	59.00
60.00	06000 LABORATORY	0.117907	8,633,845	7,836	0	1,017,991	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.284901	829,038	0	0	236,194	63.00
65.00	06500 RESPIRATORY THERAPY	0.256301	550,171	0	0	141,009	65.00
65.01	06501 SLEEP LAB	0.095375	2,793,654	0	0	266,445	65.01
66.00	06600 PHYSICAL THERAPY	0.332189	132,418	0	0	43,988	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.223906	26,722	0	0	5,983	67.00
68.00	06800 SPEECH PATHOLOGY	0.196978	16,111	0	0	3,174	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.080961	6,894,587	0	0	558,193	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293936	9,493,504	0	0	2,790,483	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.217538	16,016,631	0	0	3,484,226	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.167957	33,207,987	0	132,838	5,577,514	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.292731	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.410939	101,503	0	0	41,712	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.267734	1,281,704	0	0	343,156	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.127940	6,997,384	0	0	895,245	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	0.279145	2,705,026	0	0	755,094	90.02
90.03	09003 ONCOLOGY CLINIC	0.071678	12,160,986	0	0	871,675	90.03
91.00	09100 EMERGENCY	0.094269	34,110,272	0	0	3,215,541	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.234627	7,672,074	0	0	1,800,076	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.369236	1,320,919	0	0	487,731	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.301581	0	0	0	0	95.00
200.00	Subtotal (see instructions)		246,200,253	7,836	132,838	32,360,186	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		246,200,253	7,836	132,838	32,360,186	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 5:35 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 03280 EKG AND EEG	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	924	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
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
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	22,311		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
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
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	924	22,311		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	924	22,311		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/22/2017 5:35 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,183,497	151,007,452	0.007837	103,426	811	50.00
51.00	05100	RECOVERY ROOM	271,844	18,446,367	0.014737	8,380	123	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	438,889	28,355,565	0.015478	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,914,638	219,018,405	0.008742	249,879	2,184	54.00
57.00	03280	EKG AND EEG	1,765	5,098,494	0.000346	25,521	9	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	457,787	80,003,531	0.005722	0	0	59.00
60.00	06000	LABORATORY	138,584	112,477,806	0.001232	610,260	752	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	21,526	6,880,109	0.003129	9,430	30	63.00
65.00	06500	RESPIRATORY THERAPY	172,311	22,137,292	0.007784	175,422	1,365	65.00
65.01	06501	SLEEP LAB	6,069	8,759,991	0.000693	0	0	65.01
66.00	06600	PHYSICAL THERAPY	132,695	17,150,756	0.007737	1,954,235	15,120	66.00
67.00	06700	OCCUPATIONAL THERAPY	76,685	5,426,629	0.014131	2,332,396	32,959	67.00
68.00	06800	SPEECH PATHOLOGY	20,551	3,024,710	0.006794	620,463	4,215	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	550,744	44,358,359	0.012416	31,290	388	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	138,759	41,725,283	0.003326	27,485	91	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	248,143	102,044,211	0.002432	785	2	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	234,464	215,808,921	0.001086	1,486,547	1,614	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	77,980	8,660,916	0.009004	0	0	73.01
74.00	07400	RENAL DIALYSIS	88,226	3,714,214	0.023754	91,506	2,174	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,321	3,323,738	0.002804	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,190	14,649,367	0.001446	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	PAIN CLINIC	661,492	7,466,538	0.088594	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	49,768	28,006,395	0.001777	0	0	90.03
91.00	09100	EMERGENCY	1,121,988	210,851,698	0.005321	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	25,004,431	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	125,736	3,736,851	0.033648	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	8,164,652	1,387,138,029		7,727,025	61,837	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:35 pm
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Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	03280 EKG AND EEG	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:35 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	151,007,452	0.000000	0.000000	103,426 50.00
51.00 05100 RECOVERY ROOM	0	18,446,367	0.000000	0.000000	8,380 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	28,355,565	0.000000	0.000000	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	219,018,405	0.000000	0.000000	249,879 54.00
57.00 03280 EKG AND EEG	0	5,098,494	0.000000	0.000000	25,521 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	80,003,531	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	112,477,806	0.000000	0.000000	610,260 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	6,880,109	0.000000	0.000000	9,430 63.00
65.00 06500 RESPIRATORY THERAPY	0	22,137,292	0.000000	0.000000	175,422 65.00
65.01 06501 SLEEP LAB	0	8,759,991	0.000000	0.000000	0 65.01
66.00 06600 PHYSICAL THERAPY	0	17,150,756	0.000000	0.000000	1,954,235 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,426,629	0.000000	0.000000	2,332,396 67.00
68.00 06800 SPEECH PATHOLOGY	0	3,024,710	0.000000	0.000000	620,463 68.00
68.01 06801 AUDIOLOGY	0	0	0.000000	0.000000	0 68.01
69.00 06900 ELECTROCARDIOLOGY	0	44,358,359	0.000000	0.000000	31,290 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,725,283	0.000000	0.000000	27,485 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	102,044,211	0.000000	0.000000	785 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	215,808,921	0.000000	0.000000	1,486,547 73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	8,660,916	0.000000	0.000000	0 73.01
74.00 07400 RENAL DIALYSIS	0	3,714,214	0.000000	0.000000	91,506 74.00
76.00 03160 CARDIOPULMONARY	0	0	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	3,323,738	0.000000	0.000000	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	14,649,367	0.000000	0.000000	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.02 09002 PAIN CLINIC	0	7,466,538	0.000000	0.000000	0 90.02
90.03 09003 ONCOLOGY CLINIC	0	28,006,395	0.000000	0.000000	0 90.03
91.00 09100 EMERGENCY	0	210,851,698	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	25,004,431	0.000000	0.000000	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	3,736,851	0.000000	0.000000	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00	Total (lines 50-199)	0	1,387,138,029		7,727,025 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/22/2017 5:35 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
57.00	03280 EKG AND EEG	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 5:35 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		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	0.100153	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.181031	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.172716	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.100614	0	0	0	0	54.00
57.00	03280	EKG AND EEG	0.026666	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.067443	0	0	0	0	59.00
60.00	06000	LABORATORY	0.117907	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.284901	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.256301	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0.095375	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.332189	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.223906	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.196978	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.080961	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293936	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.217538	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167957	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.292731	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.410939	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.267734	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.127940	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	0.279145	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.071678	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.094269	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.234627	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.369236	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.301581	0	0	0	0	95.00
200.00		Subtotal (see instructions)		0	0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/22/2017 5:35 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 03280 EKG AND EEG	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
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
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
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
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:35 pm
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)		71,232	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71,232	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)		63,532	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)		31,161	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)		54,272,354	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)		54,272,354	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)		54,272,354	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)		761.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		23,741,878	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)		23,741,878	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:35 pm		
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	15,790,481	10,953	1,441.66	5,976	8,615,360	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	3,698,319	3,197	1,156.81	0	0	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)					43,032,502	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					75,389,740	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)					2,784,390	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,607,408	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,391,798	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					70,997,942	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)					7,700	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					761.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,866,707	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 5:35 pm	
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	5,074,025	54,272,354	0.093492	5,866,707	548,490	90.00
91.00	Nursing School cost	0	54,272,354	0.000000	5,866,707	0	91.00
92.00	Allied health cost	0	54,272,354	0.000000	5,866,707	0	92.00
93.00	All other Medical Education	0	54,272,354	0.000000	5,866,707	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:35 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,974	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,974	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)		3,974	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,008	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)		3,932,023	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)		3,932,023	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)		3,932,023	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)		989.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,976,236	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,976,236	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 5:35 pm		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)	1,749,300						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,725,536						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)	276,074						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	61,837						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	337,911						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,387,625						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)	0						87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00						88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0						89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 5:35 pm	
		Title XVIII		Subprovider - IRF		PPS	
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	364,728	3,932,023	0.092758	0	0	90.00
91.00	Nursing School cost	0	3,932,023	0.000000	0	0	91.00
92.00	Allied health cost	0	3,932,023	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,932,023	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/22/2017 5:35 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		71,232	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71,232	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)		63,532	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)		889	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)		2,715	15.00
16.00	Nursery days (title V or XIX only)		1,475	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)		54,267,919	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)		54,267,919	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)		54,267,919	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)		761.85	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		677,285	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)		677,285	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/22/2017 5:35 pm		
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)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,431,549	2,715	527.27	1,475	777,723	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,790,278	10,953	1,441.64	854	1,231,161	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	3,698,319	3,197	1,156.81	293	338,945	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)					1,655,922	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,681,036	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)					7,700	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					761.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,866,245	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/22/2017 5:35 pm	
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	5,074,025	54,267,919	0.093500	5,866,245	548,494	90.00
91.00	Nursing School cost	0	54,267,919	0.000000	5,866,245	0	91.00
92.00	Allied health cost	0	54,267,919	0.000000	5,866,245	0	92.00
93.00	All other Medical Education	0	54,267,919	0.000000	5,866,245	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 5:35 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		80,253,172	30.00
31.00	03100	INTENSIVE CARE UNIT		31,706,280	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100163	45,781,298	50.00
51.00	05100	RECOVERY ROOM	0.181031	4,581,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.172716	193,689	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.100614	27,494,004	54.00
57.00	03280	EKG AND EEG	0.026666	1,723,833	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.067443	18,847,241	59.00
60.00	06000	LABORATORY	0.118336	29,299,093	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.289863	2,979,284	63.00
65.00	06500	RESPIRATORY THERAPY	0.256301	10,667,724	65.00
65.01	06501	SLEEP LAB	0.095567	5,292	65.01
66.00	06600	PHYSICAL THERAPY	0.332189	3,311,200	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.223906	915,516	67.00
68.00	06800	SPEECH PATHOLOGY	0.196978	999,273	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.080961	18,286,492	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293936	10,272,092	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.217538	36,247,149	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167957	48,669,134	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.292731	0	73.01
74.00	07400	RENAL DIALYSIS	0.410939	2,311,134	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.267734	529,134	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.127940	135,559	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0.279145	539	90.02
90.03	09003	ONCOLOGY CLINIC	0.071678	83,807	90.03
91.00	09100	EMERGENCY	0.094269	30,878,709	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.234627	813,991	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.369236	426,482	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		295,453,207	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)		295,453,207	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 5:35 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - I PF		0		40.00
41.00	04100 SUBPROVIDER - IRF		7,229,414		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.100163	103,426	10,359	50.00
51.00	05100 RECOVERY ROOM	0.181031	8,380	1,517	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.172716	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.100614	249,879	25,141	54.00
57.00	03280 EKG AND EEG	0.026666	25,521	681	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.067443	0	0	59.00
60.00	06000 LABORATORY	0.118336	610,260	72,216	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.289863	9,430	2,733	63.00
65.00	06500 RESPIRATORY THERAPY	0.256301	175,422	44,961	65.00
65.01	06501 SLEEP LAB	0.095567	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.332189	1,954,235	649,175	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.223906	2,332,396	522,237	67.00
68.00	06800 SPEECH PATHOLOGY	0.196978	620,463	122,218	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.080961	31,290	2,533	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293936	27,485	8,079	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.217538	785	171	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.167957	1,486,547	249,676	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.292731	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.410939	91,506	37,603	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.267734	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.127940	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.02	09002 PAIN CLINIC	0.279145	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.071678	0	0	90.03
91.00	09100 EMERGENCY	0.094269	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.234627	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.369236	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		7,727,025	1,749,300	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)		7,727,025		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 5:35 pm	
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		3,995,129	30.00
31.00	03100	INTENSIVE CARE UNIT		1,589,500	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		1,691,825	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		26,400	41.00
43.00	04300	NURSERY		564,771	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.100153	1,151,763	115,353 50.00
51.00	05100	RECOVERY ROOM	0.181031	132,027	23,901 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.172716	911,512	157,433 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.100614	972,009	97,798 54.00
57.00	03280	EKG AND EEG	0.026666	40,278	1,074 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.067443	148,147	9,991 59.00
60.00	06000	LABORATORY	0.117907	1,537,118	181,237 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.284901	60,223	17,158 63.00
65.00	06500	RESPIRATORY THERAPY	0.256301	712,317	182,568 65.00
65.01	06501	SLEEP LAB	0.095375	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.332189	94,848	31,507 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.223906	52,135	11,673 67.00
68.00	06800	SPEECH PATHOLOGY	0.196978	87,221	17,181 68.00
68.01	06801	AUDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.080961	580,165	46,971 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293936	308,883	90,792 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.217538	320,984	69,826 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.167957	2,800,290	470,328 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.292731	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.410939	58,002	23,835 74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.267734	1,978	530 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.127940	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.02	09002	PAIN CLINIC	0.279145	0	0 90.02
90.03	09003	ONCOLOGY CLINIC	0.071678	0	0 90.03
91.00	09100	EMERGENCY	0.094269	1,072,001	101,056 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.234627	6,048	1,419 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.369236	11,620	4,291 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		11,059,569	1,655,922 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		11,059,569	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/22/2017 5:35 pm
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - I PF		0	40.00
41.00	04100 SUBPROVIDER - IRF		26,400	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.100153	0	50.00
51.00	05100 RECOVERY ROOM	0.181031	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.172716	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.100614	0	54.00
57.00	03280 EKG AND EEG	0.026666	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.067443	0	59.00
60.00	06000 LABORATORY	0.117907	939	111 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.284901	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.256301	681	175 65.00
65.01	06501 SLEEP LAB	0.095375	0	65.01
66.00	06600 PHYSICAL THERAPY	0.332189	7,149	2,375 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.223906	8,573	1,920 67.00
68.00	06800 SPEECH PATHOLOGY	0.196978	3,828	754 68.00
68.01	06801 AUDIOLOGY	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.080961	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293936	3,193	939 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.217538	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.167957	7,641	1,283 73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.292731	0	73.01
74.00	07400 RENAL DIALYSIS	0.410939	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.267734	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.127940	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	90.00
90.02	09002 PAIN CLINIC	0.279145	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.071678	0	90.03
91.00	09100 EMERGENCY	0.094269	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.234627	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.369236	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50-94 and 96-98)		32,004	7,557 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		32,004	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:35 pm
		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)		45,487,980	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		15,428,024	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)		938,660	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		11,973,838	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		299.02	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)		50.70	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.		12.00	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)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		62.82	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)		62.70	12.00
13.00	Total allowable FTE count for the prior year.		61.03	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.		57.23	14.00
15.00	Sum of lines 12 through 14 divided by 3.		60.32	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		60.32	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.201726	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.204237	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.201726	21.00
22.00	IME payment adjustment (see instructions)		6,353,783	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,248,919	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).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.12	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)		0.12	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000401	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000107	27.00
28.00	IME add-on adjustment amount (see instructions)		6,518	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		1,281	28.01
29.00	Total IME payment (sum of lines 22 and 28)		6,360,301	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,250,200	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.51	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.69	31.00
32.00	Sum of lines 30 and 31		33.20	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.61	33.00
34.00	Disproportionate share adjustment (see instructions)		2,529,537	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:35 pm
		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)	0.000546961	0.000541810	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,503,913	3,238,660	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,623,148	816,320	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,439,468		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)	74,183,970		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)		75,434,170	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,685,045	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).		2,472,174	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		12,013	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).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		83,603,402	59.00
60.00	Primary payer payments		43,575	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		83,559,827	61.00
62.00	Deductibles billed to program beneficiaries		6,449,800	62.00
63.00	Coinurance billed to program beneficiaries		175,476	63.00
64.00	Allowable bad debts (see instructions)		467,667	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		303,984	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		395,385	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		77,238,535	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)		-244,824	70.93
70.94	HRR adjustment amount (see instructions)		-104,138	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/22/2017 5:35 pm	
		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)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			76,889,573	71.00
71.01	Sequestration adjustment (see instructions)			1,537,791	71.01
72.00	Interim payments			74,488,991	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)			862,791	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			648,440	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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/22/2017 5:35 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	45,487,980	0	45,487,980		45,487,980	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,428,024	0		15,428,024	15,428,024	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	938,660	0	646,546	292,114	938,660	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,973,838	0	0	11,973,838	11,973,838	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.201726	0.201726	0.201726	0.201726		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,353,783	0	4,744,578	1,609,205	6,353,783	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,248,919	0	1,248,919	0	1,248,919	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000107	0.000107	0.000107	0.000107		7.00
8.00	IME adjustment (see instructions)	28.00	6,518	0	4,867	1,651	6,518	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	1,281	0	0	1,281	1,281	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,360,301	0	4,749,445	1,610,856	6,360,301	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,250,200	0	1,248,919	1,281	1,250,200	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1661	0.1661	0.1661	0.1661		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,529,537	0	1,888,888	640,649	2,529,537	11.00
11.01	Uncompensated care payments	36.00	3,439,468	0	2,623,148	816,320	3,439,468	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	74,183,970	0	55,396,007	18,787,963	74,183,970	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	75,434,170	0	56,644,926	18,789,244	75,434,170	15.00
16.00	Payment for inpatient program capital	50.00	5,685,045	0	4,227,756	1,457,289	5,685,045	16.00
17.00	Special add-on payments for new technologies	54.00	12,013	0	9,941	2,071	12,012	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/22/2017 5:35 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	60,882,623	20,248,604	81,131,227	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,893,753	0	3,644,241	1,249,512	4,893,753	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	44,995	0	27,768	17,227	44,995	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0830	0.0830	0.0830	0.0830		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	406,181	0	302,472	103,709	406,181	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0695	0.0695	0.0695	0.0695		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	340,116	0	253,275	86,841	340,116	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,685,045	0	4,227,756	1,457,289	5,685,045	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2017 5:35 pm
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	45,487,980	45,487,980		45,487,980	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,428,024		15,428,024	15,428,024	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00	938,660	646,546	292,114	938,660	2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	11,973,838	0	11,973,838	11,973,838	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.201726	0.201726	0.201726		5.00	
6.00	IME payment adjustment (see instructions)	22.00	6,353,783	4,744,578	1,609,205	6,353,783	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,248,919	0	1,248,919	1,248,919	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000107	0.000107	0.000107		7.00	
8.00	IME adjustment (see instructions)	28.00	6,518	4,867	1,651	6,518	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	1,281	0	1,281	1,281	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,360,301	4,749,445	1,610,856	6,360,301	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,250,200	0	1,250,200	1,250,200	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1661	0.1661	0.1661		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,529,537	1,888,888	640,649	2,529,537	11.00	
11.01	Uncompensated care payments	36.00	3,439,468	2,623,148	816,320	3,439,468	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	74,183,970	55,396,007	18,787,963	74,183,970	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	75,434,170	55,396,007	20,038,163	75,434,170	15.00	
16.00	Payment for inpatient program capital	50.00	5,685,045	4,227,756	1,457,289	5,685,045	16.00	
17.00	Special add-on payments for new technologies	54.00	12,013	9,942	2,071	12,013	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			59,633,705	21,497,523	81,131,228	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/22/2017 5:35 pm
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		Title XVIII		Hospital		PPS	
	Wkst. L, line	(Amt. from Wkst. L)					
	0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	4,893,753	3,644,241	1,249,512	4,893,753	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	44,995	27,768	17,227	44,995	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0830	0.0830	0.0830		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	406,181	302,472	103,709	406,181	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0695	0.0695	0.0695		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	340,116	253,275	86,841	340,116	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,685,045	4,227,756	1,457,289	5,685,045	26.00
	Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)					
	0	1.00	2.00	3.00	4.00		
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-244,824	-203,996	-40,828	-244,824	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-104,138	-45,503	-58,635	-104,138	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
					(Amt. to Wkst. E, Pt. A)		
	0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/22/2017 5:35 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23,235	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,360,186	2.00
3.00	PPS payments		32,907,972	3.00
4.00	Outlier payment (see instructions)		245,288	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		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		23,235	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		140,674	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)		140,674	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)		140,674	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		117,439	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)		23,235	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)		33,153,260	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)		6,166,556	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)		27,009,939	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		999,683	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)		28,009,622	30.00
31.00	Primary payer payments		6,140	31.00
32.00	Subtotal (line 30 minus line 31)		28,003,482	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)		1,577,006	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,025,054	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,490,051	36.00
37.00	Subtotal (see instructions)		29,028,536	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-551	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)		17,565	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		29,029,087	40.00
40.01	Sequestration adjustment (see instructions)		580,582	40.01
41.00	Interim payments		28,010,226	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		438,279	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: 15-0089

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		74,161,991		27,781,126	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	06/27/2016	327,000	06/27/2016	229,100	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		327,000		229,100	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)		74,488,991		28,010,226	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		862,791		438,279	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		75,351,782		28,448,505	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0089
Component CCN: 15-T089

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2017 5:35 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,935,299			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,935,299			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		16,290			0 6.02
7.00	Total Medicare program liability (see instructions)		3,919,009			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/22/2017 5:35 pm
		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		16,651	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		37,137	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		7,830	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		77,682	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,647,393,560	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		42,908,837	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)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	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)		0	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/22/2017 5:35 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,874,179 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0217 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			82,133 3.00
4.00	Outlier Payments			77,663 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			62.51 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.857923 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,033,975 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,033,975 17.00
18.00	Primary payer payments			3,927 18.00
19.00	Subtotal (line 17 less line 18).			4,030,048 19.00
20.00	Deductibles			21,896 20.00
21.00	Subtotal (line 19 minus line 20)			4,008,152 21.00
22.00	Coinsurance			9,982 22.00
23.00	Subtotal (line 21 minus line 22)			3,998,170 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,260 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			819 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,260 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,998,989 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,998,989 32.00
32.01	Sequestration adjustment (see instructions)			79,980 32.01
33.00	Interim payments			3,935,299 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			-16,290 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			734 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			77,663 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 5:35 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			57.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			12.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			64.48	6.00
7.00	Enter the lesser of line 5 or line 6			64.48	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	54.23	10.00	64.23	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	54.23	10.00	64.23	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	54.23	10.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	52.03	10.49		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	49.51	9.51		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	51.92	10.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	51.92	10.00		17.00
18.00	Per resident amount	98,899.26	93,648.93		18.00
19.00	Approved amount for resident costs	5,134,850	936,489	6,071,339	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			4.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			6,071,339	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	40,145	8,056		26.00
27.00	Total Inpatient Days (see instructions)	82,300	82,300		27.00
28.00	Ratio of inpatient days to total inpatient days	0.487789	0.097886		28.00
29.00	Program direct GME amount	2,961,532	594,299		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		83,974		30.00
31.00	Net Program direct GME amount			3,471,857	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet E-4 Date/Time Prepared: 5/22/2017 5:35 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,714,214	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		80,115,276	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		47,502	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		80,067,774	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,383,421	42.00
43.00	Primary payer payments (see instructions)		6,140	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,377,281	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		112,445,055	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.712061	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.287939	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,471,857	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,472,174	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		999,683	50.00

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

Provider CCN: 15-0089

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

Worksheet G

Date/Time Prepared:
5/22/2017 5:35 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	193,852,065	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	46,001,217	0	0	0	4.00
5.00	Other receivable	6,241,367	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,274,333	0	0	0	7.00
8.00	Prepaid expenses	1,882,534	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)	255,251,516	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,924,410	0	0	0	12.00
13.00	Land improvements	3,630,983	0	0	0	13.00
14.00	Accumulated depreciation	-2,830,318	0	0	0	14.00
15.00	Buildings	288,704,313	0	0	0	15.00
16.00	Accumulated depreciation	-158,657,589	0	0	0	16.00
17.00	Leasehold improvements	322,332	0	0	0	17.00
18.00	Accumulated depreciation	-264,671	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	161,188,378	0	0	0	23.00
24.00	Accumulated depreciation	-133,538,082	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	161,479,756	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	29,056,623	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	34,133,543	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	63,190,166	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	479,921,438	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,935,684	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,139,104	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,594,231	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	6,189,301	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,858,320	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	76,047,986	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	54,392,457	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	130,440,443	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	164,298,763	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	315,622,675				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)	315,622,675	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	479,921,438	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0089

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

Worksheet G-1

Date/Time Prepared:
5/22/2017 5:35 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		281,592,709		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		54,163,655			2.00
3.00	Total (sum of line 1 and line 2)		335,756,364		0	3.00
4.00	PENSION	8,649,160		0		4.00
5.00	DONATED PP&E	3,823,767		0		5.00
6.00	ROUNDING	2		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)		12,472,929		0	10.00
11.00	Subtotal (line 3 plus line 10)		348,229,293		0	11.00
12.00	UNRESTRICTED FUND BALANCE	32,606,618		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)		32,606,618		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		315,622,675		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	PENSION		0			4.00
5.00	DONATED PP&E		0			5.00
6.00	ROUNDING		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	UNRESTRICTED FUND BALANCE		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: 15-0089

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/22/2017 5:35 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	164,679,737		164,679,737	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	9,472,800		9,472,800	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)	174,152,537		174,152,537	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	58,555,315		58,555,315	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	15,772,030		15,772,030	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)	74,327,345		74,327,345	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	248,479,882		248,479,882	17.00
18.00	Ancillary services	558,022,495	554,049,624	1,112,072,119	18.00
19.00	Outpatient services	65,707,635	214,084,878	279,792,513	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	13,599	7,035,450	7,049,049	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (RETAIL PHARMACY)	0	6,658,561	6,658,561	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	872,223,611	781,828,513	1,654,052,124	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		340,832,632		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		340,832,632		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0089

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

Worksheet G-3

Date/Time Prepared:
5/22/2017 5:35 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,654,052,124	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,277,002,762	2.00
3.00	Net patient revenues (line 1 minus line 2)	377,049,362	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	340,832,632	4.00
5.00	Net income from service to patients (line 3 minus line 4)	36,216,730	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	17,946,925	24.00
25.00	Total other income (sum of lines 6-24)	17,946,925	25.00
26.00	Total (line 5 plus line 25)	54,163,655	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)	54,163,655	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0089	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/22/2017 5:35 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,893,753	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		44,995	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)		214.01	3.00
4.00	Number of interns & residents (see instructions)		60.44	4.00
5.00	Indirect medical education percentage (see instructions)		8.30	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)		406,181	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.51	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.69	8.00
9.00	Sum of lines 7 and 8		33.20	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.95	10.00
11.00	Disproportionate share adjustment (see instructions)		340,116	11.00
12.00	Total prospective capital payments (see instructions)		5,685,045	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