

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: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 10:17 am
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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.

Date: 5/24/2017 Time: 10:17 am

Contractor use only

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

6. Date Received:
 7. Contractor No.

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

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH BLOOMINGTON HOSPITAL (15-0051) 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 _____
 05/24/2017
 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	688,575	259,878	4,915	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	32,204	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-1		0	9.00
200.00 Total	0	720,779	259,877	4,915	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 10:42 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 601 WEST SECOND STREET	PO Box: 1149	Zip Code: 47402	County: MONROE
2.00	City: BLOOMINGTON	State: IN		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	N	P	P	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	IU HEALTH BLOOMINGTON HOME HEALTH	157011	14020		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	IU HEALTH BLOOMINGTON HOSPICE	151509	14020		03/13/1991				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:		To:	
		1.00		2.00	
20.00		Cost Reporting Period (mm/dd/yyyy)		01/01/2016	
21.00		Type of Control (see instructions)		12/31/2016	
				2	

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) (Pickles amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N						22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	Y	Y						22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N						22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N						22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.		3	N					23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,505	876	9	49	11,347	79	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 10:42 am			
		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		
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.	14	57	0	0	324		25.00	
		Urban/Rural		S		Date of Geogr			
		1.00		2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
		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	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
		Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.								57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.								58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
		Y/N		IME		Direct GME			
		1.00		2.00		3.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)						0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00		0.00				61.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0051

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

Worksheet S-2
Part I
Date/Time Prepared:
5/23/2017 10:42 am

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		Program Name		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
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
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.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)					0	71.00
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N	N	0	76.00

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N		80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N		81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N		86.00	
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N		87.00	
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.	N		92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
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.			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.				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.	Y			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:	590,168	0	0	

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		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02		
119.00	DO NOT USE THIS LINE			119.00		
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00		
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00		
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00		
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00		
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: 46202-3082	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	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	Y	Y	N	N	160.00
161.00	CMHC		N	N	N	161.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/23/2017 10:42 am			
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.25	169.00	
		Beginning		Ending					
		1.00		2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				10/01/2016	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	1,239	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 10:42 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
				Y/N			
				1.00			
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	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	04/03/2017	Y	04/03/2017		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: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 10:42 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		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				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				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.				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.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/23/2017 10:42 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 10:42 am

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	241	88,206	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)		241	88,206	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		257	94,062	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,856		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						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)		273				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 10:42 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,051	629	43,100			1.00
2.00 HMO and other (see instructions)	4,793	10,719				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	224	381				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)	17,051	629	43,100			7.00
8.00 INTENSIVE CARE UNIT	2,692	696	4,074			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,742	3,478			13.00
14.00 Total (see instructions)	19,743	3,067	50,652	0.00	1,757.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	2,018	14	3,144	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	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	8,725	454	15,579	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	22,574	80	24,463	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,757.40	27.00
28.00 Observation Bed Days		655	5,558			28.00
29.00 Ambulance Trips	7,433					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	79	781			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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2017 10:42 am

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	4,117	306	13,796	1.00
2.00 HMO and other (see instructions)			893	2,294		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				34		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,117	306	13,796	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	194	3	242	17.00
18.00 SUBPROVIDER	0.00	0		0	0	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						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: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2017 10:42 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	97,325,241	4,120,697	101,445,938	3,060,219.00	33.15
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		0	0	0	0.00	0.00
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	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		10,686,945	4,600,698	15,287,643	595,165.00	25.69
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,026,806	0	5,026,806	74,974.00	67.05
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		1,261,454	0	1,261,454	15,152.00	83.25
14.00	Home office and/or related organization salaries and wage-related costs		26,601,713	0	26,601,713	814,250.00	32.67
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)		27,535,263	0	27,535,263		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		4,262,913	0	4,262,913		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
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	1,817,097	-434	1,816,663	28,923.00	62.81
27.00	Administrative & General	5.00	7,548,433	151,595	7,700,028	208,096.00	37.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2017 10:42 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	2,373,675	0	2,373,675	12,196.00	194.63	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,517,635	-12,490	2,505,145	98,127.00	25.53	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,719,889	-14,312	1,705,577	126,340.00	13.50	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,126,853	-916,093	1,210,760	78,124.00	15.50	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	905,827	905,827	58,936.00	15.37	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	4,163,276	-18,202	4,145,074	127,570.00	32.49	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	4,729,593	-269,615	4,459,978	124,443.00	35.84	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	387,716	0	387,716	22,925.00	16.91	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2017 10:42 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	99,698,916	4,120,697	103,819,613	3,072,415.00	33.79	1.00
2.00	Excluded area salaries (see instructions)	10,686,945	4,600,698	15,287,643	595,165.00	25.69	2.00
3.00	Subtotal salaries (line 1 minus line 2)	89,011,971	-480,001	88,531,970	2,477,250.00	35.74	3.00
4.00	Subtotal other wages & related costs (see inst.)	32,889,973	0	32,889,973	904,376.00	36.37	4.00
5.00	Subtotal wage-related costs (see inst.)	27,535,263	0	27,535,263	0.00	31.10	5.00
6.00	Total (sum of lines 3 thru 5)	149,437,207	-480,001	148,957,206	3,381,626.00	44.05	6.00
7.00	Total overhead cost (see instructions)	27,384,167	-173,724	27,210,443	885,680.00	30.72	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2017 10:42 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,822,075	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	6,037,233	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	12,570,528	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,689,860	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	59,182	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)	716,583	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	6,910,602	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	-7,886	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	31,798,177	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: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/23/2017 10:42 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		5,026,806	31,798,177
2.00	Hospital		5,026,806	31,798,177
3.00	Subprovider - IPF			
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC		0	0
13.00	Hospital-Based Hospice		0	0
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0051 Component CCN: 15-7011	Period: From 01/01/2016 To 12/31/2016	Worksheet S-4 Date/Time Prepared: 5/23/2017 10:42 am
			Home Health Agency I	PPS

				1.00		
0.00	County	MONROE				0.00

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,392	87	938	2,417	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	487.00	23.00	520.00	1,030.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	4.00
5.00	Other Administrative Personnel				5.89	5.89	5.00
6.00	Direct Nursing Service				23.36	23.36	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				5.31	5.31	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				1.46	1.46	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.00	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.69	0.69	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				0.93	0.93	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	NONREIMBURSABLE				0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	14020					20.00
20.01		26900					20.01
20.02		99915					20.02

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,038	351	133	51	4,573	21.00
22.00	Skilled Nursing Visit Charges	495,283	43,639	14,599	6,135	559,656	22.00
23.00	Physical Therapy Visits	2,659	14	48	24	2,745	23.00
24.00	Physical Therapy Visit Charges	354,922	1,906	6,106	3,105	366,039	24.00
25.00	Occupational Therapy Visits	872	8	9	11	900	25.00
26.00	Occupational Therapy Visit Charges	117,460	1,090	1,195	1,413	121,158	26.00
27.00	Speech Pathology Visits	32	0	0	0	32	27.00
28.00	Speech Pathology Visit Charges	4,771	0	0	0	4,771	28.00
29.00	Medical Social Service Visits	136	8	3	1	148	29.00
30.00	Medical Social Service Visit Charges	26,780	1,554	579	184	29,097	30.00
31.00	Home Health Aide Visits	316	10	0	1	327	31.00
32.00	Home Health Aide Visit Charges	17,486	558	0	52	18,096	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	8,053	391	193	88	8,725	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,016,702	48,747	22,479	10,889	1,098,817	35.00
36.00	Total Number of Episodes (standard/non outlier)	511		64	8	583	36.00
37.00	Total Number of Outlier Episodes		11		0	11	37.00
38.00	Total Non-Routine Medical Supply Charges	23,902	1,825	3,138	396	29,261	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA		Provider CCN: 15-0051 Hospice CCN: 15-1509	Period: From 01/01/2016 To 12/31/2016	Worksheet S-9 PARTS I THROUGH IV Date/Time Prepared: 5/23/2017 10:42 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	21,169	43	1,583	22,795	11.00
12.00	Hospice Inpatient Respite Care	348	0	10	358	12.00
13.00	Hospice General Inpatient Care	1,057	37	216	1,310	13.00
14.00	Total Hospice Days	22,574	80	1,809	24,463	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/23/2017 10:42 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.213825	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		32,378,354	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		227,953,740	6.00	
7.00	Medicaid cost (line 1 times line 6)		48,742,208	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)		16,363,854	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)		16,363,854	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)		23,670,084	669,476	24,339,560
21.00	Cost of patients approved for charity care (line 1 times line 20)		5,061,256	143,151	5,204,407
22.00	Partial payment by patients approved for charity care		317,825	100,647	418,472
23.00	Cost of charity care (line 21 minus line 22)		4,743,431	42,504	4,785,935
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		12,998,430		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		664,547		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		12,333,883		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,637,293		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		7,423,228		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		23,787,082		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/23/2017 10:42 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	16,560,126	16,560,126	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,850,205	5,850,205	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,817,097	7,521,390	9,338,487	16,643,990	25,982,477	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,548,433	88,793,221	96,341,654	-8,181,820	88,159,834	5.00
7.00	00700	OPERATION OF PLANT	2,517,635	16,776,200	19,293,835	-9,838,541	9,455,294	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	235,188	235,188	-24,376	210,812	8.00
9.00	00900	HOUSEKEEPING	1,719,889	1,429,747	3,149,636	-674,485	2,475,151	9.00
10.00	01000	DIETARY	2,126,853	2,245,009	4,371,862	-2,185,208	2,186,654	10.00
11.00	01100	CAFETERIA	0	0	0	1,622,185	1,622,185	11.00
13.00	01300	NURSING ADMINISTRATION	4,163,276	1,670,520	5,833,796	-935,870	4,897,926	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	171,187	171,187	9,804,575	9,975,762	14.00
15.00	01500	PHARMACY	4,729,593	21,191,709	25,921,302	-20,748,085	5,173,217	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	326,578	326,578	-3,200	323,378	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	387,716	467,663	855,379	-371,479	483,900	18.01
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	1,717	1,717	252,963	254,680	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,956,932	10,945,254	31,902,186	-5,967,993	25,934,193	30.00
31.00	03100	INTENSIVE CARE UNIT	2,672,191	1,748,524	4,420,715	-956,114	3,464,601	31.00
41.00	04100	SUBPROVIDER - I RF	913,818	423,503	1,337,321	-224,691	1,112,630	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,544,150	1,718,161	3,262,311	-442,918	2,819,393	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,372,936	22,604,936	26,977,872	-19,932,045	7,045,827	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,746,830	838,717	3,585,547	-495,929	3,089,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,591,092	1,632,909	4,224,001	-1,002,162	3,221,839	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,274,947	3,500,457	6,775,404	-2,731,370	4,044,034	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,178,480	2,322,038	4,500,518	-1,092,408	3,408,110	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	598,762	1,078,826	1,677,588	-669,704	1,007,884	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	391,624	661,144	1,052,768	-426,086	626,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,081,150	7,482,890	8,564,040	-6,881,507	1,682,533	59.00
60.00	06000	LABORATORY	365	10,213,012	10,213,377	-116,758	10,096,619	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,874,165	1,016,097	2,890,262	-823,192	2,067,070	65.00
66.00	06600	PHYSICAL THERAPY	6,311,242	2,444,486	8,755,728	-1,582,544	7,173,184	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	782,455	590,133	1,372,588	-424,238	948,350	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	190,657	998,938	1,189,595	-161,029	1,028,566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,885,795	7,885,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,899,799	13,899,799	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,466,617	22,466,617	73.00
73.01	07302	OP PHARMACY	318,188	1,957,187	2,275,375	-1,929,918	345,457	73.01
74.00	07400	RENAL DIALYSIS	0	937,513	937,513	-23,619	913,894	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	650,838	178,753	829,591	-120,358	709,233	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,143,399	315,949	1,459,348	-37,251	1,422,097	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,038,052	719,707	1,757,759	-580,541	1,177,218	90.01
90.02	09002	WOUND CARE CENTER	785,334	748,944	1,534,278	-378,794	1,155,484	90.02
90.03	09003	PAIN CLINIC	238,657	192,937	431,594	-145,751	285,843	90.03
90.05	09005	OP PSYCH CLINIC	1,384,533	502,518	1,887,051	-70,340	1,816,711	90.05
91.00	09100	EMERGENCY	4,500,825	3,803,081	8,303,906	132,798	8,436,704	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,623,763	3,005,777	7,629,540	-1,934,099	5,695,441	95.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	692	692	0	692	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	1,314,118	1,314,118	-1,314,118	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	92,175,877	224,727,330	316,903,207	1,690,512	318,593,719	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet A Date/Time Prepared: 5/23/2017 10:42 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	51,116	74,896	126,012	-12,483	113,529	190.00
190.01	19001	PROMPTCARE	959,702	1,266,764	2,226,466	-576,504	1,649,962	190.01
190.02	19002	RENTAL PROPERTIES	0	85,080	85,080	-64,033	21,047	190.02
190.03	19003	OLCOTT	251,804	115,672	367,476	-70,755	296,721	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	612,853	334,021	946,874	-180,188	766,686	190.05
190.06	19006	MARKETING	0	0	0	149,600	149,600	190.06
190.07	19007	HME STORE	328,800	87,514	416,314	-42,127	374,187	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	276,757	264,245	541,002	-53,310	487,692	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	181,330	73,888	255,218	-58,552	196,666	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	2,487,002	1,555,875	4,042,877	-782,120	3,260,757	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	43	43	-40	3	194.03
200.00		TOTAL (SUM OF LINES 118-199)	97,325,241	228,585,328	325,910,569	0	325,910,569	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,004,404	17,564,530	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,295,473	8,145,678	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,632,463	22,350,014	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-31,505,372	56,654,462	5.00
7.00	00700	OPERATION OF PLANT	-642,718	8,812,576	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-84,841	125,971	8.00
9.00	00900	HOUSEKEEPING	0	2,475,151	9.00
10.00	01000	DIETARY	-236,381	1,950,273	10.00
11.00	01100	CAFETERIA	-1,129,877	492,308	11.00
13.00	01300	NURSING ADMINISTRATION	219,350	5,117,276	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,975,762	14.00
15.00	01500	PHARMACY	-46,525	5,126,692	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,975,674	2,299,052	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	483,900	18.01
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	254,680	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-477,995	25,456,198	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,464,601	31.00
41.00	04100	SUBPROVIDER - I RF	0	1,112,630	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-233,460	2,585,933	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,054	7,044,773	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	3,089,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,221,839	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-400	4,043,634	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,148	3,405,962	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	1,007,884	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	626,682	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,682,533	59.00
60.00	06000	LABORATORY	388,615	10,485,234	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,067,070	65.00
66.00	06600	PHYSICAL THERAPY	-136,720	7,036,464	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-55,433	892,917	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-23,000	1,005,566	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,885,795	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	13,899,799	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,466,617	73.00
73.01	07302	OP PHARMACY	0	345,457	73.01
74.00	07400	RENAL DIALYSIS	0	913,894	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	-9,104	700,129	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-42,783	1,379,314	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	24,110	1,201,328	90.01
90.02	09002	WOUND CARE CENTER	-362,461	793,023	90.02
90.03	09003	PAIN CLINIC	0	285,843	90.03
90.05	09005	OP PSYCH CLINIC	-36,445	1,780,266	90.05
91.00	09100	EMERGENCY	-1,777,442	6,659,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-217,477	5,477,964	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,502,898	3,503,590	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	4,102,444	4,102,444	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-27,141,131	291,452,588	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	113,529	190.00
190.01	19001	PROMPTCARE	-19,750	1,630,212	190.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
190.02	19002	RENTAL PROPERTIES	0	21,047	190.02
190.03	19003	OLCOTT	0	296,721	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	766,686	190.05
190.06	19006	MARKETING	0	149,600	190.06
190.07	19007	HME STORE	0	374,187	190.07
190.08	19008	UNUSED SPACE	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	487,692	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	196,666	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	-174,141	3,086,616	190.11
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	10,400,972	10,400,972	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	14,805,317	14,805,317	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	7,712,812	7,712,812	194.02
194.03	07953	IU HEALTH SIP	0	3	194.03
200.00		TOTAL (SUM OF LINES 118-199)	5,584,079	331,494,648	200.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
5/23/2017 10:42 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	16,896,573	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
TOTALS			0	16,896,573	
B - CAPITAL RELATED					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,786,881	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,415,957	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	19,202,838	
C - BILLABLE MEDICAL SUPPLIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	4,126	1.00
2.00	PHARMACY	15.00	0	10,623	2.00
3.00	NURSERY	43.00	0	3,511	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,885,795	4.00
5.00	HME STORE	190.07	0	29,633	5.00
6.00	COMMUNITY HEALTH SERVICES	190.11	0	2,625	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	TOTALS		0	7,936,313	
D - BILLABLE DRUGS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,508	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,466,617	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

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
TOTALS			0	22,474,125	
E - IMPLANTS SUPPLIES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	13,899,799	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
TOTALS			0	13,899,799	
F - LEASE EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,459,127	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	176,063	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
TOTALS			0	1,635,190	
G - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	8,312	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
TOTALS			0	8,312	
H - NON-BILLABLE MEDICAL SUPPLIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,641	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,933,669	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

RECLASSIFICATIONS

Provider CCN: 15-0051

Period:
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To 12/31/2016

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	9,939,310	
J - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,314,118	1.00
	TOTALS		0	1,314,118	
K - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	254,680	0	1.00
	TOTALS		254,680	0	
L - PSYCH ADMIN					
1.00	OP PSYCH CLINIC	90.05	262,482	22,219	1.00
	TOTALS		262,482	22,219	
M - SOFTWARE LI CENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	258,185	1.00
2.00	CT SCAN	57.00	0	30,621	2.00
3.00	PAIN CLINIC	90.03	0	3,000	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
	TOTALS		0	291,806	
N - CAFETERIA					
1.00	CAFETERIA	11.00	905,827	716,358	1.00
	TOTALS		905,827	716,358	
O - SHORT TERM DISABILITY/FLMA					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	434	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,881	2.00
3.00	OPERATION OF PLANT	7.00	0	12,490	3.00
4.00	HOUSEKEEPING	9.00	0	14,312	4.00
5.00	DIETARY	10.00	0	10,266	5.00
6.00	NURSING ADMINISTRATION	13.00	0	18,202	6.00
7.00	PHARMACY	15.00	0	14,935	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	156,627	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	23,885	9.00
10.00	SUBPROVIDER - IRF	41.00	0	11,186	10.00
11.00	NURSERY	43.00	0	6,262	11.00
12.00	OPERATING ROOM	50.00	0	33,952	12.00
13.00	RECOVERY ROOM	51.00	0	18,283	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,355	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,877	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	4,737	16.00
17.00	CT SCAN	57.00	0	14,092	17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,340	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	4,181	19.00
20.00	RESPIRATORY THERAPY	65.00	0	14,244	20.00
21.00	PHYSICAL THERAPY	66.00	0	34,870	21.00
22.00	CARDIAC REHABILITATION	76.97	0	3,533	22.00
23.00	CLINIC	90.00	0	2,154	23.00
24.00	OP ONCOLOGY INFUSION CENTER	90.01	0	8,694	24.00
25.00	WOUND CARE CENTER	90.02	0	7,847	25.00
26.00	PAIN CLINIC	90.03	0	544	26.00
27.00	OP PSYCH CLINIC	90.05	0	2,744	27.00
28.00	EMERGENCY	91.00	0	44,724	28.00
29.00	AMBULANCE SERVICES	95.00	0	17,374	29.00
31.00	PROMPTCARE	190.01	0	5,277	31.00
32.00	OLCOTT	190.03	0	1,969	32.00
33.00	FOUNDATION	190.05	0	1,798	33.00
34.00	HME STORE	190.07	0	1,370	34.00

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
35.00	COMMUNITY HEALTH SERVICES	190.11	0	19,073	35.00
	TOTALS		0	561,512	
P - UTILITIES EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	269,022	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	2,332	2.00
3.00	RESPIRATORY THERAPY	65.00	0	323	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
	TOTALS		0	271,677	
Q - MARKETING EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	12	1.00
2.00	PHYSICAL THERAPY	66.00	0	753	2.00
3.00	MARKETING	190.06	0	149,600	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	150,365	
R - OCCUPATIONAL HEALTH ADMIN					
1.00	ADMINISTRATIVE & GENERAL	5.00	159,476	0	1.00
	TOTALS		159,476	0	
S - HHA AND HOSPICE SALARIES					
1.00	HOME HEALTH AGENCY	101.00	2,345,358	0	1.00
2.00	HOSPICE	116.00	2,336,851	0	2.00
	TOTALS		4,682,209	0	
T - ER PHYSICIAN FEES					
1.00	EMERGENCY	91.00	0	2,176,440	1.00
	TOTALS		0	2,176,440	
U - MED NUTRITION THERAPY					
1.00	CLINIC	90.00	118,668	32,054	1.00
	TOTALS		118,668	32,054	
500.00	Grand Total: Increases		6,383,342	97,529,009	500.00

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			
A - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,270,613	9		1.00
2.00	OPERATION OF PLANT	7.00	0	488,829	9		2.00
3.00	HOUSEKEEPING	9.00	0	593,186	0		3.00
4.00	DIETARY	10.00	0	496,561	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	570,675	0		5.00
6.00	PHARMACY	15.00	0	676,205	0		6.00
7.00	CENTRAL STERILIZATION	18.01	0	108,460	0		7.00
8.00	PARAMEDICAL PRGM-PHARMACY RESIDENCY	23.00	0	1,717	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	3,670,595	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	484,408	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	159,720	0		11.00
12.00	NURSERY	43.00	0	237,499	0		12.00
13.00	OPERATING ROOM	50.00	0	785,072	0		13.00
14.00	RECOVERY ROOM	51.00	0	422,380	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	394,807	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	678,814	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	338,759	0		17.00
18.00	CT SCAN	57.00	0	108,044	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	68,456	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	182,974	0		20.00
21.00	LABORATORY	60.00	0	153	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	312,140	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	985,160	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	140,918	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	35,832	0		25.00
26.00	OP PHARMACY	73.01	0	42,760	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	106,391	0		27.00
28.00	CLINIC	90.00	0	164,290	0		28.00
29.00	OP ONCOLOGY INFUSION CENTER	90.01	0	162,337	0		29.00
30.00	WOUND CARE CENTER	90.02	0	165,043	0		30.00
31.00	PAIN CLINIC	90.03	0	51,439	0		31.00
32.00	OP PSYCH CLINIC	90.05	0	229,411	0		32.00
33.00	EMERGENCY	91.00	0	731,144	0		33.00
34.00	AMBULANCE SERVICES	95.00	0	1,049,728	0		34.00
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	12,483	0		35.00
36.00	PROMPTCARE	190.01	0	192,793	0		36.00
37.00	OLCOTT	190.03	0	50,144	0		37.00
38.00	FOUNDATION	190.05	0	103,498	0		38.00
39.00	HME STORE	190.07	0	20,869	0		39.00
40.00	CLINICAL TRIALS	190.09	0	52,483	0		40.00
41.00	MORGAN OP BEHAVIORAL HEALTH CLINIC	190.10	0	19,879	0		41.00
42.00	COMMUNITY HEALTH SERVICES	190.11	0	529,904	0		42.00
TOTALS				16,896,573			
B - CAPITAL RELATED							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,886	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,484,580	9		2.00
3.00	OPERATION OF PLANT	7.00	0	9,321,122	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	28,073	0		4.00
5.00	HOUSEKEEPING	9.00	0	479	0		5.00
6.00	DIETARY	10.00	0	33,038	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	190,063	0		7.00
8.00	PHARMACY	15.00	0	95,515	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,200	0		9.00
10.00	CENTRAL STERILIZATION	18.01	0	39,627	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	233,528	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	45,899	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	6,537	0		13.00
14.00	NURSERY	43.00	0	36,414	0		14.00
15.00	OPERATING ROOM	50.00	0	1,411,406	0		15.00
16.00	RECOVERY ROOM	51.00	0	198	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	83,415	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	595,626	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	62,458	0		19.00
20.00	CT SCAN	57.00	0	361,086	0		20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	279,719	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	600,304	0		22.00
23.00	LABORATORY	60.00	0	83,393	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	99,459	0		24.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
25.00	PHYSICAL THERAPY	66.00	0	84,213	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	130,967	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	62,636	0	27.00	
28.00	OP PHARMACY	73.01	0	9,346	0	28.00	
29.00	RENAL DIALYSIS	74.00	0	327	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	5,925	0	30.00	
31.00	CLINIC	90.00	0	11,981	0	31.00	
32.00	OP ONCOLOGY INFUSION CENTER	90.01	0	19,296	0	32.00	
33.00	WOUND CARE CENTER	90.02	0	19,824	0	33.00	
34.00	PAIN CLINIC	90.03	0	8,318	0	34.00	
35.00	OP PSYCH CLINIC	90.05	0	766	0	35.00	
36.00	EMERGENCY	91.00	0	309,068	0	36.00	
37.00	AMBULANCE SERVICES	95.00	0	361,364	0	37.00	
38.00	PROMPTCARE	190.01	0	12,375	0	38.00	
39.00	RENTAL PROPERTIES	190.02	0	46,071	0	39.00	
40.00	OLCOTT	190.03	0	123	0	40.00	
41.00	FOUNDATION	190.05	0	393	0	41.00	
42.00	HME STORE	190.07	0	2,054	0	42.00	
43.00	COMMUNITY HEALTH SERVICES	190.11	0	1,766	0	43.00	
TOTALS			0	19,202,838			
C - BILLABLE MEDICAL SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	188	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	74,641	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,225	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	82,360	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	17,249	0	5.00	
6.00	SUBPROVIDER - IRF	41.00	0	952	0	6.00	
7.00	OPERATING ROOM	50.00	0	4,216,495	0	7.00	
8.00	RECOVERY ROOM	51.00	0	214	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	197,971	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	844,822	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,380	0	11.00	
12.00	CT SCAN	57.00	0	7,426	0	12.00	
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	176	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	2,140,368	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	5,964	0	15.00	
16.00	PHYSICAL THERAPY	66.00	0	31,295	0	16.00	
17.00	ELECTROCARDIOLOGY	69.00	0	84	0	17.00	
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,474	0	18.00	
19.00	OP PHARMACY	73.01	0	144	0	19.00	
20.00	RENAL DIALYSIS	74.00	0	600	0	20.00	
21.00	CARDIAC REHABILITATION	76.97	0	254	0	21.00	
22.00	CLINIC	90.00	0	1,160	0	22.00	
23.00	OP ONCOLOGY INFUSION CENTER	90.01	0	207,703	0	23.00	
24.00	WOUND CARE CENTER	90.02	0	11,538	0	24.00	
25.00	PAIN CLINIC	90.03	0	6,171	0	25.00	
26.00	OP PSYCH CLINIC	90.05	0	119	0	26.00	
27.00	EMERGENCY	91.00	0	41,120	0	27.00	
28.00	AMBULANCE SERVICES	95.00	0	31,620	0	28.00	
29.00	PROMPTCARE	190.01	0	1,600	0	29.00	
TOTALS			0	7,936,313			
D - BILLABLE DRUGS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	99,326	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	200	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	17	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	1,307	0	4.00	
5.00	PHARMACY	15.00	0	19,658,748	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	260	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	36	0	7.00	
8.00	OPERATING ROOM	50.00	0	149,586	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	623	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,922	0	10.00	
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	11,989	0	11.00	
12.00	CT SCAN	57.00	0	110,019	0	12.00	
13.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	64,404	0	13.00	
14.00	CARDIAC CATHETERIZATION	59.00	0	137,149	0	14.00	
15.00	PHYSICAL THERAPY	66.00	0	115	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	129,830	0	16.00	
17.00	OP PHARMACY	73.01	0	1,877,191	0	17.00	
18.00	RENAL DIALYSIS	74.00	0	1,979	0	18.00	
19.00	CARDIAC REHABILITATION	76.97	0	285	0	19.00	
20.00	CLINIC	90.00	0	879	0	20.00	

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	
21.00	WOUND CARE CENTER	90.02	0	11,882	0	21.00
22.00	PAIN CLINIC	90.03	0	32,979	0	22.00
23.00	EMERGENCY	91.00	0	4,499	0	23.00
24.00	AMBULANCE SERVICES	95.00	0	62,187	0	24.00
25.00	PROMPTCARE	190.01	0	79,387	0	25.00
26.00	COMMUNITY HEALTH SERVICES	190.11	0	17,326	0	26.00
	TOTALS		0	22,474,125		
E - IMPLANTS SUPPLIES						
1.00	HOUSEKEEPING	9.00	0	816	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	20,204	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	3,800	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	9,397	0	4.00
5.00	SUBPROVIDER - IRF	41.00	0	106	0	5.00
6.00	OPERATING ROOM	50.00	0	10,086,223	0	6.00
7.00	RECOVERY ROOM	51.00	0	62	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	385,915	0	8.00
9.00	CT SCAN	57.00	0	833	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	3,381,239	0	10.00
11.00	OP ONCOLOGY INFUSION CENTER	90.01	0	5,432	0	11.00
12.00	WOUND CARE CENTER	90.02	0	4,639	0	12.00
13.00	EMERGENCY	91.00	0	1,083	0	13.00
14.00	PROMPTCARE	190.01	0	50	0	14.00
	TOTALS		0	13,899,799		
F - LEASE EXPENSE						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	53,482	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	81,129	9	2.00
3.00	OPERATION OF PLANT	7.00	0	278,909	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	128,377	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,596	0	5.00
6.00	LABORATORY	60.00	0	33,212	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	9,675	0	7.00
8.00	PHYSICAL THERAPY	66.00	0	418,692	0	8.00
9.00	OP ONCOLOGY INFUSION CENTER	90.01	0	59,483	0	9.00
10.00	WOUND CARE CENTER	90.02	0	65,886	0	10.00
11.00	PAIN CLINIC	90.03	0	18,291	0	11.00
12.00	OP PSYCH CLINIC	90.05	0	122,491	0	12.00
13.00	AMBULANCE SERVICES	95.00	0	152,590	0	13.00
14.00	PROMPTCARE	190.01	0	48,817	0	14.00
15.00	FOUNDATION	190.05	0	60,217	0	15.00
16.00	MORGAN OP BEHAVIORAL HEALTH CLINIC	190.10	0	38,673	0	16.00
17.00	COMMUNITY HEALTH SERVICES	190.11	0	57,670	0	17.00
	TOTALS		0	1,635,190		
G - NON-BILLABLE DRUGS						
1.00	OPERATING ROOM	50.00	0	1,636	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,389	0	2.00
3.00	CT SCAN	57.00	0	2,959	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	328	0	4.00
	TOTALS		0	8,312		
H - NON-BILLABLE MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	59,937	14	1.00
2.00	OPERATION OF PLANT	7.00	0	6,282	0	2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	2,761	0	3.00
4.00	HOUSEKEEPING	9.00	0	80,004	0	4.00
5.00	DIETARY	10.00	0	33,424	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	78,980	0	6.00
7.00	PHARMACY	15.00	0	81,274	0	7.00
8.00	CENTRAL STERILIZATION	18.01	0	223,392	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,683,977	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	399,125	0	10.00
11.00	SUBPROVIDER - IRF	41.00	0	57,376	0	11.00
12.00	NURSERY	43.00	0	172,516	0	12.00
13.00	OPERATING ROOM	50.00	0	3,281,627	0	13.00
14.00	RECOVERY ROOM	51.00	0	73,075	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	325,346	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	179,256	0	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	0	527,520	0	17.00
18.00	CT SCAN	57.00	0	109,958	0	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,003	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	439,473	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	396,277	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	35,086	0	22.00

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
23.00	ELECTROCARDIOLOGY	69.00	0	22,439	0	23.00	
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	52,104	0	24.00	
25.00	OP PHARMACY	73.01	0	477	0	25.00	
26.00	RENAL DIALYSIS	74.00	0	20,713	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	7,503	0	27.00	
28.00	CLINIC	90.00	0	8,996	0	28.00	
29.00	OP ONCOLOGY INFUSION CENTER	90.01	0	124,016	0	29.00	
30.00	WOUND CARE CENTER	90.02	0	99,982	0	30.00	
31.00	PAIN CLINIC	90.03	0	26,202	0	31.00	
32.00	OP PSYCH CLINIC	90.05	0	1,305	0	32.00	
33.00	EMERGENCY	91.00	0	956,728	0	33.00	
34.00	AMBULANCE SERVICES	95.00	0	220,464	0	34.00	
35.00	PROMPTCARE	190.01	0	80,418	0	35.00	
36.00	OLCOTT	190.03	0	122	0	36.00	
37.00	HME STORE	190.07	0	48,837	0	37.00	
38.00	CLINICAL TRIALS	190.09	0	62	0	38.00	
39.00	COMMUNITY HEALTH SERVICES	190.11	0	9,233	0	39.00	
40.00	IU HEALTH SIP	194.03	0	40	0	40.00	
TOTALS			0	9,939,310			
J - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,314,118	9	1.00	
TOTALS			0	1,314,118			
K - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	254,680	0	0	1.00	
TOTALS			254,680	0			
L - PSYCH ADMIN							
1.00	ADULTS & PEDIATRICS	30.00	262,482	22,219	0	1.00	
TOTALS			262,482	22,219			
M - SOFTWARE LICENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,309	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	190,628	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	12,416	0	3.00	
4.00	PHARMACY	15.00	0	598	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	8,772	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,286	0	6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	2,366	0	7.00	
8.00	PHYSICAL THERAPY	66.00	0	600	0	8.00	
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,983	0	9.00	
10.00	AMBULANCE SERVICES	95.00	0	31,859	0	10.00	
11.00	OLCOTT	190.03	0	20,366	0	11.00	
12.00	CLINICAL TRIALS	190.09	0	335	0	12.00	
13.00	COMMUNITY HEALTH SERVICES	190.11	0	288	0	13.00	
TOTALS			0	291,806			
N - CAFETERIA							
1.00	DIETARY	10.00	905,827	716,358	0	1.00	
TOTALS			905,827	716,358			
O - SHORT TERM DISABILITY/FLMA							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	434	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	7,881	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	12,490	0	0	3.00	
4.00	HOUSEKEEPING	9.00	14,312	0	0	4.00	
5.00	DIETARY	10.00	10,266	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	18,202	0	0	6.00	
7.00	PHARMACY	15.00	14,935	0	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	156,627	0	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	23,885	0	0	9.00	
10.00	SUBPROVIDER - IRF	41.00	11,186	0	0	10.00	
11.00	NURSERY	43.00	6,262	0	0	11.00	
12.00	OPERATING ROOM	50.00	33,952	0	0	12.00	
13.00	RECOVERY ROOM	51.00	18,283	0	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	32,355	0	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	8,877	0	0	15.00	
16.00	RADIOLOGY-THERAPEUTIC	55.00	4,737	0	0	16.00	
17.00	CT SCAN	57.00	14,092	0	0	17.00	
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	2,340	0	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	4,181	0	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	14,244	0	0	20.00	
21.00	PHYSICAL THERAPY	66.00	34,870	0	0	21.00	
22.00	CARDIAC REHABILITATION	76.97	3,533	0	0	22.00	
23.00	CLINIC	90.00	2,154	0	0	23.00	
24.00	OP ONCOLOGY INFUSION CENTER	90.01	8,694	0	0	24.00	
25.00	WOUND CARE CENTER	90.02	7,847	0	0	25.00	
26.00	PAIN CLINIC	90.03	544	0	0	26.00	

RECLASSIFICATIONS

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		Decreases					
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	6.00	7.00	8.00	9.00	10.00		
27.00	OP PSYCH CLINIC	90.05	2,744	0	0		27.00
28.00	EMERGENCY	91.00	44,724	0	0		28.00
29.00	AMBULANCE SERVICES	95.00	17,374	0	0		29.00
31.00	PROMPTCARE	190.01	5,277	0	0		31.00
32.00	OLCOTT	190.03	1,969	0	0		32.00
33.00	FOUNDATION	190.05	1,798	0	0		33.00
34.00	HME STORE	190.07	1,370	0	0		34.00
35.00	COMMUNITY HEALTH SERVICES	190.11	19,073	0	0		35.00
	TOTALS		561,512	0			
P - UTILITIES EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,524	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	7,454	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,744	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	146,936	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	28,136	0		5.00
6.00	CLINIC	90.00	0	667	0		6.00
7.00	OP ONCOLOGY INFUSION CENTER	90.01	0	2,274	0		7.00
8.00	PAIN CLINIC	90.03	0	5,351	0		8.00
9.00	OP PSYCH CLINIC	90.05	0	949	0		9.00
10.00	AMBULANCE SERVICES	95.00	0	24,187	0		10.00
11.00	PROMPTCARE	190.01	0	1,588	0		11.00
12.00	RENTAL PROPERTIES	190.02	0	17,962	0		12.00
13.00	FOUNDATION	190.05	0	7,449	0		13.00
14.00	CLINICAL TRIALS	190.09	0	430	0		14.00
15.00	COMMUNITY HEALTH SERVICES	190.11	0	12,026	0		15.00
	TOTALS		0	271,677			
Q - MARKETING EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	119	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	135,705	0		2.00
3.00	AMBULANCE SERVICES	95.00	0	100	0		3.00
4.00	FOUNDATION	190.05	0	8,631	0		4.00
5.00	COMMUNITY HEALTH SERVICES	190.11	0	5,810	0		5.00
	TOTALS		0	150,365			
R - OCCUPATIONAL HEALTH ADMIN							
1.00	PROMPTCARE	190.01	159,476	0	0		1.00
	TOTALS		159,476	0			
S - HHA AND HOSPICE SALARIES							
1.00	HOME HEALTH AGENCY	101.00	0	2,345,358	0		1.00
2.00	HOSPICE	116.00	0	2,336,851	0		2.00
	TOTALS		0	4,682,209			
T - ER PHYSICIAN FEES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,176,440	0		1.00
	TOTALS		0	2,176,440			
U - MED NUTRITION THERAPY							
1.00	COMMUNITY HEALTH SERVICES	190.11	118,668	32,054	0		1.00
	TOTALS		118,668	32,054			
500.00	Grand Total: Decreases		2,262,645	101,649,706			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

Period:
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Worksheet A-7
Part I
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,760,652	0	0	0	19,204
2.00	Land Improvements	2,072,522	0	0	0	14,315
3.00	Buildings and Fixtures	154,510,826	0	0	0	3,713,293
4.00	Building Improvements	8,430,041	2,957,487	0	2,957,487	184,640
5.00	Fixed Equipment	20,471,772	4,316,330	0	4,316,330	24,788,103
6.00	Movable Equipment	172,808,155	80,827,971	0	80,827,971	64,959,231
7.00	HIT designated Assets	0	0	0	0	0
8.00	Subtotal (sum of lines 1-7)	378,053,968	88,101,788	0	88,101,788	93,678,786
9.00	Reconciling Items	0	0	0	0	0
10.00	Total (line 8 minus line 9)	378,053,968	88,101,788	0	88,101,788	93,678,786
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,741,448	0			1.00
2.00	Land Improvements	2,058,207	0			2.00
3.00	Buildings and Fixtures	150,797,533	0			3.00
4.00	Building Improvements	11,202,888	0			4.00
5.00	Fixed Equipment	-1	0			5.00
6.00	Movable Equipment	188,676,895	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	372,476,970	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	372,476,970	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

Period:
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To 12/31/2016

Worksheet A-7
Part II
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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Worksheet A-7
Part III
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	183,800,076	0	183,800,076	0.493454	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	188,676,895	0	188,676,895	0.506546	0	2.00
3.00	Total (sum of lines 1-2)	372,476,971	0	372,476,971	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	17,564,530	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	8,145,678	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,710,208	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	17,564,530	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,145,678	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	25,710,208	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

Period:
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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			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	-14,996,692				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	16,101,753				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,129,877	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	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 INTEREST EXPENSE - UNNECESSARY	A	-850,366	CAP REL COSTS-BLDG & FIXT		1.00	9	33.00
33.01 ACCRUED PTO - STAFF SUPPORT	A	-1,090,970	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.02	BENEFIT RELATED COSTS	A	-17,040,496	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.02
33.03	IUH MORGAN TOTAL OPER EXPENSES	A	7,712,812	IU HEALTH MORGAN HOSPITAL	194.02	0 33.03
33.04	IUH PAOLI TOTAL OPER EXPENSES	A	10,400,972	IU HEALTH PAOLI HOSPITAL	194.00	0 33.04
33.05	IUH BEDFORD TOTAL OPER EXPENSES	A	14,805,317	IU HEALTH BEDFORD HOSPITAL	194.01	0 33.05
33.06	ACCELERATED DEPR	A	1,661,822	CAP REL COSTS-MVBLE EQUIP	2.00	9 33.06
33.07	MI SCCELLANEOUS INCOME	B	-1,513	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.07
33.08	MI SCCELLANEOUS INCOME	B	-683,915	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09	MI SCCELLANEOUS INCOME	B	-642,718	OPERATION OF PLANT	7.00	0 33.09
33.10	MI SCCELLANEOUS INCOME	B	-84,841	LAUNDRY & LINEN SERVICE	8.00	0 33.10
33.11	MI SCCELLANEOUS INCOME	B	-236,381	DIETARY	10.00	0 33.11
33.12	MI SCCELLANEOUS INCOME	B	-24,435	NURSING ADMINISTRATION	13.00	0 33.12
33.13	MI SCCELLANEOUS INCOME	B	-46,375	PHARMACY	15.00	0 33.13
33.14	MI SCCELLANEOUS INCOME	B	-12,467	ADULTS & PEDIATRICS	30.00	0 33.14
33.15	MI SCCELLANEOUS INCOME	B	-400	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.16	MI SCCELLANEOUS INCOME	B	-2,148	RADIOLOGY-THERAPEUTIC	55.00	0 33.16
33.17	MI SCCELLANEOUS INCOME	B	-480	LABORATORY	60.00	0 33.17
33.18	MI SCCELLANEOUS INCOME	B	-27,941	PHYSICAL THERAPY	66.00	0 33.18
33.19	MI SCCELLANEOUS INCOME	B	-23,000	ELECTROENCEPHALOGRAPHY	70.00	0 33.19
33.20	MI SCCELLANEOUS INCOME	B	-9,104	CARDIAC REHABILITATION	76.97	0 33.20
33.21	MI SCCELLANEOUS INCOME	B	-42,783	CLINIC	90.00	0 33.21
33.22	MI SCCELLANEOUS INCOME	B	-198,269	WOUND CARE CENTER	90.02	0 33.22
33.23	MI SCCELLANEOUS INCOME	B	24,110	OP ONCOLOGY INFUSION CENTER	90.01	0 33.23
33.24	MI SCCELLANEOUS INCOME	B	-2,987	OP PSYCH CLINIC	90.05	0 33.24
33.25	MI SCCELLANEOUS INCOME	B	-217,477	AMBULANCE SERVICES	95.00	0 33.25
33.26	MI SCCELLANEOUS INCOME	B	-19,750	PROMPTCARE	190.01	0 33.26
33.27	MI SCCELLANEOUS INCOME	B	-174,141	COMMUNITY HEALTH SERVICES	190.11	0 33.27
33.28	CONTRIBUTION EXP	A	-2,189	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.29	HAF FEES	A	-12,501,582	ADMINISTRATIVE & GENERAL	5.00	0 33.29
33.30	HOME HEALTH EXPENSES	A	3,502,898	HOME HEALTH AGENCY	101.00	0 33.30
33.31	HOSPICE EXPENSES	A	4,102,444	HOSPICE	116.00	0 33.31
33.32	RECRUITING EXP	A	-60,551	ADMINISTRATIVE & GENERAL	5.00	0 33.32
33.33	RECRUITING EXP	A	-150	PHARMACY	15.00	0 33.33
33.34	RECRUITING EXP	A	-918	ADULTS & PEDIATRICS	30.00	0 33.34
33.35	RECRUITING EXP	A	-1,054	OPERATING ROOM	50.00	0 33.35
33.36	UBI TAX	A	389,095	LABORATORY	60.00	0 33.36
33.37	NON ALLOW PHYSICIAN SERVICES	A	-547	ELECTROCARDIOLOGY	69.00	0 33.37
33.38	1983 INTEREST	A	-3,968	CAP REL COSTS-BLDG & FIXT	1.00	9 33.38
33.39	WEGMI LLER	A	-343	CAP REL COSTS-BLDG & FIXT	1.00	9 33.39
33.40	CARRYFORWARD ADJ	A	153,996	CAP REL COSTS-BLDG & FIXT	1.00	9 33.40
33.41			0		0.00	0 33.41
33.42	START UP COSTS	A	-3,140,312	ADMINISTRATIVE & GENERAL	5.00	0 33.42
33.43			0		0.00	0 33.43
33.44			0		0.00	0 33.44
33.45			0		0.00	0 33.45
33.46			0		0.00	0 33.46
33.47			0		0.00	0 33.47
33.48			0		0.00	0 33.48
33.49			0		0.00	0 33.49
33.50			0		0.00	0 33.50
33.51			0		0.00	0 33.51
33.52			0		0.00	0 33.52
33.53			0		0.00	0 33.53
33.54			0		0.00	0 33.54
33.55			0		0.00	0 33.55
33.56			0		0.00	0 33.56
33.57			0		0.00	0 33.57
33.58			0		0.00	0 33.58
33.59			0		0.00	0 33.59
33.60			0		0.00	0 33.60
33.61			0		0.00	0 33.61
33.62			0		0.00	0 33.62
33.63			0		0.00	0 33.63
33.64			0		0.00	0 33.64
33.65			0		0.00	0 33.65
33.66			0		0.00	0 33.66
33.67			0		0.00	0 33.67
33.68			0		0.00	0 33.68
33.69			0		0.00	0 33.69

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.70		0		0.00	0 33.70
33.71		0		0.00	0 33.71
33.72		0		0.00	0 33.72
33.73		0		0.00	0 33.73
33.74		0		0.00	0 33.74
33.75		0		0.00	0 33.75
33.76		0		0.00	0 33.76
33.77		0		0.00	0 33.77
33.78		0		0.00	0 33.78
33.79		0		0.00	0 33.79
33.80		0		0.00	0 33.80
33.81		0		0.00	0 33.81
33.82		0		0.00	0 33.82
33.83		0		0.00	0 33.83
33.84		0		0.00	0 33.84
33.85		0		0.00	0 33.85
33.86		0		0.00	0 33.86
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	5,584,079			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: 15-0051

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

Worksheet A-8-1

Date/Time Prepared: 5/23/2017 10:42 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0.00		0	0	1.00
2.00	1.00	CAP REL COSTS-BLDG & FIXT	3,019,203	1,314,118	2.00
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	633,651	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	14,500,516	0	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	44,829,858	51,546,876	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	2,209,746	2,209,746	4.02
4.03	13.00	NURSING ADMINISTRATION	243,785	0	4.03
4.04	16.00	MEDICAL RECORDS & LIBRARY	1,975,674	0	4.04
4.05	30.00	ADULTS & PEDIATRICS	674,068	674,068	4.05
4.06	43.00	NURSERY	869,790	869,790	4.06
4.07	50.00	OPERATING ROOM	314,800	314,800	4.07
4.08	60.00	LABORATORY	9,506,382	9,506,382	4.08
4.09	66.00	PHYSICAL THERAPY	158,779	158,779	4.09
4.10	70.00	ELECTROENCEPHALOGRAPHY	809,618	809,618	4.10
4.11	90.00	CLINIC	22,048	22,048	4.11
4.12	90.02	WOUND CARE CENTER	264,192	264,192	4.12
4.13	91.00	EMERGENCY	5,936,500	2,176,440	4.13
4.14	95.00	AMBULANCE SERVICES	122,590	122,590	4.14
4.15	190.01	PROMPTCARE	611,539	611,539	4.15
4.16	190.10	MORGAN OP BEHAVIORAL HEALTH	38,673	38,673	4.16
5.00	0	0	86,741,412	70,639,659	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	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	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: 15-0051

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2017 10:42 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	1,705,085	9		2.00
3.00	633,651	9		3.00
4.00	14,500,516	0		4.00
4.01	-6,717,018	0		4.01
4.02	0	0		4.02
4.03	243,785	0		4.03
4.04	1,975,674	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	3,760,060	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
5.00	16,101,753			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	PHYSICIAN GROUP		6.00
7.00	HOSPITAL		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: 15-0051

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

Worksheet A-8-2
Date/Time Prepared:
5/23/2017 10:42 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,278,025	1,278,025	0	246,400	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	710,486	710,486	0	246,400	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	387,703	387,703	0	246,400	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	2,815,529	2,815,529	0	197,500	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	806,118	806,118	0	239,400	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	149,263	121,109	28,154	211,500	244	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	77,190	77,190	0	211,500	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	606,790	606,790	0	211,500	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	119,349	119,349	0	211,500	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	97,948	97,948	0	211,500	0	10.00
11.00	5.00	ADMINISTRATIVE & GENERAL	72,290	72,290	0	211,500	0	11.00
12.00	5.00	ADMINISTRATIVE & GENERAL	75,000	75,000	0	211,500	0	12.00
13.00	5.00	ADMINISTRATIVE & GENERAL	322,100	307,925	14,175	181,300	109	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	655,980	655,980	0	211,500	0	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	75,813	34,355	41,458	181,300	937	15.00
16.00	43.00	NURSERY	869,790	233,460	636,330	237,100	7,473	16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	100,000	100,000	0	211,500	0	17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	36,300	36,300	0	271,900	0	18.00
19.00	5.00	ADMINISTRATIVE & GENERAL	308,568	0	308,568	260,300	1,749	19.00
20.00	66.00	PHYSICAL THERAPY	108,779	108,779	0	211,500	0	20.00
21.00	90.02	WOUND CARE CENTER	164,192	164,192	0	211,500	0	21.00
22.00	69.00	ELECTROCARDIOLOGY	114,329	54,886	59,443	211,500	1,070	22.00
23.00	30.00	ADULTS & PEDIATRICS	485,738	464,610	21,128	181,300	443	23.00
24.00	90.05	OP PSYCH CLINIC	185,657	33,458	152,199	181,300	3,128	24.00
25.00	91.00	EMERGENCY	5,537,502	5,537,502	0	197,500	0	25.00
200.00			16,160,439	14,898,984	1,261,455		15,153	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	24,811	1,241	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	10.00
11.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	11.00
12.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	12.00
13.00	5.00	ADMINISTRATIVE & GENERAL	9,501	475	0	0	0	13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	81,672	4,084	0	0	0	15.00
16.00	43.00	NURSERY	851,850	42,593	0	0	0	16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	18.00
19.00	5.00	ADMINISTRATIVE & GENERAL	218,877	10,944	0	0	0	19.00
20.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	20.00
21.00	90.02	WOUND CARE CENTER	0	0	0	0	0	21.00
22.00	69.00	ELECTROCARDIOLOGY	108,800	5,440	0	0	0	22.00
23.00	30.00	ADULTS & PEDIATRICS	38,613	1,931	0	0	0	23.00
24.00	90.05	OP PSYCH CLINIC	272,647	13,632	0	0	0	24.00
25.00	91.00	EMERGENCY	0	0	0	0	0	25.00
200.00			1,606,771	80,340	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,278,025	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	710,486	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	387,703	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	2,815,529	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	806,118	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	24,811	3,343	124,452	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	77,190	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	606,790	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	119,349	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	97,948	10.00
11.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	72,290	11.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0051

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2017 10:42 am

	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		
12.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	75,000		12.00
13.00	5.00	ADMINISTRATIVE & GENERAL	0	9,501	4,674	312,599		13.00
14.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	655,980		14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	0	81,672	0	34,355		15.00
16.00	43.00	NURSERY	0	851,850	0	233,460		16.00
17.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	100,000		17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	36,300		18.00
19.00	5.00	ADMINISTRATIVE & GENERAL	0	218,877	89,691	89,691		19.00
20.00	66.00	PHYSICAL THERAPY	0	0	0	108,779		20.00
21.00	90.02	WOUND CARE CENTER	0	0	0	164,192		21.00
22.00	69.00	ELECTROCARDIOLOGY	0	108,800	0	54,886		22.00
23.00	30.00	ADULTS & PEDIATRICS	0	38,613	0	464,610		23.00
24.00	90.05	OP PSYCH CLINIC	0	272,647	0	33,458		24.00
25.00	91.00	EMERGENCY	0	0	0	5,537,502		25.00
200.00			0	1,606,771	97,708	14,996,692		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	17,564,530	17,564,530			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,145,678		8,145,678		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,350,014	169,948	80,828	22,600,790	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	56,654,462	3,610,973	1,717,403	1,746,744	5.00
7.00 00700	OPERATION OF PLANT	8,812,576	2,076,097	987,406	568,290	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	125,971	29,661	14,107	0	8.00
9.00 00900	HOUSEKEEPING	2,475,151	64,281	30,573	386,908	9.00
10.00 01000	DIETARY	1,950,273	205,822	97,890	274,660	10.00
11.00 01100	CAFETERIA	492,308	110,921	52,755	205,486	11.00
13.00 01300	NURSING ADMINISTRATION	5,117,276	310,124	147,497	940,306	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	9,975,762	100,173	47,643	0	14.00
15.00 01500	PHARMACY	5,126,692	99,528	47,336	1,011,742	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,299,052	112,635	53,570	0	16.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	483,900	57,331	27,267	87,953	18.01
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	254,680	0	0	57,774	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	25,456,198	2,464,457	1,172,113	4,658,972	30.00
31.00 03100	INTENSIVE CARE UNIT	3,464,601	189,433	90,096	600,766	31.00
41.00 04100	SUBPROVIDER - IRF	1,112,630	224,182	106,623	204,761	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	2,585,933	109,704	52,176	348,868	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,044,773	905,412	430,620	984,294	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	3,089,618	63,876	30,380	618,968	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,221,839	637,798	303,341	580,447	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	4,043,634	390,406	185,680	740,905	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	3,405,962	404,896	192,571	493,111	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	1,007,884	23,873	11,354	132,632	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	626,682	35,781	17,018	88,309	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,682,533	119,419	56,796	244,309	59.00
60.00 06000	LABORATORY	10,485,234	322,125	153,205	83	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,067,070	24,334	11,573	421,921	65.00
66.00 06600	PHYSICAL THERAPY	7,036,464	292,058	138,905	1,423,789	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	892,917	45,220	21,507	177,499	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,005,566	79,803	37,955	43,250	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,885,795	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	13,899,799	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	22,466,617	0	0	0	73.00
73.01 07302	OP PHARMACY	345,457	15,872	7,549	72,181	73.01
74.00 07400	RENAL DIALYSIS	913,894	14,526	6,909	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	700,129	69,295	32,957	146,840	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,379,314	165,948	78,926	285,810	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	1,201,328	62,235	29,599	233,509	90.01
90.02 09002	WOUND CARE CENTER	793,023	86,089	40,945	176,372	90.02
90.03 09003	PAIN CLINIC	285,843	55,304	26,303	54,016	90.03
90.05 09005	OP PSYCH CLINIC	1,780,266	165,911	78,908	373,001	90.05
91.00 09100	EMERGENCY	6,659,262	488,109	232,148	1,010,862	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	5,477,964	260,904	124,088	1,044,955	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	3,503,590	112,322	53,421	532,042	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00 11600	HOSPICE	4,102,444	88,412	42,049	530,112	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
118.00	SUBTOTALS (SUM OF LINES 1-117)	291,452,588	14,865,198	7,069,990	21,502,447	286,579,225	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	113,529	17,384	8,268	11,596	150,777	190.00
190.01	19001 PROMPTCARE	1,630,212	118,645	56,428	180,333	1,985,618	190.01
190.02	19002 RENTAL PROPERTIES	21,047	860,469	409,245	0	1,290,761	190.02
190.03	19003 OLCOTT	296,721	50,695	24,111	56,675	428,202	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005 FOUNDATION	766,686	118,847	56,525	138,617	1,080,675	190.05
190.06	19006 MARKETING	149,600	0	0	0	149,600	190.06
190.07	19007 HME STORE	374,187	0	0	74,277	448,464	190.07
190.08	19008 UNUSED SPACE	0	573,885	272,944	0	846,829	190.08
190.09	19009 CLINICAL TRIALS	487,692	16,536	7,865	62,782	574,875	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	196,666	0	0	41,135	237,801	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	3,086,616	505,254	240,302	532,928	4,365,100	190.11
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	10,400,972	0	0	0	10,400,972	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	14,805,317	0	0	0	14,805,317	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	7,712,812	0	0	0	7,712,812	194.02
194.03	07953 IU HEALTH SIP	3	437,617	0	0	437,620	194.03
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	331,494,648	17,564,530	8,145,678	22,600,790	331,494,648	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 10:42 am		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	63,729,582			5.00
7.00	00700	OPERATION OF PLANT	2,961,834	15,406,203		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	40,399	39,032	249,170	8.00
9.00	00900	HOUSEKEEPING	703,763	84,589	0	3,745,265
10.00	01000	DIETARY	601,833	270,846	0	15,200
11.00	01100	CAFETERIA	205,035	145,963	0	7,451
13.00	01300	NURSING ADMINISTRATION	1,550,657	408,100	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	2,409,472	131,820	0	17,883
15.00	01500	PHARMACY	1,495,939	130,971	73	0
16.00	01600	MEDICAL RECORDS & LIBRARY	586,746	148,219	0	10,432
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	156,239	75,444	3,825	0
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	74,366	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,033,003	3,243,036	143,501	1,583,825
31.00	03100	INTENSIVE CARE UNIT	1,034,111	249,280	12,442	263,772
41.00	04100	SUBPROVIDER - IRF	392,281	295,007	0	102,230
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	737,029	144,362	1,818	154,687
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,228,950	1,191,454	25,798	266,753
50.01	05001	CV SURGERY	0	0	0	0
51.00	05100	RECOVERY ROOM	905,099	84,056	0	18,777
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,128,964	839,294	20,167	442,004
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,275,861	513,745	1,905	88,222
55.00	05500	RADIOLOGY-THERAPEUTIC	1,070,203	532,813	0	15,498
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	279,834	31,415	0	6,855
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	182,739	47,086	0	9,836
59.00	05900	CARDIAC CATHETERIZATION	500,540	157,146	7,197	70,637
60.00	06000	LABORATORY	2,608,700	423,892	107	2,086
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	600,941	32,021	0	0
66.00	06600	PHYSICAL THERAPY	2,116,163	384,327	14,047	71,829
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	270,647	59,506	0	29,507
70.00	07000	ELECTROENCEPHALOGRAPHY	277,652	105,015	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,876,867	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,308,236	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,347,190	0	0	102,528
73.01	07302	OP PHARMACY	104,975	20,887	0	0
74.00	07400	RENAL DIALYSIS	222,614	19,116	0	596
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	225,920	91,188	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	454,591	218,375	0	0
90.01	09001	OP ONCOLOGY INFUSION CENTER	363,357	81,897	0	0
90.02	09002	WOUND CARE CENTER	260,957	113,287	0	0
90.03	09003	PAIN CLINIC	100,311	72,775	0	0
90.05	09005	OP PSYCH CLINIC	570,759	218,326	0	0
91.00	09100	EMERGENCY	1,996,961	642,315	17,669	417,863
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00	09500	AMBULANCE SERVICES	1,644,124	343,330	0	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	999,952	147,807	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0
116.00	11600	HOSPICE	1,133,627	116,344	0	42,919
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,039,441	11,854,086	248,549	3,741,390
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,886	22,876	0	3,875
190.01	19001	PROMPTCARE	472,589	156,127	621	0
190.02	19002	RENTAL PROPERTIES	307,209	1,132,312	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.03	19003	OLCOTT	101,915	66,711	0	0	0	190.03
190.04	19004	PHYSICIANS RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	257,207	156,394	0	0	0	190.05
190.06	19006	MARKETING	35,606	0	0	0	0	190.06
190.07	19007	HME STORE	106,737	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	201,550	755,190	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	136,824	21,760	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	56,598	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	1,038,920	664,876	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	2,475,494	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	3,523,754	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	1,835,696	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	104,156	575,871	0	0	0	194.03
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)	63,729,582	15,406,203	249,170	3,745,265	3,416,524	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part I Date/Time Prepared: 5/23/2017 10:42 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,219,919					11.00
13.00	01300	NURSING ADMINISTRATION	51,050	8,525,010				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	12,682,753			14.00
15.00	01500	PHARMACY	49,780	0	28,570	7,990,631		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,210,654	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	9,171	0	90,335	0	0	18.01
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	323,303	4,252,946	715,804	0	281,667	30.00
31.00	03100	INTENSIVE CARE UNIT	39,703	224,129	172,172	0	40,741	31.00
41.00	04100	SUBPROVIDER - I&R	13,708	248,151	23,629	0	12,707	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	20,239	470,075	68,342	0	29,384	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	61,088	398,691	7,110,737	0	478,858	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	36,108	58,922	29,662	0	71,219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,311	720,368	211,618	0	80,400	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,704	171,685	570,170	0	146,515	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	26,332	94,009	214,280	0	162,683	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	7,656	0	47,804	0	68,802	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,065	0	5,329	0	22,464	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,022	254,930	2,410,530	0	172,453	59.00
60.00	06000	LABORATORY	10	0	0	0	288,941	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	24,554	0	162,657	0	27,782	65.00
66.00	06600	PHYSICAL THERAPY	79,407	414	26,843	0	68,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,589	75,845	9,108	0	59,381	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,461	0	22,475	0	30,094	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	104,866	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	263,502	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,990,631	359,605	73.00
73.01	07302	OP PHARMACY	3,170	0	251	0	5,250	73.01
74.00	07400	RENAL DIALYSIS	0	0	8,619	0	9,257	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	8,244	54,948	3,138	0	7,511	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	12,547	128,712	4,107	0	3,877	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	14,604	274,409	136,337	0	29,473	90.01
90.02	09002	WOUND CARE CENTER	10,239	97,000	46,972	0	11,596	90.02
90.03	09003	PAIN CLINIC	3,527	37,881	13,091	0	4,787	90.03
90.05	09005	OP PSYCH CLINIC	16,122	116,344	576	0	6,256	90.05
91.00	09100	EMERGENCY	71,737	143,264	403,946	0	242,331	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	92,181	0	101,937	0	98,387	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	25,004	216,149	0	0	7,794	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	32,535	320,549	0	0	13,460	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,148,171	8,359,421	12,639,039	7,990,631	3,210,654	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	1,567	0	0	0	0	190.00
190.01	19001	PROMPTCARE	13,324	40,944	33,186	0	0	190.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

Period:
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To 12/31/2016

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	3,415	21	49	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	6,258	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	2,115	0	7,766	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	3,333	21,528	25	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	1,393	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	40,343	103,096	2,672	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	16	0	0	194.03
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)	1,219,919	8,525,010	12,682,753	7,990,631	3,210,654	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

Period:
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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	(SPECIFY)	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				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
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0			18.00
18.01 01851	CENTRAL STERILIZATION	0	991,465		18.01
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	386,820	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	41,861	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,288	0	31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	11,270	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	895,508	0	50.00
50.01 05001	CV SURGERY	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	5,152	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	7,406	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	4,508	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	8,372	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	4,830	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	386,820	73.00
73.01 07302	OP PHARMACY	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	0	90.01
90.02 09002	WOUND CARE CENTER	0	0	0	90.02
90.03 09003	PAIN CLINIC	0	322	0	90.03
90.05 09005	OP PSYCH CLINIC	0	0	0	90.05
91.00 09100	EMERGENCY	0	4,830	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00 11600	HOSPICE	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	(SPECIFY)	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY					
	18.00	18.01	23.00					
118.00	SUBTOTALS (SUM OF LINES 1-117)			24.00	25.00	0		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	214,981	0	190.00
190.01	19001	PROMPTCARE	0	322	0	2,702,731	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	2,730,282	0	190.02
190.03	19003	OLCOTT	0	0	0	600,313	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	1,500,534	0	190.05
190.06	19006	MARKETING	0	0	0	185,206	0	190.06
190.07	19007	HME STORE	0	0	0	565,082	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	1,803,569	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	758,345	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	295,792	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	0	6,215,007	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	12,876,466	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	18,329,071	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	9,548,508	0	194.02
194.03	07953	IU HEALTH SIP	0	5,796	0	1,123,459	0	194.03
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	991,465	386,820	331,494,648	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part I Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)		18.00
18.01	01851 CENTRAL STERILIZATION		18.01
23.00	02300 PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	55,297,122	30.00
31.00	03100 INTENSIVE CARE UNIT	6,659,148	31.00
41.00	04100 SUBPROVIDER - IRF	2,949,383	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	4,733,887	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	22,022,936	50.00
50.01	05001 CV SURGERY	0	50.01
51.00	05100 RECOVERY ROOM	5,006,685	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,221,551	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,180,584	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,612,358	55.00
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	1,618,109	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,040,309	58.00
59.00	05900 CARDIAC CATHETERIZATION	5,698,918	59.00
60.00	06000 LABORATORY	14,284,383	60.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,377,361	65.00
66.00	06600 PHYSICAL THERAPY	11,652,857	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,660,098	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,610,101	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,867,528	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,471,537	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,653,391	73.00
73.01	07302 OP PHARMACY	575,592	73.01
74.00	07400 RENAL DIALYSIS	1,195,531	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75.01
76.97	07697 CARDIAC REHABILITATION	1,340,170	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	2,732,207	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	2,426,748	90.01
90.02	09002 WOUND CARE CENTER	1,636,480	90.02
90.03	09003 PAIN CLINIC	654,160	90.03
90.05	09005 OP PSYCH CLINIC	3,326,469	90.05
91.00	09100 EMERGENCY	12,331,297	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	9,187,870	95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	5,598,081	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	6,422,451	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	272,045,302	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	214,981	190.00
190.01	19001 PROMPTCARE	2,702,731	190.01
190.02	19002 RENTAL PROPERTIES	2,730,282	190.02
190.03	19003 OLCOTT	600,313	190.03

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			Total	
			26.00	
190.04	19004	PHYSICIAN RECRUITMENT	0	190.04
190.05	19005	FOUNDATION	1,500,534	190.05
190.06	19006	MARKETING	185,206	190.06
190.07	19007	HME STORE	565,082	190.07
190.08	19008	UNUSED SPACE	1,803,569	190.08
190.09	19009	CLINICAL TRIALS	758,345	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	295,792	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	6,215,007	190.11
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	12,876,466	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	18,329,071	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	9,548,508	194.02
194.03	07953	IU HEALTH SIP	1,123,459	194.03
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	331,494,648	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

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	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
			BLDG & FIXT	MVBLE EQUIP				
			0	1.00				2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	169,948	80,828	250,776	250,776	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,610,973	1,717,403	5,328,376	19,381	5.00
7.00	00700	OPERATION OF PLANT	0	2,076,097	987,406	3,063,503	6,305	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	29,661	14,107	43,768	0	8.00
9.00	00900	HOUSEKEEPING	0	64,281	30,573	94,854	4,293	9.00
10.00	01000	DIETARY	0	205,822	97,890	303,712	3,047	10.00
11.00	01100	CAFETERIA	0	110,921	52,755	163,676	2,280	11.00
13.00	01300	NURSING ADMINISTRATION	0	310,124	147,497	457,621	10,433	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	100,173	47,643	147,816	0	14.00
15.00	01500	PHARMACY	0	99,528	47,336	146,864	11,226	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	112,635	53,570	166,205	0	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	57,331	27,267	84,598	976	18.01
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	0	641	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	2,464,457	1,172,113	3,636,570	51,703	30.00
31.00	03100	INTENSIVE CARE UNIT	0	189,433	90,096	279,529	6,666	31.00
41.00	04100	SUBPROVIDER - IRF	0	224,182	106,623	330,805	2,272	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	109,704	52,176	161,880	3,871	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	905,412	430,620	1,336,032	10,921	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	63,876	30,380	94,256	6,868	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	637,798	303,341	941,139	6,440	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	390,406	185,680	576,086	8,221	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	404,896	192,571	597,467	5,471	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	23,873	11,354	35,227	1,472	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35,781	17,018	52,799	980	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	119,419	56,796	176,215	2,711	59.00
60.00	06000	LABORATORY	0	322,125	153,205	475,330	1	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	24,334	11,573	35,907	4,681	65.00
66.00	06600	PHYSICAL THERAPY	0	292,058	138,905	430,963	15,798	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	45,220	21,507	66,727	1,969	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	79,803	37,955	117,758	480	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07302	OP PHARMACY	0	15,872	7,549	23,421	801	73.01
74.00	07400	RENAL DIALYSIS	0	14,526	6,909	21,435	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	69,295	32,957	102,252	1,629	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	165,948	78,926	244,874	3,171	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	62,235	29,599	91,834	2,591	90.01
90.02	09002	WOUND CARE CENTER	0	86,089	40,945	127,034	1,957	90.02
90.03	09003	PAIN CLINIC	0	55,304	26,303	81,607	599	90.03
90.05	09005	OP PSYCH CLINIC	0	165,911	78,908	244,819	4,139	90.05
91.00	09100	EMERGENCY	0	488,109	232,148	720,257	11,216	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	260,904	124,088	384,992	11,594	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	112,322	53,421	165,743	5,903	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	88,412	42,049	130,461	5,882	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	14,865,198	7,069,990	21,935,188	238,589	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,384	8,268	25,652	129	190.00
190.01 19001 PROMPTCARE	0	118,645	56,428	175,073	2,001	190.01
190.02 19002 RENTAL PROPERTIES	0	860,469	409,245	1,269,714	0	190.02
190.03 19003 OLCOTT	0	50,695	24,111	74,806	629	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	118,847	56,525	175,372	1,538	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	824	190.07
190.08 19008 UNUSED SPACE	0	573,885	272,944	846,829	0	190.08
190.09 19009 CLINICAL TRIALS	0	16,536	7,865	24,401	697	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	456	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	0	505,254	240,302	745,556	5,913	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	437,617	0	437,617	0	194.03
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	17,564,530	8,145,678	25,710,208	250,776	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 10:42 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	5,347,757				5.00	
7.00	00700	OPERATION OF PLANT	248,539	3,318,347			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	3,390	8,407	55,565		8.00	
9.00	00900	HOUSEKEEPING	59,055	18,220	0	176,422	9.00	
10.00	01000	DIETARY	50,502	58,338	0	716	10.00	
11.00	01100	CAFETERIA	17,205	31,439	0	351	11.00	
13.00	01300	NURSING ADMINISTRATION	130,122	87,901	0	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	202,188	28,393	0	842	14.00	
15.00	01500	PHARMACY	125,530	28,210	16	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	49,236	31,925	0	491	16.00	
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00	
18.01	01851	CENTRAL STERILIZATION	13,111	16,250	853	0	18.01	
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	6,240	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	674,044	698,517	31,999	74,606	356,596	30.00
31.00	03100	INTENSIVE CARE UNIT	86,776	53,692	2,775	12,425	33,706	31.00
41.00	04100	SUBPROVIDER - IRF	32,918	63,542	0	4,816	26,013	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	61,847	31,094	406	7,287	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	187,040	256,628	5,753	12,565	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	75,950	18,105	0	884	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	94,736	180,776	4,497	20,821	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,062	110,656	425	4,156	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	89,805	114,763	0	730	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	23,482	6,766	0	323	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	15,334	10,142	0	463	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	42,002	33,848	1,605	3,327	0	59.00
60.00	06000	LABORATORY	218,906	91,302	24	98	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	50,427	6,897	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	177,575	82,780	3,133	3,384	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,711	12,817	0	1,390	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	23,299	22,619	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	157,495	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	277,607	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	448,703	0	0	4,830	0	73.00
73.01	07302	OP PHARMACY	8,809	4,499	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	18,680	4,117	0	28	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	18,958	19,641	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	38,146	47,036	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	30,491	17,640	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	21,898	24,401	0	0	0	90.02
90.03	09003	PAIN CLINIC	8,418	15,675	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	47,895	47,025	0	0	0	90.05
91.00	09100	EMERGENCY	167,573	138,349	3,940	19,684	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	137,965	73,950	0	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	83,910	31,836	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	95,127	25,059	0	2,022	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,450,707	2,553,255	55,426	176,239	416,315	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,011	4,927	0	183	0	190.00
190.01	19001	PROMPTCARE	39,657	33,628	139	0	0	190.01
190.02	19002	RENTAL PROPERTIES	25,779	243,889	0	0	0	190.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.03	19003	OLCOTT	8,552	14,369	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	21,583	33,686	0	0	0	190.05
190.06	19006	MARKETING	2,988	0	0	0	0	190.06
190.07	19007	HME STORE	8,957	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	16,913	162,661	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	11,481	4,687	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	4,749	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	87,180	143,208	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	207,728	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	295,692	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	154,040	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	8,740	124,037	0	0	0	194.03
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)	5,347,757	3,318,347	55,565	176,422	416,315	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/23/2017 10:42 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	214,951					11.00
13.00	01300	8,995	695,072				13.00
14.00	01400	0	0	379,239			14.00
15.00	01500	8,771	0	854	321,471		15.00
16.00	01600	0	0	0	0	247,857	16.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	1,616	0	2,701	0	0	18.01
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	56,965	346,756	21,404	0	21,761	30.00
31.00	03100	6,996	18,274	5,148	0	3,148	31.00
41.00	04100	2,415	20,233	707	0	982	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,566	38,327	2,044	0	2,270	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,764	32,507	212,623	0	36,801	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	6,362	4,804	887	0	5,502	51.00
52.00	05200	6,222	58,734	6,328	0	6,212	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	8,229	13,998	17,050	0	11,320	54.00
55.00	05500	4,640	7,665	6,408	0	12,569	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	1,349	0	1,429	0	5,316	57.00
58.00	05800	892	0	159	0	1,736	58.00
59.00	05900	2,647	20,785	72,081	0	13,323	59.00
60.00	06000	2	0	0	0	22,323	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	4,326	0	4,864	0	2,146	65.00
66.00	06600	13,992	34	803	0	5,301	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	1,866	6,184	272	0	4,588	69.00
70.00	07000	610	0	672	0	2,325	70.00
71.00	07100	0	0	0	0	8,102	71.00
72.00	07200	0	0	0	0	20,358	72.00
73.00	07300	0	0	0	321,471	27,782	73.00
73.01	07302	559	0	7	0	406	73.01
74.00	07400	0	0	258	0	715	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03550	0	0	0	0	0	75.01
76.97	07697	1,453	4,480	94	0	580	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,211	10,494	123	0	300	90.00
90.01	09001	2,573	22,373	4,077	0	2,277	90.01
90.02	09002	1,804	7,909	1,405	0	896	90.02
90.03	09003	621	3,089	391	0	370	90.03
90.05	09005	2,841	9,486	17	0	483	90.05
91.00	09100	12,640	11,681	12,079	0	18,722	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	16,242	0	3,048	0	7,601	95.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	4,406	17,623	0	0	602	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	5,733	26,135	0	0	1,040	116.00
118.00		202,308	681,571	377,933	321,471	247,857	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	276	0	0	0	0	190.00
190.01	19001	2,348	3,338	992	0	0	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	602	2	1	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,103	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	373	0	232	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	587	1,755	1	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	245	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	7,109	8,406	80	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
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)	214,951	695,072	379,239	321,471	247,857	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	(SPECIFY)	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				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
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0			18.00
18.01 01851	CENTRAL STERILIZATION	0	120,105		18.01
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	6,881	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	5,071		0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	156		0 31.00
41.00 04100	SUBPROVIDER - IRF	0	0		0 41.00
42.00 04200	SUBPROVIDER	0	0		0 42.00
43.00 04300	NURSERY	0	1,365		0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	108,482		0 50.00
50.01 05001	CV SURGERY	0	0		0 50.01
51.00 05100	RECOVERY ROOM	0	0		0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0		0 52.00
53.00 05300	ANESTHESIOLOGY	0	0		0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	624		0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0		0 55.00
56.00 05600	RADIOISOTOPE	0	0		0 56.00
57.00 05700	CT SCAN	0	0		0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	897		0 59.00
60.00 06000	LABORATORY	0	0		0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0		0 64.00
65.00 06500	RESPIRATORY THERAPY	0	546		0 65.00
66.00 06600	PHYSICAL THERAPY	0	0		0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0		0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0		0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	1,014		0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	585		0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0		0 73.00
73.01 07302	OP PHARMACY	0	0		0 73.01
74.00 07400	RENAL DIALYSIS	0	0		0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0		0 75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		0 75.01
76.97 07697	CARDIAC REHABILITATION	0	0		0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0		0 90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0		0 90.01
90.02 09002	WOUND CARE CENTER	0	0		0 90.02
90.03 09003	PAIN CLINIC	0	39		0 90.03
90.05 09005	OP PSYCH CLINIC	0	0		0 90.05
91.00 09100	EMERGENCY	0	585		0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0		0 94.00
95.00 09500	AMBULANCE SERVICES	0	0		0 95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0		0 100.00
101.00 10100	HOME HEALTH AGENCY	0	0		0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		0 115.00
116.00 11600	HOSPICE	0	0		0 116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	(SPECIFY)	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY			
	18.00	18.01	23.00			
118.00	SUBTOTALS (SUM OF LINES 1-117)			24.00	25.00	0
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	34,178	0
190.01	19001	PROMPTCARE	0	39	257,215	0
190.02	19002	RENTAL PROPERTIES	0	0	1,539,382	0
190.03	19003	OLCOTT	0	0	98,961	0
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0
190.05	19005	FOUNDATION	0	0	233,282	0
190.06	19006	MARKETING	0	0	2,988	0
190.07	19007	HME STORE	0	0	10,386	0
190.08	19008	UNUSED SPACE	0	0	1,026,403	0
190.09	19009	CLINICAL TRIALS	0	0	43,609	0
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	5,450	0
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	997,452	0
191.00	19100	RESEARCH	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	207,728	0
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	295,692	0
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	154,040	0
194.03	07953	IU HEALTH SIP	0	702	571,096	0
200.00		Cross Foot Adjustments			6,881	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	120,105	6,881	25,710,208

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
18.01	01851	CENTRAL STERILIZATION		18.01
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	5,975,992	30.00
31.00	03100	INTENSIVE CARE UNIT	509,291	31.00
41.00	04100	SUBPROVIDER - IRF	484,703	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	313,957	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,210,116	50.00
50.01	05001	CV SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	213,618	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,325,905	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	857,827	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	839,518	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	75,364	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	82,505	58.00
59.00	05900	CARDIAC CATHETERIZATION	369,441	59.00
60.00	06000	LABORATORY	807,986	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	109,794	65.00
66.00	06600	PHYSICAL THERAPY	733,763	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	119,538	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,348	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	165,597	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,965	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	802,786	73.00
73.01	07302	OP PHARMACY	38,502	73.01
74.00	07400	RENAL DIALYSIS	45,233	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75.01
76.97	07697	CARDIAC REHABILITATION	149,087	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	346,355	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	173,856	90.01
90.02	09002	WOUND CARE CENTER	187,304	90.02
90.03	09003	PAIN CLINIC	110,809	90.03
90.05	09005	OP PSYCH CLINIC	356,705	90.05
91.00	09100	EMERGENCY	1,116,726	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	635,392	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	310,023	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	291,459	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,225,465	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,178	190.00
190.01	19001	PROMPTCARE	257,215	190.01
190.02	19002	RENTAL PROPERTIES	1,539,382	190.02
190.03	19003	OLCOTT	98,961	190.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description			Total	
			26.00	
190.04	19004	PHYSICIAN RECRUITMENT	0	190.04
190.05	19005	FOUNDATION	233,282	190.05
190.06	19006	MARKETING	2,988	190.06
190.07	19007	HME STORE	10,386	190.07
190.08	19008	UNUSED SPACE	1,026,403	190.08
190.09	19009	CLINICAL TRIALS	43,609	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	5,450	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	997,452	190.11
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	207,728	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	295,692	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	154,040	194.02
194.03	07953	IU HEALTH SIP	571,096	194.03
200.00		Cross Foot Adjustments	6,881	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	25,710,208	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	952,806				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		929,067			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	9,219	9,219	99,629,275		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	195,881	195,881	7,700,028	-63,729,582	267,765,066
7.00 00700	OPERATION OF PLANT	112,620	112,620	2,505,145	0	12,444,369
8.00 00800	LAUNDRY & LINEN SERVICE	1,609	1,609	0	0	169,739
9.00 00900	HOUSEKEEPING	3,487	3,487	1,705,577	0	2,956,913
10.00 01000	DIETARY	11,165	11,165	1,210,760	0	2,528,645
11.00 01100	CAFETERIA	6,017	6,017	905,827	0	861,470
13.00 01300	NURSING ADMINISTRATION	16,823	16,823	4,145,074	0	6,515,203
14.00 01400	CENTRAL SERVICES & SUPPLY	5,434	5,434	0	0	10,123,578
15.00 01500	PHARMACY	5,399	5,399	4,459,978	0	6,285,298
16.00 01600	MEDICAL RECORDS & LIBRARY	6,110	6,110	0	0	2,465,257
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01 01851	CENTRAL STERILIZATION	3,110	3,110	387,716	0	656,451
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	254,680	0	312,454
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	133,687	133,687	20,537,823	0	33,751,740
31.00 03100	INTENSIVE CARE UNIT	10,276	10,276	2,648,306	0	4,344,896
41.00 04100	SUBPROVIDER - IRF	12,161	12,161	902,632	0	1,648,196
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	5,951	5,951	1,537,888	0	3,096,681
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	49,115	49,115	4,338,984	0	9,365,099
50.01 05001	CV SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	3,465	3,465	2,728,547	0	3,802,842
52.00 05200	DELIVERY ROOM & LABOR ROOM	34,598	34,598	2,558,737	0	4,743,425
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	21,178	21,178	3,266,070	0	5,360,625
55.00 05500	RADIOLOGY-THERAPEUTIC	21,964	21,964	2,173,743	0	4,496,540
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	1,295	1,295	584,670	0	1,175,743
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	1,941	389,284	0	767,790
59.00 05900	CARDIAC CATHETERIZATION	6,478	6,478	1,076,969	0	2,103,057
60.00 06000	LABORATORY	17,474	17,474	365	0	10,960,647
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,320	1,320	1,859,921	0	2,524,898
66.00 06600	PHYSICAL THERAPY	15,843	15,843	6,276,372	0	8,891,216
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	2,453	2,453	782,455	0	1,137,143
70.00 07000	ELECTROENCEPHALOGRAPHY	4,329	4,329	190,657	0	1,166,574
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,885,795
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,899,799
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	22,466,617
73.01 07302	OP PHARMACY	861	861	318,188	0	441,059
74.00 07400	RENAL DIALYSIS	788	788	0	0	935,329
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	3,759	3,759	647,305	0	949,221
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,002	9,002	1,259,913	0	1,909,998
90.01 09001	OP ONCOLOGY INFUSION CENTER	3,376	3,376	1,029,358	0	1,526,671
90.02 09002	WOUND CARE CENTER	4,670	4,670	777,487	0	1,096,429
90.03 09003	PAIN CLINIC	3,000	3,000	238,113	0	421,466
90.05 09005	OP PSYCH CLINIC	9,000	9,000	1,644,271	0	2,398,086
91.00 09100	EMERGENCY	26,478	26,478	4,456,101	0	8,390,381
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00 09500	AMBULANCE SERVICES	14,153	14,153	4,606,389	0	6,907,911
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	6,093	6,093	2,345,358	0	4,201,375
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
114.00 11400	UTILIZATION REVIEW-SNF					
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00 11600	HOSPICE	4,796	4,796	2,336,851	0	4,763,017

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)				
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FEET)							
	1.00	2.00					4.00	5A	5.00
118.00	SUBTOTALS (SUM OF LINES 1-117)		806,378	806,378	94,787,542	-63,729,582	222,849,643	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	943	51,116	0	150,777	190.00	
190.01	19001	PROMPTCARE	6,436	6,436	794,949	0	1,985,618	190.01	
190.02	19002	RENTAL PROPERTIES	46,677	46,677	0	0	1,290,761	190.02	
190.03	19003	OLCOTT	2,750	2,750	249,835	0	428,202	190.03	
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04	
190.05	19005	FOUNDATION	6,447	6,447	611,055	0	1,080,675	190.05	
190.06	19006	MARKETING	0	0	0	0	149,600	190.06	
190.07	19007	HME STORE	0	0	327,430	0	448,464	190.07	
190.08	19008	UNUSED SPACE	31,131	31,131	0	0	846,829	190.08	
190.09	19009	CLINICAL TRIALS	897	897	276,757	0	574,875	190.09	
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	181,330	0	237,801	190.10	
190.11	19011	COMMUNITY HEALTH SERVICES	27,408	27,408	2,349,261	0	4,365,100	190.11	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00	
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	10,400,972	194.00	
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	14,805,317	194.01	
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	7,712,812	194.02	
194.03	07953	IU HEALTH SIP	23,739	0	0	0	437,620	194.03	
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)		17,564,530	8,145,678	22,600,790		63,729,582	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)		18.434529	8.767589	0.226849		0.238006	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)							5,347,757	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)							0.019972	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	635,086				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,609	468,347			8.00	
9.00	00900	HOUSEKEEPING	3,487	0	12,566		9.00	
10.00	01000	DIETARY	11,165	0	51	207,081	10.00	
11.00	01100	CAFETERIA	6,017	0	25	0	3,049,628	11.00
13.00	01300	NURSING ADMINISTRATION	16,823	0	0	0	127,617	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,434	0	60	0	0	14.00
15.00	01500	PHARMACY	5,399	138	0	0	124,443	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,110	0	35	0	0	16.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	3,110	7,190	0	0	22,925	18.01
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,687	269,726	5,314	177,376	808,210	30.00
31.00	03100	INTENSIVE CARE UNIT	10,276	23,386	885	16,766	99,251	31.00
41.00	04100	SUBPROVIDER - IIRF	12,161	0	343	12,939	34,269	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	5,951	3,418	519	0	50,595	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,115	48,490	895	0	152,712	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,465	0	63	0	90,264	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,598	37,906	1,483	0	88,272	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,178	3,581	296	0	116,754	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,964	0	52	0	65,827	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,295	0	23	0	19,140	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	0	33	0	12,661	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,478	13,528	237	0	37,554	59.00
60.00	06000	LABORATORY	17,474	201	7	0	25	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,320	0	0	0	61,381	65.00
66.00	06600	PHYSICAL THERAPY	15,843	26,404	241	0	198,507	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,453	0	99	0	26,471	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,329	0	0	0	8,653	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	344	0	0	73.00
73.01	07302	OP PHARMACY	861	0	0	0	7,925	73.01
74.00	07400	RENAL DIALYSIS	788	0	2	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	3,759	0	0	0	20,610	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	9,002	0	0	0	31,366	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,376	0	0	0	36,507	90.01
90.02	09002	WOUND CARE CENTER	4,670	0	0	0	25,597	90.02
90.03	09003	PAIN CLINIC	3,000	0	0	0	8,816	90.03
90.05	09005	OP PSYCH CLINIC	9,000	0	0	0	40,304	90.05
91.00	09100	EMERGENCY	26,478	33,211	1,402	0	179,332	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	14,153	0	0	0	230,441	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	6,093	0	0	0	62,506	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	4,796	0	144	0	81,333	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	488,658	467,179	12,553	207,081	2,870,268	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	0	13	0	3,917	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

Period:
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To 12/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
190.01	19001	PROMPTCARE	6,436	1,168	0	0	33,307	190.01
190.02	19002	RENTAL PROPERTIES	46,677	0	0	0	0	190.02
190.03	19003	OLCOTT	2,750	0	0	0	8,538	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	6,447	0	0	0	15,645	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	5,286	190.07
190.08	19008	UNUSED SPACE	31,131	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	897	0	0	0	8,331	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	3,483	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	27,408	0	0	0	100,853	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	23,739	0	0	0	0	194.03
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)	15,406,203	249,170	3,745,265	3,416,524	1,219,919	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.258452	0.532020	298.047509	16.498491	0.400022	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,318,347	55,565	176,422	416,315	214,951	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.225036	0.118641	14.039631	2.010397	0.070484	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

Period:
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To 12/31/2016

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Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	823,675					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	31,363,574				14.00
15.00 01500 PHARMACY	0	70,651	100			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	1,272,277,676		16.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 01851 CENTRAL STERILIZATION	0	223,392	0	0	0	18.01
23.00 02300 PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	410,914	1,770,137	0	111,595,308	0	30.00
31.00 03100 INTENSIVE CARE UNIT	21,655	425,771	0	16,141,419	0	31.00
41.00 04100 SUBPROVIDER - IRF	23,976	58,433	0	5,034,383	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	45,418	169,006	0	11,641,919	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	38,521	17,584,345	0	189,948,881	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	5,693	73,351	0	28,216,607	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	69,601	523,317	0	31,854,144	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,588	1,409,993	0	58,048,743	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	9,083	529,900	0	64,454,598	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	118,217	0	27,259,027	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,178	0	8,900,331	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	24,631	5,961,082	0	68,325,223	0	59.00
60.00 06000 LABORATORY	0	0	0	114,477,507	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	402,241	0	11,007,252	0	65.00
66.00 06600 PHYSICAL THERAPY	40	66,381	0	27,183,368	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	7,328	22,523	0	23,526,628	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	55,578	0	11,923,015	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	41,547,575	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	104,398,737	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100	142,474,353	0	73.00
73.01 07302 OP PHARMACY	0	620	0	2,080,144	0	73.01
74.00 07400 RENAL DIALYSIS	0	21,313	0	3,667,512	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	5,309	7,759	0	2,975,696	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	12,436	10,157	0	1,536,187	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	26,513	337,152	0	11,676,916	0	90.01
90.02 09002 WOUND CARE CENTER	9,372	116,159	0	4,594,373	0	90.02
90.03 09003 PAIN CLINIC	3,660	32,373	0	1,896,565	0	90.03
90.05 09005 OP PSYCH CLINIC	11,241	1,424	0	2,478,585	0	90.05
91.00 09100 EMERGENCY	13,842	998,931	0	96,010,813	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	252,084	0	38,980,782	0	95.00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	20,884	0	0	3,088,152	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	30,971	0	0	5,332,933	0	116.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
		(DIRECT NURS. HRS.)					
118.00		13.00	14.00	15.00	16.00	18.00	
SUBTOTALS (SUM OF LINES 1-117)		807,676	31,255,468	100	1,272,277,676		118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	PROMPTCARE	3,956	82,068	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	2	122	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	0	19,205	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	2,080	63	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	9,961	6,608	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	40	0	0	194.03
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)	8,525,010	12,682,753	7,990,631	3,210,654	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.349968	0.404378	79,906.310000	0.002524	0.000000
204.00		Cost to be allocated (per Wkst. B, Part II)	695,072	379,239	321,471	247,857	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.843867	0.012092	3,214.710000	0.000195	0.000000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY (COSTED REQUIS.)		
		CENTRAL STERILIZATION (TIME SPENT)			
		18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			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
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)			18.00
18.01	01851	CENTRAL STERILIZATION	3,079		18.01
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	130	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	35	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	2,781	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	23	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	1	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	90.05
91.00	09100	EMERGENCY	15	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
5/23/2017 10:42 am

118.00	SUBTOTALS (SUM OF LINES 1-117)	OTHER GENERAL SERVICE		PARAMED PRGM-PHARMACY RESIDENCY (COSTED REQUIS.)	118.00
		CENTRAL STERILIZATION (TIME SPENT)			
		18.01	23.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	PROMPTCARE	1	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	190.02
190.03	19003	OLCOTT	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	0	190.05
190.06	19006	MARKETING	0	0	190.06
190.07	19007	HME STORE	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	0	190.11
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953	IU HEALTH SIP	18	0	194.03
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)	991,465	386,820	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	322.008769	3,868.200000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	120,105	6,881	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	39.007795	68.810000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2017 10:42 am

		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		55,297,122	0	55,297,122	30.00
31.00	03100	INTENSIVE CARE UNIT		6,659,148	0	6,659,148	31.00
41.00	04100	SUBPROVIDER - I RF		2,949,383	0	2,949,383	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		4,733,887	0	4,733,887	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		22,022,936	0	22,022,936	50.00
50.01	05001	CV SURGERY		0	0	0	50.01
51.00	05100	RECOVERY ROOM		5,006,685	0	5,006,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		8,221,551	0	8,221,551	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		8,180,584	0	8,180,584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		6,612,358	0	6,612,358	55.00
56.00	05600	RADIOISOTOPE		0	0	0	56.00
57.00	05700	CT SCAN		1,618,109	0	1,618,109	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,040,309	0	1,040,309	58.00
59.00	05900	CARDIAC CATHETERIZATION		5,698,918	0	5,698,918	59.00
60.00	06000	LABORATORY		14,284,383	0	14,284,383	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,377,361	0	3,377,361	65.00
66.00	06600	PHYSICAL THERAPY	0	11,652,857	0	11,652,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		1,660,098	0	1,660,098	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,610,101	0	1,610,101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,867,528	0	9,867,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		17,471,537	0	17,471,537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		36,653,391	0	36,653,391	73.00
73.01	07302	OP PHARMACY		575,592	0	575,592	73.01
74.00	07400	RENAL DIALYSIS		1,195,531	0	1,195,531	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION		1,340,170	0	1,340,170	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		2,732,207	0	2,732,207	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER		2,426,748	0	2,426,748	90.01
90.02	09002	WOUND CARE CENTER		1,636,480	0	1,636,480	90.02
90.03	09003	PAIN CLINIC		654,160	0	654,160	90.03
90.05	09005	OP PSYCH CLINIC		3,326,469	0	3,326,469	90.05
91.00	09100	EMERGENCY		12,331,297	0	12,331,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		6,316,334	0	6,316,334	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		9,187,870	0	9,187,870	95.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		5,598,081	0	5,598,081	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		6,422,451	0	6,422,451	116.00
200.00		Subtotal (see instructions)	0	278,361,636	0	278,361,636	200.00
201.00		Less Observation Beds		6,316,334		6,316,334	201.00
202.00		Total (see instructions)	0	272,045,302	0	272,045,302	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/23/2017 10:42 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	91,731,290		91,731,290				30.00
31.00	03100	INTENSIVE CARE UNIT	16,141,419		16,141,419				31.00
41.00	04100	SUBPROVIDER - IRF	5,034,383		5,034,383				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	11,641,919		11,641,919				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	76,303,433	113,645,448	189,948,881	0.115941	0.000000		50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	8,059,810	20,156,797	28,216,607	0.177438	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,545,973	2,308,171	31,854,144	0.258100	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,642,112	41,406,631	58,048,743	0.140926	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,123,319	61,331,279	64,454,598	0.102589	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	8,625,175	18,633,852	27,259,027	0.059360	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,498,448	6,401,883	8,900,331	0.116884	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	26,699,227	41,625,996	68,325,223	0.083409	0.000000		59.00
60.00	06000	LABORATORY	48,997,567	65,479,940	114,477,507	0.124779	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	8,918,887	2,088,365	11,007,252	0.306831	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	13,175,103	14,008,265	27,183,368	0.428676	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	10,084,675	13,441,953	23,526,628	0.070563	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,438,428	10,484,587	11,923,015	0.135041	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,617,446	23,930,129	41,547,575	0.237499	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,064,182	38,334,555	104,398,737	0.167354	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	70,591,756	71,882,597	142,474,353	0.257263	0.000000		73.00
73.01	07302	OP PHARMACY	0	2,080,144	2,080,144	0.276708	0.000000		73.01
74.00	07400	RENAL DIALYSIS	2,493,465	1,174,047	3,667,512	0.325979	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	342,915	2,632,781	2,975,696	0.450372	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	15,957	1,520,230	1,536,187	1.778564	0.000000		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	114,730	11,562,186	11,676,916	0.207824	0.000000		90.01
90.02	09002	WOUND CARE CENTER	13,535	4,580,838	4,594,373	0.356192	0.000000		90.02
90.03	09003	PAIN CLINIC	1,498	1,895,067	1,896,565	0.344918	0.000000		90.03
90.05	09005	OP PSYCH CLINIC	17,756	2,460,829	2,478,585	1.342084	0.000000		90.05
91.00	09100	EMERGENCY	18,124,672	77,886,141	96,010,813	0.128437	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,125,144	17,738,874	19,864,018	0.317979	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	91,617	38,889,165	38,980,782	0.235703	0.000000		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	3,088,152	3,088,152				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	1,039,973	4,292,960	5,332,933				116.00
200.00		Subtotal (see instructions)	557,315,814	714,961,862	1,272,277,676				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	557,315,814	714,961,862	1,272,277,676				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 10:42 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.115941		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.177438		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258100		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140926		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102589		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.059360		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.116884		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083409		59.00
60.00	06000	LABORATORY	0.124779		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.306831		65.00
66.00	06600	PHYSICAL THERAPY	0.428676		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.070563		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135041		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.237499		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.167354		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257263		73.00
73.01	07302	OP PHARMACY	0.276708		73.01
74.00	07400	RENAL DIALYSIS	0.325979		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	0.450372		76.97
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1.778564		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.207824		90.01
90.02	09002	WOUND CARE CENTER	0.356192		90.02
90.03	09003	PAIN CLINIC	0.344918		90.03
90.05	09005	OP PSYCH CLINIC	1.342084		90.05
91.00	09100	EMERGENCY	0.128437		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.317979		92.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.235703		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2017 10:42 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		55,297,122	0	55,297,122	30.00
31.00	03100	INTENSIVE CARE UNIT		6,659,148	0	6,659,148	31.00
41.00	04100	SUBPROVIDER - I RF		2,949,383	0	2,949,383	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		4,733,887	0	4,733,887	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		22,022,936	0	22,022,936	50.00
50.01	05001	CV SURGERY		0	0	0	50.01
51.00	05100	RECOVERY ROOM		5,006,685	0	5,006,685	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		8,221,551	0	8,221,551	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		8,180,584	0	8,180,584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		6,612,358	0	6,612,358	55.00
56.00	05600	RADIOISOTOPE		0	0	0	56.00
57.00	05700	CT SCAN		1,618,109	0	1,618,109	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		1,040,309	0	1,040,309	58.00
59.00	05900	CARDIAC CATHETERIZATION		5,698,918	0	5,698,918	59.00
60.00	06000	LABORATORY		14,284,383	0	14,284,383	60.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,377,361	0	3,377,361	65.00
66.00	06600	PHYSICAL THERAPY	0	11,652,857	0	11,652,857	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY		1,660,098	0	1,660,098	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		1,610,101	0	1,610,101	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,867,528	0	9,867,528	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		17,471,537	0	17,471,537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		36,653,391	0	36,653,391	73.00
73.01	07302	OP PHARMACY		575,592	0	575,592	73.01
74.00	07400	RENAL DIALYSIS		1,195,531	0	1,195,531	74.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION		1,340,170	0	1,340,170	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		2,732,207	0	2,732,207	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER		2,426,748	0	2,426,748	90.01
90.02	09002	WOUND CARE CENTER		1,636,480	0	1,636,480	90.02
90.03	09003	PAIN CLINIC		654,160	0	654,160	90.03
90.05	09005	OP PSYCH CLINIC		3,326,469	0	3,326,469	90.05
91.00	09100	EMERGENCY		12,331,297	0	12,331,297	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		6,316,334	0	6,316,334	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES		9,187,870	0	9,187,870	95.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY		5,598,081	0	5,598,081	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600	HOSPICE		6,422,451	0	6,422,451	116.00
200.00		Subtotal (see instructions)	0	278,361,636	0	278,361,636	200.00
201.00		Less Observation Beds		6,316,334	0	6,316,334	201.00
202.00		Total (see instructions)	0	272,045,302	0	272,045,302	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/23/2017 10:42 am		
			Title XIX			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	91,731,290		91,731,290			30.00	
31.00	03100	INTENSIVE CARE UNIT	16,141,419		16,141,419			31.00	
41.00	04100	SUBPROVIDER - IRF	5,034,383		5,034,383			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	11,641,919		11,641,919			43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	76,303,433	113,645,448	189,948,881	0.115941	0.000000	50.00	
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000	50.01	
51.00	05100	RECOVERY ROOM	8,059,810	20,156,797	28,216,607	0.177438	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	29,545,973	2,308,171	31,854,144	0.258100	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,642,112	41,406,631	58,048,743	0.140926	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	3,123,319	61,331,279	64,454,598	0.102589	0.000000	55.00	
56.00	05600	RADIO SOTOPE	0	0	0	0.000000	0.000000	56.00	
57.00	05700	CT SCAN	8,625,175	18,633,852	27,259,027	0.059360	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,498,448	6,401,883	8,900,331	0.116884	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	26,699,227	41,625,996	68,325,223	0.083409	0.000000	59.00	
60.00	06000	LABORATORY	48,997,567	65,479,940	114,477,507	0.124779	0.000000	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	8,918,887	2,088,365	11,007,252	0.306831	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	13,175,103	14,008,265	27,183,368	0.428676	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	10,084,675	13,441,953	23,526,628	0.070563	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,438,428	10,484,587	11,923,015	0.135041	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,617,446	23,930,129	41,547,575	0.237499	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,064,182	38,334,555	104,398,737	0.167354	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	70,591,756	71,882,597	142,474,353	0.257263	0.000000	73.00	
73.01	07302	OP PHARMACY	0	2,080,144	2,080,144	0.276708	0.000000	73.01	
74.00	07400	RENAL DIALYSIS	2,493,465	1,174,047	3,667,512	0.325979	0.000000	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000	75.01	
76.97	07697	CARDIAC REHABILITATION	342,915	2,632,781	2,975,696	0.450372	0.000000	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	15,957	1,520,230	1,536,187	1.778564	0.000000	90.00	
90.01	09001	OP ONCOLOGY INFUSION CENTER	114,730	11,562,186	11,676,916	0.207824	0.000000	90.01	
90.02	09002	WOUND CARE CENTER	13,535	4,580,838	4,594,373	0.356192	0.000000	90.02	
90.03	09003	PAIN CLINIC	1,498	1,895,067	1,896,565	0.344918	0.000000	90.03	
90.05	09005	OP PSYCH CLINIC	17,756	2,460,829	2,478,585	1.342084	0.000000	90.05	
91.00	09100	EMERGENCY	18,124,672	77,886,141	96,010,813	0.128437	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,125,144	17,738,874	19,864,018	0.317979	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00	
95.00	09500	AMBULANCE SERVICES	91,617	38,889,165	38,980,782	0.235703	0.000000	95.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00	
101.00	10100	HOME HEALTH AGENCY	0	3,088,152	3,088,152			101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE						113.00	
114.00	11400	UTILIZATION REVIEW-SNF						114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00	
116.00	11600	HOSPICE	1,039,973	4,292,960	5,332,933			116.00	
200.00		Subtotal (see instructions)	557,315,814	714,961,862	1,272,277,676			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	557,315,814	714,961,862	1,272,277,676			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/23/2017 10:42 am
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.115941		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.177438		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258100		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140926		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102589		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.059360		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.116884		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083409		59.00
60.00	06000	LABORATORY	0.124779		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.306831		65.00
66.00	06600	PHYSICAL THERAPY	0.428676		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.070563		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135041		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.237499		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.167354		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257263		73.00
73.01	07302	OP PHARMACY	0.276708		73.01
74.00	07400	RENAL DIALYSIS	0.325979		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	0.450372		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.778564		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.207824		90.01
90.02	09002	WOUND CARE CENTER	0.356192		90.02
90.03	09003	PAIN CLINIC	0.344918		90.03
90.05	09005	OP PSYCH CLINIC	1.342084		90.05
91.00	09100	EMERGENCY	0.128437		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.317979		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.235703		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 5/23/2017 10:42 am

Cost Center Description			Title XIX			Hospital	PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	22,022,936	2,210,116	19,812,820	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	5,006,685	213,618	4,793,067	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,221,551	1,325,905	6,895,646	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,180,584	857,827	7,322,757	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,612,358	839,518	5,772,840	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,618,109	75,364	1,542,745	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,040,309	82,505	957,804	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,698,918	369,441	5,329,477	0	0	59.00
60.00	06000	LABORATORY	14,284,383	807,986	13,476,397	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,377,361	109,794	3,267,567	0	0	65.00
66.00	06600	PHYSICAL THERAPY	11,652,857	733,763	10,919,094	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,660,098	119,538	1,540,560	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,610,101	168,348	1,441,753	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,867,528	165,597	9,701,931	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,471,537	297,965	17,173,572	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,653,391	802,786	35,850,605	0	0	73.00
73.01	07302	OP PHARMACY	575,592	38,502	537,090	0	0	73.01
74.00	07400	RENAL DIALYSIS	1,195,531	45,233	1,150,298	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	1,340,170	149,087	1,191,083	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,732,207	346,355	2,385,852	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	2,426,748	173,856	2,252,892	0	0	90.01
90.02	09002	WOUND CARE CENTER	1,636,480	187,304	1,449,176	0	0	90.02
90.03	09003	PAIN CLINIC	654,160	110,809	543,351	0	0	90.03
90.05	09005	OP PSYCH CLINIC	3,326,469	356,705	2,969,764	0	0	90.05
91.00	09100	EMERGENCY	12,331,297	1,116,726	11,214,571	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	6,316,334	682,613	5,633,721	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	9,187,870	635,392	8,552,478	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	5,598,081	310,023	5,288,058	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	6,422,451	291,459	6,130,992	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	208,722,096	13,624,135	195,097,961	0	0	200.00
201.00		Less Observation Beds	6,316,334	682,613	5,633,721	0	0	201.00
202.00		Total (line 200 minus line 201)	202,405,762	12,941,522	189,464,240	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part II Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	22,022,936	189,948,881	0.115941		50.00
50.01	05001 CV SURGERY	0	0	0.000000		50.01
51.00	05100 RECOVERY ROOM	5,006,685	28,216,607	0.177438		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,221,551	31,854,144	0.258100		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	8,180,584	58,048,743	0.140926		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,612,358	64,454,598	0.102589		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,618,109	27,259,027	0.059360		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,040,309	8,900,331	0.116884		58.00
59.00	05900 CARDIAC CATHETERIZATION	5,698,918	68,325,223	0.083409		59.00
60.00	06000 LABORATORY	14,284,383	114,477,507	0.124779		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	3,377,361	11,007,252	0.306831		65.00
66.00	06600 PHYSICAL THERAPY	11,652,857	27,183,368	0.428676		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	1,660,098	23,526,628	0.070563		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,610,101	11,923,015	0.135041		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,867,528	41,547,575	0.237499		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	17,471,537	104,398,737	0.167354		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,653,391	142,474,353	0.257263		73.00
73.01	07302 OP PHARMACY	575,592	2,080,144	0.276708		73.01
74.00	07400 RENAL DIALYSIS	1,195,531	3,667,512	0.325979		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000		75.01
76.97	07697 CARDIAC REHABILITATION	1,340,170	2,975,696	0.450372		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	2,732,207	1,536,187	1.778564		90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	2,426,748	11,676,916	0.207824		90.01
90.02	09002 WOUND CARE CENTER	1,636,480	4,594,373	0.356192		90.02
90.03	09003 PAIN CLINIC	654,160	1,896,565	0.344918		90.03
90.05	09005 OP PSYCH CLINIC	3,326,469	2,478,585	1.342084		90.05
91.00	09100 EMERGENCY	12,331,297	96,010,813	0.128437		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,316,334	19,864,018	0.317979		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	9,187,870	38,980,782	0.235703		95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	5,598,081	3,088,152	1.812761		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	6,422,451	5,332,933	1.204300		116.00
200.00	Subtotal (sum of lines 50 thru 199)	208,722,096	1,147,728,665			200.00
201.00	Less Observation Beds	6,316,334	0			201.00
202.00	Total (line 200 minus line 201)	202,405,762	1,147,728,665			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/23/2017 10:42 am
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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	5,975,992	0	5,975,992	48,658	122.82	30.00
31.00	INTENSIVE CARE UNIT	509,291		509,291	4,074	125.01	31.00
41.00	SUBPROVIDER - IRF	484,703	0	484,703	3,144	154.17	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	313,957		313,957	3,478	90.27	43.00
200.00	Total (lines 30-199)	7,283,943		7,283,943	59,354		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	17,051	2,094,204				
31.00	INTENSIVE CARE UNIT	2,692	336,527				
41.00	SUBPROVIDER - IRF	2,018	311,115				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	21,761	2,741,846				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051

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

Worksheet D
Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,210,116	189,948,881	0.011635	34,389,655	400,124	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	213,618	28,216,607	0.007571	3,638,351	27,546	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,325,905	31,854,144	0.041624	67,790	2,822	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	857,827	58,048,743	0.014778	8,574,457	126,713	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	839,518	64,454,598	0.013025	1,698,492	22,123	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	75,364	27,259,027	0.002765	4,245,722	11,739	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	82,505	8,900,331	0.009270	1,117,670	10,361	58.00
59.00	05900 CARDIAC CATHETERIZATION	369,441	68,325,223	0.005407	11,874,944	64,208	59.00
60.00	06000 LABORATORY	807,986	114,477,507	0.007058	20,062,538	141,601	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	109,794	11,007,252	0.009975	4,649,479	46,379	65.00
66.00	06600 PHYSICAL THERAPY	733,763	27,183,368	0.026993	3,918,450	105,771	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	119,538	23,526,628	0.005081	5,326,506	27,064	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	168,348	11,923,015	0.014120	662,104	9,349	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	165,597	41,547,575	0.003986	7,734,649	30,830	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	297,965	104,398,737	0.002854	32,647,078	93,175	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	802,786	142,474,353	0.005635	31,652,793	178,363	73.00
73.01	07302 OP PHARMACY	38,502	2,080,144	0.018509	0	0	73.01
74.00	07400 RENAL DIALYSIS	45,233	3,667,512	0.012333	1,444,069	17,810	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	149,087	2,975,696	0.050102	172,478	8,641	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	346,355	1,536,187	0.225464	9,651	2,176	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	173,856	11,676,916	0.014889	85,482	1,273	90.01
90.02	09002 WOUND CARE CENTER	187,304	4,594,373	0.040768	13,212	539	90.02
90.03	09003 PAIN CLINIC	110,809	1,896,565	0.058426	1,498	88	90.03
90.05	09005 OP PSYCH CLINIC	356,705	2,478,585	0.143915	17,597	2,532	90.05
91.00	09100 EMERGENCY	1,116,726	96,010,813	0.011631	8,938,516	103,964	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	682,613	19,864,018	0.034364	1,135,004	39,003	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	12,387,261	1,100,326,798		184,078,185	1,474,194	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/23/2017 10:42 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,658	0.00	17,051	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,074	0.00	2,692	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,144	0.00	2,018	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	3,478	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	59,354		21,761	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	386,820	0	386,820	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	386,820	0	386,820	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
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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	189,948,881	0.000000	0.000000	34,389,655	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	28,216,607	0.000000	0.000000	3,638,351	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	31,854,144	0.000000	0.000000	67,790	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,048,743	0.000000	0.000000	8,574,457	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	64,454,598	0.000000	0.000000	1,698,492	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	27,259,027	0.000000	0.000000	4,245,722	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	8,900,331	0.000000	0.000000	1,117,670	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	68,325,223	0.000000	0.000000	11,874,944	59.00
60.00	06000 LABORATORY	0	114,477,507	0.000000	0.000000	20,062,538	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	11,007,252	0.000000	0.000000	4,649,479	65.00
66.00	06600 PHYSICAL THERAPY	0	27,183,368	0.000000	0.000000	3,918,450	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	23,526,628	0.000000	0.000000	5,326,506	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	11,923,015	0.000000	0.000000	662,104	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,547,575	0.000000	0.000000	7,734,649	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	104,398,737	0.000000	0.000000	32,647,078	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	386,820	142,474,353	0.002715	0.002715	31,652,793	73.00
73.01	07302 OP PHARMACY	0	2,080,144	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	3,667,512	0.000000	0.000000	1,444,069	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	2,975,696	0.000000	0.000000	172,478	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,536,187	0.000000	0.000000	9,651	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	11,676,916	0.000000	0.000000	85,482	90.01
90.02	09002 WOUND CARE CENTER	0	4,594,373	0.000000	0.000000	13,212	90.02
90.03	09003 PAIN CLINIC	0	1,896,565	0.000000	0.000000	1,498	90.03
90.05	09005 OP PSYCH CLINIC	0	2,478,585	0.000000	0.000000	17,597	90.05
91.00	09100 EMERGENCY	0	96,010,813	0.000000	0.000000	8,938,516	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,864,018	0.000000	0.000000	1,135,004	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
200.00	Total (lines 50-199)	386,820	1,100,326,798			184,078,185	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	26,752,458	0	50.00
50.01	05001 CV SURGERY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	4,572,209	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,554,367	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	30,386,211	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	5,237,721	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,609,105	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	14,603,530	0	59.00
60.00	06000 LABORATORY	0	9,093,081	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	645,356	0	65.00
66.00	06600 PHYSICAL THERAPY	0	148,573	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,598,340	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,410,515	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,992,331	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,313,411	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	85,937	16,953,346	46,028	73.00
73.01	07302 OP PHARMACY	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	156,321	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	1,292,487	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	452,262	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	4,701,378	0	90.01
90.02	09002 WOUND CARE CENTER	0	1,894,977	0	90.02
90.03	09003 PAIN CLINIC	0	542,298	0	90.03
90.05	09005 OP PSYCH CLINIC	0	444,632	0	90.05
91.00	09100 EMERGENCY	0	16,860,768	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,942,663	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	85,937	197,158,340	46,028	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 10:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.115941	26,752,458	0	0	3,101,707	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.177438	4,572,209	0	0	811,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258100	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140926	15,554,367	0	0	2,192,015	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102589	30,386,211	0	0	3,117,291	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.059360	5,237,721	0	0	310,911	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.116884	1,609,105	0	0	188,079	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083409	14,603,530	0	0	1,218,066	59.00
60.00	06000	LABORATORY	0.124779	9,093,081	3,454	0	1,134,626	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.306831	645,356	0	0	198,015	65.00
66.00	06600	PHYSICAL THERAPY	0.428676	148,573	0	0	63,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070563	9,598,340	0	0	677,288	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135041	2,410,515	0	0	325,518	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.237499	8,992,331	0	0	2,135,670	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.167354	16,313,411	0	0	2,730,115	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257263	16,953,346	31	152,801	4,361,469	73.00
73.01	07302	OP PHARMACY	0.276708	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.325979	156,321	0	0	50,957	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.450372	1,292,487	0	0	582,100	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.778564	452,262	0	0	804,377	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.207824	4,701,378	0	0	977,059	90.01
90.02	09002	WOUND CARE CENTER	0.356192	1,894,977	0	0	674,976	90.02
90.03	09003	PAIN CLINIC	0.344918	542,298	0	0	187,048	90.03
90.05	09005	OP PSYCH CLINIC	1.342084	444,632	0	0	596,733	90.05
91.00	09100	EMERGENCY	0.128437	16,860,768	0	0	2,165,546	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.317979	7,942,663	0	0	2,525,600	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.235703	0	0	0	0	95.00
200.00		Subtotal (see instructions)		197,158,340	3,485	152,801	31,130,140	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)		197,158,340	3,485	152,801	31,130,140	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 10:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	431	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8	39,310	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	439	39,310	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	439	39,310	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/23/2017 10:42 am		
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	2,210,116	189,948,881	0.011635	16,676	194	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	213,618	28,216,607	0.007571	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,325,905	31,854,144	0.041624	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	857,827	58,048,743	0.014778	113,934	1,684	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	839,518	64,454,598	0.013025	7,072	92	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	75,364	27,259,027	0.002765	38,226	106	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	82,505	8,900,331	0.009270	7,136	66	58.00
59.00	05900	CARDIAC CATHETERIZATION	369,441	68,325,223	0.005407	0	0	59.00
60.00	06000	LABORATORY	807,986	114,477,507	0.007058	509,014	3,593	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	109,794	11,007,252	0.009975	70,745	706	65.00
66.00	06600	PHYSICAL THERAPY	733,763	27,183,368	0.026993	3,861,604	104,236	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	119,538	23,526,628	0.005081	114,202	580	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,348	11,923,015	0.014120	10,474	148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	165,597	41,547,575	0.003986	54,281	216	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,965	104,398,737	0.002854	97	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	802,786	142,474,353	0.005635	1,057,986	5,962	73.00
73.01	07302	OP PHARMACY	38,502	2,080,144	0.018509	0	0	73.01
74.00	07400	RENAL DIALYSIS	45,233	3,667,512	0.012333	78,082	963	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	149,087	2,975,696	0.050102	264	13	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	346,355	1,536,187	0.225464	887	200	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	173,856	11,676,916	0.014889	0	0	90.01
90.02	09002	WOUND CARE CENTER	187,304	4,594,373	0.040768	0	0	90.02
90.03	09003	PAIN CLINIC	110,809	1,896,565	0.058426	0	0	90.03
90.05	09005	OP PSYCH CLINIC	356,705	2,478,585	0.143915	0	0	90.05
91.00	09100	EMERGENCY	1,116,726	96,010,813	0.011631	20,116	234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,864,018	0.000000	41,778	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	11,704,648	1,100,326,798		6,002,574	118,993	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
Title XVIII		Subprovider - IRF	PPS

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
50.01	05001 CV SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	386,820	0	386,820	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	386,820	0	386,820	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	189,948,881	0.000000	0.000000	16,676	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	28,216,607	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	31,854,144	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,048,743	0.000000	0.000000	113,934	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	64,454,598	0.000000	0.000000	7,072	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	27,259,027	0.000000	0.000000	38,226	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	8,900,331	0.000000	0.000000	7,136	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	68,325,223	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	114,477,507	0.000000	0.000000	509,014	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	11,007,252	0.000000	0.000000	70,745	65.00
66.00	06600 PHYSICAL THERAPY	0	27,183,368	0.000000	0.000000	3,861,604	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	23,526,628	0.000000	0.000000	114,202	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	11,923,015	0.000000	0.000000	10,474	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,547,575	0.000000	0.000000	54,281	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	104,398,737	0.000000	0.000000	97	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	386,820	142,474,353	0.002715	0.002715	1,057,986	73.00
73.01	07302 OP PHARMACY	0	2,080,144	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	3,667,512	0.000000	0.000000	78,082	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	2,975,696	0.000000	0.000000	264	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,536,187	0.000000	0.000000	887	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	11,676,916	0.000000	0.000000	0	90.01
90.02	09002 WOUND CARE CENTER	0	4,594,373	0.000000	0.000000	0	90.02
90.03	09003 PAIN CLINIC	0	1,896,565	0.000000	0.000000	0	90.03
90.05	09005 OP PSYCH CLINIC	0	2,478,585	0.000000	0.000000	0	90.05
91.00	09100 EMERGENCY	0	96,010,813	0.000000	0.000000	20,116	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,864,018	0.000000	0.000000	41,778	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
200.00	Total (lines 50-199)	386,820	1,100,326,798			6,002,574	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
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
50.01	05001 CV SURGERY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	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
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,872	0	0	73.00
73.01	07302 OP PHARMACY	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	2,872	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,975,992	0	5,975,992	48,658	122.82	30.00	
31.00	INTENSIVE CARE UNIT	509,291		509,291	4,074	125.01	31.00	
41.00	SUBPROVIDER - IRF	484,703	0	484,703	3,144	154.17	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	313,957		313,957	3,478	90.27	43.00	
200.00	Total (lines 30-199)	7,283,943		7,283,943	59,354		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	629	77,254					30.00
31.00	INTENSIVE CARE UNIT	696	87,007					31.00
41.00	SUBPROVIDER - IRF	14	2,158					41.00
42.00	SUBPROVIDER	0	0					42.00
43.00	NURSERY	1,742	157,250					43.00
200.00	Total (lines 30-199)	3,081	323,669					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0051

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

Worksheet D
Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,210,116	189,948,881	0.011635	762,160	8,868	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	213,618	28,216,607	0.007571	83,083	629	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,325,905	31,854,144	0.041624	753,865	31,379	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	857,827	58,048,743	0.014778	319,251	4,718	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	839,518	64,454,598	0.013025	64,002	834	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	75,364	27,259,027	0.002765	148,546	411	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	82,505	8,900,331	0.009270	66,058	612	58.00
59.00	05900 CARDIAC CATHETERIZATION	369,441	68,325,223	0.005407	107,364	581	59.00
60.00	06000 LABORATORY	807,986	114,477,507	0.007058	1,426,940	10,071	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	109,794	11,007,252	0.009975	424,256	4,232	65.00
66.00	06600 PHYSICAL THERAPY	733,763	27,183,368	0.026993	208,090	5,617	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	119,538	23,526,628	0.005081	164,985	838	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	168,348	11,923,015	0.014120	57,512	812	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	165,597	41,547,575	0.003986	235,569	939	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	297,965	104,398,737	0.002854	372,963	1,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	802,786	142,474,353	0.005635	2,267,361	12,777	73.00
73.01	07302 OP PHARMACY	38,502	2,080,144	0.018509	0	0	73.01
74.00	07400 RENAL DIALYSIS	45,233	3,667,512	0.012333	122,793	1,514	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	149,087	2,975,696	0.050102	4,342	218	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	346,355	1,536,187	0.225464	2,617	590	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	173,856	11,676,916	0.014889	2,514	37	90.01
90.02	09002 WOUND CARE CENTER	187,304	4,594,373	0.040768	0	0	90.02
90.03	09003 PAIN CLINIC	110,809	1,896,565	0.058426	0	0	90.03
90.05	09005 OP PSYCH CLINIC	356,705	2,478,585	0.143915	0	0	90.05
91.00	09100 EMERGENCY	1,116,726	96,010,813	0.011631	369,664	4,300	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	682,613	19,864,018	0.034364	31,492	1,082	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00	Total (lines 50-199)	12,387,261	1,100,326,798		7,995,427	92,123	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/23/2017 10:42 am	
Cost Center Description			Title XIX			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	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,658	0.00	629	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,074	0.00	696	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	3,144	0.00	14	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	3,478	0.00	1,742	0	0	43.00
200.00		Total (lines 30-199)	59,354		3,081	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description		Title XIX				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
50.01	05001	CV SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	386,820	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	0	0	90.05
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	386,820	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description		Title XIX			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	189,948,881	0.000000	0.000000	762,160	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	28,216,607	0.000000	0.000000	83,083	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,854,144	0.000000	0.000000	753,865	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	58,048,743	0.000000	0.000000	319,251	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	64,454,598	0.000000	0.000000	64,002	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	27,259,027	0.000000	0.000000	148,546	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,900,331	0.000000	0.000000	66,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	68,325,223	0.000000	0.000000	107,364	59.00
60.00	06000	LABORATORY	0	114,477,507	0.000000	0.000000	1,426,940	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,007,252	0.000000	0.000000	424,256	65.00
66.00	06600	PHYSICAL THERAPY	0	27,183,368	0.000000	0.000000	208,090	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,526,628	0.000000	0.000000	164,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,923,015	0.000000	0.000000	57,512	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,547,575	0.000000	0.000000	235,569	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	104,398,737	0.000000	0.000000	372,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	386,820	142,474,353	0.002715	0.002715	2,267,361	73.00
73.01	07302	OP PHARMACY	0	2,080,144	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	3,667,512	0.000000	0.000000	122,793	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	2,975,696	0.000000	0.000000	4,342	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,536,187	0.000000	0.000000	2,617	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	11,676,916	0.000000	0.000000	2,514	90.01
90.02	09002	WOUND CARE CENTER	0	4,594,373	0.000000	0.000000	0	90.02
90.03	09003	PAIN CLINIC	0	1,896,565	0.000000	0.000000	0	90.03
90.05	09005	OP PSYCH CLINIC	0	2,478,585	0.000000	0.000000	0	90.05
91.00	09100	EMERGENCY	0	96,010,813	0.000000	0.000000	369,664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,864,018	0.000000	0.000000	31,492	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
200.00		Total (lines 50-199)	386,820	1,100,326,798			7,995,427	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 CV SURGERY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	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
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	6,156	0	0		73.00
73.01	07302 OP PHARMACY	0	0	0		73.01
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0		90.01
90.02	09002 WOUND CARE CENTER	0	0	0		90.02
90.03	09003 PAIN CLINIC	0	0	0		90.03
90.05	09005 OP PSYCH CLINIC	0	0	0		90.05
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
200.00	Total (lines 50-199)	6,156	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 10:42 am
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		Title XIX		Hospital		PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.115941	0	1,667,694	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.177438	0	304,152	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258100	0	139,160	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140926	0	720,005	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102589	0	643,011	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.059360	0	253,636	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.116884	0	68,134	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083409	0	275,899	0	0	59.00
60.00	06000	LABORATORY	0.124779	0	802,278	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.306831	0	29,116	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.428676	0	813,234	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070563	0	129,060	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135041	0	178,423	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.237499	0	260,968	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.167354	0	1,100,224	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257263	0	1,061,058	0	0	73.00
73.01	07302	OP PHARMACY	0.276708	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.325979	0	39,230	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.450372	0	876	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1.778564	0	16,248	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.207824	0	239,080	0	0	90.01
90.02	09002	WOUND CARE CENTER	0.356192	0	59,829	0	0	90.02
90.03	09003	PAIN CLINIC	0.344918	0	1,937	0	0	90.03
90.05	09005	OP PSYCH CLINIC	1.342084	0	1,514	0	0	90.05
91.00	09100	EMERGENCY	0.128437	0	1,955,763	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.317979	0	361,817	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.235703	0	1,008,767	0	0	95.00
200.00		Subtotal (see instructions)		0	12,131,113	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	12,131,113	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/23/2017 10:42 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	193,354	0	50.00
50.01	05001 CV SURGERY	0	0	50.01
51.00	05100 RECOVERY ROOM	53,968	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	35,917	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	101,467	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	65,966	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	15,056	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	7,964	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	23,012	0	59.00
60.00	06000 LABORATORY	100,107	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	8,934	0	65.00
66.00	06600 PHYSICAL THERAPY	348,614	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	9,107	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	24,094	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	61,980	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	184,127	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	272,971	0	73.00
73.01	07302 OP PHARMACY	0	0	73.01
74.00	07400 RENAL DIALYSIS	12,788	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	395	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	28,898	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	49,687	0	90.01
90.02	09002 WOUND CARE CENTER	21,311	0	90.02
90.03	09003 PAIN CLINIC	668	0	90.03
90.05	09005 OP PSYCH CLINIC	2,032	0	90.05
91.00	09100 EMERGENCY	251,192	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	115,050	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	237,769	0	95.00
200.00	Subtotal (see instructions)	2,226,428	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)	2,226,428	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part II Date/Time Prepared: 5/23/2017 10:42 am	
				Title XIX		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	2,210,116	189,948,881	0.011635	0	0 50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	213,618	28,216,607	0.007571	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,325,905	31,854,144	0.041624	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	857,827	58,048,743	0.014778	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	839,518	64,454,598	0.013025	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	75,364	27,259,027	0.002765	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	82,505	8,900,331	0.009270	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	369,441	68,325,223	0.005407	0	0 59.00
60.00	06000	LABORATORY	807,986	114,477,507	0.007058	0	0 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	109,794	11,007,252	0.009975	0	0 65.00
66.00	06600	PHYSICAL THERAPY	733,763	27,183,368	0.026993	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	119,538	23,526,628	0.005081	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,348	11,923,015	0.014120	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	165,597	41,547,575	0.003986	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	297,965	104,398,737	0.002854	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	802,786	142,474,353	0.005635	0	0 73.00
73.01	07302	OP PHARMACY	38,502	2,080,144	0.018509	0	0 73.01
74.00	07400	RENAL DIALYSIS	45,233	3,667,512	0.012333	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0 75.01
76.97	07697	CARDIAC REHABILITATION	149,087	2,975,696	0.050102	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	346,355	1,536,187	0.225464	0	0 90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	173,856	11,676,916	0.014889	0	0 90.01
90.02	09002	WOUND CARE CENTER	187,304	4,594,373	0.040768	0	0 90.02
90.03	09003	PAIN CLINIC	110,809	1,896,565	0.058426	0	0 90.03
90.05	09005	OP PSYCH CLINIC	356,705	2,478,585	0.143915	0	0 90.05
91.00	09100	EMERGENCY	1,116,726	96,010,813	0.011631	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,864,018	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
200.00		Total (lines 50-199)	11,704,648	1,100,326,798		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
Title XIX		Subprovider - IRF	PPS

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
50.01	05001 CV SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	386,820	0	386,820	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
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
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	386,820	0	386,820	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
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Title XIX		Subprovider - IRF	PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	189,948,881	0.000000	0.000000	0	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	28,216,607	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	31,854,144	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	58,048,743	0.000000	0.000000	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	64,454,598	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	27,259,027	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	8,900,331	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	68,325,223	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	114,477,507	0.000000	0.000000	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	11,007,252	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	27,183,368	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	23,526,628	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	11,923,015	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,547,575	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	104,398,737	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	386,820	142,474,353	0.002715	0.002715	0	73.00
73.01	07302 OP PHARMACY	0	2,080,144	0.000000	0.000000	0	73.01
74.00	07400 RENAL DIALYSIS	0	3,667,512	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	2,975,696	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	1,536,187	0.000000	0.000000	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	11,676,916	0.000000	0.000000	0	90.01
90.02	09002 WOUND CARE CENTER	0	4,594,373	0.000000	0.000000	0	90.02
90.03	09003 PAIN CLINIC	0	1,896,565	0.000000	0.000000	0	90.03
90.05	09005 OP PSYCH CLINIC	0	2,478,585	0.000000	0.000000	0	90.05
91.00	09100 EMERGENCY	0	96,010,813	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,864,018	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
200.00	Total (lines 50-199)	386,820	1,100,326,798			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/23/2017 10:42 am
Title XIX		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
50.01	05001 CV SURGERY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	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
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01	07302 OP PHARMACY	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2017 10:42 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,658	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,658	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)		43,100	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)		17,051	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)		55,297,122	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)		55,297,122	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)		55,297,122	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,136.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,377,438	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)		19,377,438	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 10:42 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,659,148	4,074	1,634.55	2,692	4,400,209	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,045,809	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,823,456	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)					2,430,731	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,560,131	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,990,862	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,832,594	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)					5,558	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,136.44	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					6,316,334	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 10:42 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,975,992	55,297,122	0.108071	6,316,334	682,613	90.00
91.00	Nursing School cost	0	55,297,122	0.000000	6,316,334	0	91.00
92.00	Allied health cost	0	55,297,122	0.000000	6,316,334	0	92.00
93.00	All other Medical Education	0	55,297,122	0.000000	6,316,334	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 10:42 am
		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)		3,144	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,144	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)		3,144	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)		2,018	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)		2,949,383	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)		2,949,383	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)		2,949,383	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)		938.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,893,086	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,893,086	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1	
				Component CCN: 15-T051	Date/Time Prepared: 5/23/2017 10:42 am		
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,099,996		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,993,082		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)					311,115		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					121,865		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					432,980		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,560,102		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: 15-0051 Component CCN: 15-T051		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 10:42 am	
		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	484,703	2,949,383	0.164340	0	0	90.00
91.00	Nursing School cost	0	2,949,383	0.000000	0	0	91.00
92.00	Allied health cost	0	2,949,383	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,949,383	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/23/2017 10:42 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,658	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,658	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)		43,100	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)		629	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)		3,478	15.00
16.00	Nursery days (title V or XIX only)		1,742	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)		55,297,122	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)		55,297,122	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)		55,297,122	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,136.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		714,821	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)		714,821	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 10:42 am	
Cost Center Description			Title XIX	Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	4,733,887	3,478	1,361.09	2,371,019	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	6,659,148	4,074	1,634.55	1,137,647	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,597,896	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				5,821,383	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)				321,511	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				98,279	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				419,790	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				5,401,593	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)				5,558	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,136.44	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				6,316,334	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 15-0051

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

Worksheet D-1

Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description	Cost	Title XIX		Hospital	PPS	
		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	5,975,992	55,297,122	0.108071	6,316,334	682,613	90.00
91.00 Nursing School cost	0	55,297,122	0.000000	6,316,334	0	91.00
92.00 Allied health cost	0	55,297,122	0.000000	6,316,334	0	92.00
93.00 All other Medical Education	0	55,297,122	0.000000	6,316,334	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/23/2017 10:42 am
		Title XIX	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)			3,144 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,144 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)			3,144 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)			14 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)			3,478 15.00
16.00	Nursery days (title V or XIX only)			1,742 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)			2,949,383 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)			2,949,383 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)			2,949,383 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)			938.10 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			13,133 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)			13,133 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1
					Component CCN: 15-T051	Date/Time Prepared: 5/23/2017 10:42 am	
					Title XIX	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						13,133	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)						2,158	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)						2,158	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						10,975	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: 15-0051 Component CCN: 15-T051		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/23/2017 10:42 am	
		Title XIX		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	484,703	2,949,383	0.164340	0	0	90.00
91.00	Nursing School cost	0	2,949,383	0.000000	0	0	91.00
92.00	Allied health cost	0	2,949,383	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,949,383	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3	
		Title XVIII	Hospital	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		39,487,653	30.00
31.00	03100	INTENSIVE CARE UNIT		8,721,420	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.115941	34,389,655	3,987,171
50.01	05001	CV SURGERY	0.000000	0	0
51.00	05100	RECOVERY ROOM	0.177438	3,638,351	645,582
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258100	67,790	17,497
53.00	05300	ANESTHESIOLOGY	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140926	8,574,457	1,208,364
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102589	1,698,492	174,247
56.00	05600	RADIOISOTOPE	0.000000	0	0
57.00	05700	CT SCAN	0.059360	4,245,722	252,026
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.116884	1,117,670	130,638
59.00	05900	CARDIAC CATHETERIZATION	0.083409	11,874,944	990,477
60.00	06000	LABORATORY	0.124779	20,062,538	2,503,383
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	0.306831	4,649,479	1,426,604
66.00	06600	PHYSICAL THERAPY	0.428676	3,918,450	1,679,745
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	0.070563	5,326,506	375,854
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135041	662,104	89,411
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.237499	7,734,649	1,836,971
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.167354	32,647,078	5,463,619
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257263	31,652,793	8,143,092
73.01	07302	OP PHARMACY	0.276708	0	0
74.00	07400	RENAL DIALYSIS	0.325979	1,444,069	470,736
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	0.450372	172,478	77,679
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.778564	9,651	17,165
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.207824	85,482	17,765
90.02	09002	WOUND CARE CENTER	0.356192	13,212	4,706
90.03	09003	PAIN CLINIC	0.344918	1,498	517
90.05	09005	OP PSYCH CLINIC	1.342084	17,597	23,617
91.00	09100	EMERGENCY	0.128437	8,938,516	1,148,036
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.317979	1,135,004	360,907
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		184,078,185	31,045,809
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		184,078,185	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 10:42 am	
		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
41.00	04100	SUBPROVIDER - IRF		3,227,240	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.115941	16,676	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.177438	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258100	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140926	113,934	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102589	7,072	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.059360	38,226	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.116884	7,136	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083409	0	59.00
60.00	06000	LABORATORY	0.124779	509,014	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.306831	70,745	65.00
66.00	06600	PHYSICAL THERAPY	0.428676	3,861,604	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070563	114,202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135041	10,474	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.237499	54,281	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.167354	97	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257263	1,057,986	73.00
73.01	07302	OP PHARMACY	0.276708	0	73.01
74.00	07400	RENAL DIALYSIS	0.325979	78,082	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.450372	264	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.778564	887	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.207824	0	90.01
90.02	09002	WOUND CARE CENTER	0.356192	0	90.02
90.03	09003	PAIN CLINIC	0.344918	0	90.03
90.05	09005	OP PSYCH CLINIC	1.342084	0	90.05
91.00	09100	EMERGENCY	0.128437	20,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.317979	41,778	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
200.00		Total (sum of lines 50-94 and 96-98)		6,002,574	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)		6,002,574	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/23/2017 10:42 am	
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		2,703,719	30.00
31.00	03100	INTENSIVE CARE UNIT		879,828	31.00
41.00	04100	SUBPROVIDER - IRF		49,876	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		768,327	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.115941	762,160	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.177438	83,083	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258100	753,865	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140926	319,251	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.102589	64,002	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.059360	148,546	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.116884	66,058	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.083409	107,364	59.00
60.00	06000	LABORATORY	0.124779	1,426,940	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.306831	424,256	65.00
66.00	06600	PHYSICAL THERAPY	0.428676	208,090	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070563	164,985	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.135041	57,512	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.237499	235,569	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.167354	372,963	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.257263	2,267,361	73.00
73.01	07302	OP PHARMACY	0.276708	0	73.01
74.00	07400	RENAL DIALYSIS	0.325979	122,793	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.450372	4,342	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.778564	2,617	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.207824	2,514	90.01
90.02	09002	WOUND CARE CENTER	0.356192	0	90.02
90.03	09003	PAIN CLINIC	0.344918	0	90.03
90.05	09005	OP PSYCH CLINIC	1.342084	0	90.05
91.00	09100	EMERGENCY	0.128437	369,664	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.317979	31,492	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		7,995,427	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)		7,995,427	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 10:42 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		30,315,328	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,432,962	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)		3,149,954	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		241.81	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.89	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.96	31.00
32.00	Sum of lines 30 and 31		32.85	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.98	33.00
34.00	Disproportionate share adjustment (see instructions)		1,587,944	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 10:42 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000345252	0.000341021	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	2,211,732	2,038,445	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,655,778	513,800	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,169,578		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)	46,655,766		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)		46,655,766	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,631,677	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		7,929	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)		85,937	58.00
59.00	Total (sum of amounts on lines 49 through 58)		50,381,309	59.00
60.00	Primary payer payments		40,590	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		50,340,719	61.00
62.00	Deductibles billed to program beneficiaries		4,104,912	62.00
63.00	Coinurance billed to program beneficiaries		75,593	63.00
64.00	Allowable bad debts (see instructions)		249,823	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		162,385	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		243,523	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		46,322,599	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)		133,197	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/23/2017 10:42 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			46,455,796	71.00
71.01	Sequestration adjustment (see instructions)			929,116	71.01
72.00	Interim payments			44,838,105	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)			688,575	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			311,386	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

		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	30,315,328	30,315,328		30,315,328	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,432,962		9,432,962	9,432,962	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	3,149,954	2,916,536	233,418	3,149,954	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	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	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	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1598	0.1598	0.1598		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,587,944	1,211,097	376,847	1,587,944	11.00	
11.01	Uncompensated care payments	36.00	2,169,578	1,655,778	513,800	2,169,578	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	46,655,766	36,098,739	10,557,027	46,655,766	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	46,655,766	36,098,739	10,557,027	46,655,766	15.00	
16.00	Payment for inpatient program capital	50.00	3,631,677	2,793,278	838,399	3,631,677	16.00	
17.00	Special add-on payments for new technologies	54.00	7,929	7,929	0	7,929	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			38,899,946	11,395,426	50,295,372	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/23/2017 10:42 am

		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	3,192,481	2,428,693	763,788	3,192,481	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	219,553	197,491	22,062	219,553	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	0.0000	0.0000	0.0000		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0688	0.0688	0.0688		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	219,643	167,094	52,549	219,643	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	3,631,677	2,793,278	838,399	3,631,677	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	133,197	132,081	1,116	133,197	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	0	0	0	0	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: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/23/2017 10:42 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		39,749	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		31,084,112	2.00
3.00	PPS payments		28,614,619	3.00
4.00	Outlier payment (see instructions)		937,964	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		46,028	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		39,749	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		156,286	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)		156,286	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)		156,286	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		116,537	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)		39,749	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)		29,598,611	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)		5,370,644	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)		24,267,716	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		24,267,716	30.00
31.00	Primary payer payments		2,529	31.00
32.00	Subtotal (line 30 minus line 31)		24,265,187	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)		769,982	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		500,488	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		759,161	36.00
37.00	Subtotal (see instructions)		24,765,675	37.00
38.00	MSP-LCC reconciliation amount from PS&R		294	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)		33,349	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,765,381	40.00
40.01	Sequestration adjustment (see instructions)		495,308	40.01
41.00	Interim payments		24,010,195	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		259,878	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: 15-0051

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2017 10:42 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		44,808,405		24,010,195	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/29/2016	29,700		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)		29,700		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)		44,838,105		24,010,195	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		688,575		259,878	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		45,526,680		24,270,073	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: 15-0051
Component CCN: 15-T051

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2017 10:42 am

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					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		3,467,445		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,467,445		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)					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		32,204		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,499,649		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/23/2017 10:42 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			13,796 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			19,743 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			4,793 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			47,174 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,272,277,676 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			24,339,560 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)			600,485 8.00
9.00	Sequestration adjustment amount (see instructions)			12,010 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			588,475 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			583,560 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)			4,915 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2016 To 12/31/2016	Worksheet E-3 Part III Date/Time Prepared: 5/23/2017 10:42 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,218,816 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0282 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			149,675 3.00
4.00	Outlier Payments			233,103 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)			0.00 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)			8.590164 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)			3,601,594 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)			3,601,594 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,601,594 19.00
20.00	Deductibles			23,156 20.00
21.00	Subtotal (line 19 minus line 20)			3,578,438 21.00
22.00	Coinsurance			11,914 22.00
23.00	Subtotal (line 21 minus line 22)			3,566,524 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,576 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,674 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,576 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,568,198 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)			2,872 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)			3,571,070 32.00
32.01	Sequestration adjustment (see instructions)			71,421 32.01
33.00	Interim payments			3,467,445 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)			32,204 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,051 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			233,103 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

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

Provider CCN: 15-0051

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

Worksheet G

Date/Time Prepared:
5/23/2017 10:42 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	242,719,336	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	49,521,836	0	0	0	4.00
5.00	Other receivable	-9,141,462	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,157,680	0	0	0	7.00
8.00	Prepaid expenses	1,836,149	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)	290,093,539	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,741,447	0	0	0	12.00
13.00	Land improvements	2,058,207	0	0	0	13.00
14.00	Accumulated depreciation	-1,738,535	0	0	0	14.00
15.00	Buildings	162,180,907	0	0	0	15.00
16.00	Accumulated depreciation	-119,082,608	0	0	0	16.00
17.00	Leasehold improvements	7,012,847	0	0	0	17.00
18.00	Accumulated depreciation	-5,182,356	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	442,458	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	181,817,048	0	0	0	23.00
24.00	Accumulated depreciation	-164,189,409	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)	83,060,006	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	-7,555,711	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	172,058,903	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	164,503,192	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	537,656,737	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,056,582	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,919,945	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,605,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,519,449	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,100,976	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	45,310,841	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	45,310,841	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	77,411,817	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	460,244,920				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)	460,244,920	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	537,656,737	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0051

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

Worksheet G-1

Date/Time Prepared:
5/23/2017 10:42 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		388,754,901		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		79,911,101			2.00
3.00	Total (sum of line 1 and line 2)		468,666,002		0	3.00
4.00	ROUNDING	2		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		2		0	10.00
11.00	Subtotal (line 3 plus line 10)		468,666,004		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	HHA CHARGES	3,088,152		0		13.00
14.00	HOSPICE CHARGES	5,332,932		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)		8,421,084		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		460,244,920		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	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	HHA CHARGES		0			13.00
14.00	HOSPICE CHARGES		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: 15-0051

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	103,373,209		103,373,209	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,034,383		5,034,383	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	108,407,592		108,407,592	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,141,419		16,141,419	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,141,419		16,141,419	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	124,549,011		124,549,011	17.00
18.00	Ancillary services	411,221,920	548,967,536	960,189,456	18.00
19.00	Outpatient services	20,413,292	117,527,036	137,940,328	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		3,088,152	3,088,152	22.00
23.00	AMBULANCE SERVICES	91,617	38,889,165	38,980,782	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	1,039,973	4,292,960	5,332,933	26.00
27.00	NRCC	0	8,054,130	8,054,130	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	557,315,813	720,818,979	1,278,134,792	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		325,910,569		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)		325,910,569		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0051

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

Worksheet G-3

Date/Time Prepared:
5/23/2017 10:42 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,278,134,792	1.00
2.00	Less contractual allowances and discounts on patients' accounts	892,675,070	2.00
3.00	Net patient revenues (line 1 minus line 2)	385,459,722	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	325,910,569	4.00
5.00	Net income from service to patients (line 3 minus line 4)	59,549,153	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	OTHER INCOME	20,361,948	24.00
25.00	Total other income (sum of lines 6-24)	20,361,948	25.00
26.00	Total (line 5 plus line 25)	79,911,101	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)	79,911,101	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet H

HHA CCN: 15-7011

To 12/31/2016

Date/Time Prepared: 5/23/2017 10:42 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	351,261	0	0	1,157,540	1,508,801	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,271,897	0	0	0	1,271,897	6.00
7.00	Physical Therapy	523,867	0	0	0	523,867	7.00
8.00	Occupational Therapy	134,007	0	0	0	134,007	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	33,091	0	0	0	33,091	10.00
11.00	Home Health Aide	31,236	0	0	0	31,236	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,345,359	0	0	1,157,540	3,502,899	24.00
	Reclassified	Reclassified	Adjustments	Net Expenses			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	0	1,508,801	691	1,509,492		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,271,897	0	1,271,897		6.00
7.00	Physical Therapy	0	523,867	0	523,867		7.00
8.00	Occupational Therapy	0	134,007	0	134,007		8.00
9.00	Speech Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	33,091	0	33,091		10.00
11.00	Home Health Aide	0	31,236	0	31,236		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
23.50	Tel emedicine	0	0	0	0		23.50
24.00	Total (sum of lines 1-23)	0	3,502,899	691	3,503,590		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0051 HHA CCN: 15-7011		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part I Date/Time Prepared: 5/23/2017 10:42 am	
				Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,509,492	0	0	0	1,509,492	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,271,897	0	0	0	1,271,897	6.00
7.00	Physical Therapy	523,867	0	0	0	523,867	7.00
8.00	Occupational Therapy	134,007	0	0	0	134,007	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	33,091	0	0	0	33,091	10.00
11.00	Home Health Aide	31,236	0	0	0	31,236	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Telemedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	3,503,590	0	0	0	3,503,590	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	1,509,492					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	962,800	2,234,697				6.00
7.00	Physical Therapy	396,557	920,424				7.00
8.00	Occupational Therapy	101,441	235,448				8.00
9.00	Speech Pathology	0	0				9.00
10.00	Medical Social Services	25,049	58,140				10.00
11.00	Home Health Aide	23,645	54,881				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Telemedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		3,503,590				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0051 HHA CCN: 15-7011		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part II Date/Time Prepared: 5/23/2017 10:42 am	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,509,492	1,994,098
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,271,897
7.00	Physical Therapy	0	0	0	0	0	523,867
8.00	Occupational Therapy	0	0	0	0	0	134,007
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	33,091
11.00	Home Health Aide	0	0	0	0	0	31,236
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,509,492	1,994,098
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,509,492
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.756980

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7011

To 12/31/2016

Part I
Date/Time Prepared: 5/23/2017 10:42 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	112,322	53,421	79,683	245,426	58,413	1.00
2.00 Skilled Nursing Care	2,234,697	0	0	288,528	2,523,225	600,542	2.00
3.00 Physical Therapy	920,424	0	0	118,839	1,039,263	247,351	3.00
4.00 Occupational Therapy	235,448	0	0	30,399	265,847	63,273	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	58,140	0	0	7,507	65,647	15,624	6.00
7.00 Home Health Aide	54,881	0	0	7,086	61,967	14,749	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	3,503,590	112,322	53,421	532,042	4,201,375	999,952	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00
Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	147,807	0	0	0	25,004	216,149	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	147,807	0	0	0	25,004	216,149	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7011

To 12/31/2016

Part I
Date/Time Prepared:
5/23/2017 10:42 am

Home Health Agency I

PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE		PARAMED PRGM-PHARMACY RESIDENCY	
				(SPECIFY)	CENTRAL STERILIZATION		
				14.00	15.00		
1.00 Administrative and General	0	0	7,794	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19) (2)	0	0	7,794	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	700,593	0	700,593				1.00
2.00 Skilled Nursing Care	3,123,767	0	3,123,767	446,861	3,570,628		2.00
3.00 Physical Therapy	1,286,614	0	1,286,614	184,051	1,470,665		3.00
4.00 Occupational Therapy	329,120	0	329,120	47,081	376,201		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	81,271	0	81,271	11,626	92,897		6.00
7.00 Home Health Aide	76,716	0	76,716	10,974	87,690		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	5,598,081	0	5,598,081	700,593	5,598,081		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.143051			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0051
HHA CCN: 15-7011

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

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQ FEET)					
	1.00	2.00					
1.00 Administrative and General	6,093	6,093	351,260	0	245,426	6,093	1.00
2.00 Skilled Nursing Care	0	0	1,271,897	0	2,523,225	0	2.00
3.00 Physical Therapy	0	0	523,867	0	1,039,263	0	3.00
4.00 Occupational Therapy	0	0	134,007	0	265,847	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	33,091	0	65,647	0	6.00
7.00 Home Health Aide	0	0	31,236	0	61,967	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	6,093	6,093	2,345,358		4,201,375	6,093	20.00
21.00 Total cost to be allocated	112,322	53,421	532,042		999,952	147,807	21.00
22.00 Unit cost multiplier	18.434597	8.767602	0.226849		0.238006	24.258493	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	0	0	62,506	20,884	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	0	0	0	62,506	20,884	0	20.00
21.00 Total cost to be allocated	0	0	0	25,004	216,149	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.400026	10.349981	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7011

To 12/31/2016

Part II
Date/Time Prepared: 5/23/2017 10:42 am

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Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE		PARAMED ED PRGM-PHARMACY RESIDENCY (COSTED REQUIS.)		
			(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)			
			15.00	16.00			
1.00 Administrative and General	0	3,088,152	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19)	0	3,088,152	0	0	0		20.00
21.00 Total cost to be allocated	0	7,794	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.002524	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0051 HHA CCN: 15-7011	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/23/2017 10:42 am		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,570,628		3,570,628	8,722	409.38	1.00
2.00	Physical Therapy	3.00	1,470,665	0	1,470,665	4,475	328.64	2.00
3.00	Occupational Therapy	4.00	376,201	0	376,201	1,483	253.68	3.00
4.00	Speech Pathology	5.00	0	0	0	0	0.00	4.00
5.00	Medical Social Services	6.00	92,897		92,897	267	347.93	5.00
6.00	Home Health Aide	7.00	87,690		87,690	632	138.75	6.00
7.00	Total (sum of lines 1-6)		5,598,081	0	5,598,081	15,579		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care	14020	0	3,360			8.00	
8.01	Skilled Nursing Care	26900	0	228			8.01	
8.02	Skilled Nursing Care	99915	0	985			8.02	
9.00	Physical Therapy	14020	0	1,884			9.00	
9.01	Physical Therapy	26900	0	133			9.01	
9.02	Physical Therapy	99915	0	728			9.02	
10.00	Occupational Therapy	14020	0	636			10.00	
10.01	Occupational Therapy	26900	0	34			10.01	
10.02	Occupational Therapy	99915	0	230			10.02	
11.00	Speech Pathology	14020	0	26			11.00	
11.01	Speech Pathology	26900	0	6			11.01	
11.02	Speech Pathology	99915	0	0			11.02	
12.00	Medical Social Services	14020	0	102			12.00	
12.01	Medical Social Services	26900	0	10			12.01	
12.02	Medical Social Services	99915	0	36			12.02	
13.00	Home Health Aide	14020	0	226			13.00	
13.01	Home Health Aide	26900	0	4			13.01	
13.02	Home Health Aide	99915	0	97			13.02	
14.00	Total (sum of lines 8-13)		0	8,725			14.00	
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Records)	Ratio (col. 3 ÷ col. 4)			
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	10,291	10,291	22,759	0.452173	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	4,573		1,872,095		1.00	
2.00	Physical Therapy	0	2,745		902,117		2.00	
3.00	Occupational Therapy	0	900		228,312		3.00	
4.00	Speech Pathology	0	32		0		4.00	
5.00	Medical Social Services	0	148		51,494		5.00	
6.00	Home Health Aide	0	327		45,371		6.00	
7.00	Total (sum of lines 1-6)	0	8,725		3,099,389		7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0051 HHA CCN: 15-7011	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part I Date/Time Prepared: 5/23/2017 10:42 am
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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,872,095						1.00
2.00	Physical Therapy	902,117						2.00
3.00	Occupational Therapy	228,312						3.00
4.00	Speech Pathology	0						4.00
5.00	Medical Social Services	51,494						5.00
6.00	Home Health Aide	45,371						6.00
7.00	Total (sum of lines 1-6)	3,099,389						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0051 HHA CCN: 15-7011		Period: From 01/01/2016 To 12/31/2016		Worksheet H-3 Part II Date/Time Prepared: 5/23/2017 10:42 am	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated			
	0	1.00	2.00	3.00	4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS								
1.00	Physical Therapy	66.00	0.428676	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.237499	43,329	10,291	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.257263	0	0	col. 2, line 16.00		5.00
5.01	Cost of Drugs 1	73.01	0.276708	0	0	col. 2, line 16.01		5.01

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051 HHA CCN: 15-7011	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2017 10:42 am
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount 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(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,429,093
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	23,004
13.00	Total PPS Reimbursement - LUPA Episodes		0	27,020
14.00	Total PPS Reimbursement - PEP Episodes		0	6,749
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	9,987
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,495,853
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,495,853
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,495,853
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,495,853
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,495,853
31.01	Sequestration adjustment (see instructions)		0	29,917
32.00	Interim payments (see instructions)		0	1,465,937
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 15-0051
HHA CCN: 15-7011

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

Worksheet H-5
Date/Time Prepared:
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		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		1,465,937	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			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			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. H-4, Part II, column as appropriate, line 32)		0		1,465,937	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		1,465,936	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet I-5 Date/Time Prepared: 5/23/2017 10:42 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1509

To 12/31/2016

Date/Time Prepared: 5/23/2017 10:42 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT*		287,050	287,050	0	287,050
2.00	CAP REL COSTS-MVBLE EQUIP*		17,560	17,560	0	17,560
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	692,542	692,542	0	692,542
4.00	ADMINISTRATIVE & GENERAL*	210,122	34,745	244,867	0	244,867
5.00	PLANT OPERATION & MAINTENANCE*	0	24,544	24,544	0	24,544
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0
7.00	HOUSEKEEPING*	0	2,200	2,200	0	2,200
8.00	DIETARY*	0	18,130	18,130	0	18,130
9.00	NURSING ADMINISTRATION*	0	0	0	0	0
10.00	ROUTINE MEDICAL SUPPLIES*	0	110,419	110,419	0	110,419
11.00	MEDICAL RECORDS*	0	0	0	0	0
12.00	STAFF TRANSPORTATION*	0	17,271	17,271	0	17,271
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0
14.00	PHARMACY*	0	220,596	220,596	0	220,596
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	14,226	14,226	0	14,226
16.00	OTHER GENERAL SERVICE*	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES					
DIRECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0
26.00	PHYSICIAN SERVICES**	0	0	0	0	0
27.00	NURSE PRACTITIONER**	0	0	0	0	0
28.00	REGISTERED NURSE**	1,094,515	0	1,094,515	0	1,094,515
29.00	LPN/LVN**	248,109	0	248,109	0	248,109
30.00	PHYSICAL THERAPY**	0	0	0	0	0
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0
33.00	MEDICAL SOCIAL SERVICES**	124,214	0	124,214	0	124,214
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0
35.00	DIETARY COUNSELING**	0	0	0	0	0
36.00	COUNSELING - OTHER**	147,313	0	147,313	0	147,313
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	281,320	0	281,320	0	281,320
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	1,354	1,354	0	1,354
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0
40.00	IMAGING SERVICES**	0	0	0	0	0
41.00	LABS & DIAGNOSTICS**	0	4,594	4,594	0	4,594
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0
43.00	OUTPATIENT SERVICES**	0	0	0	0	0
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	113,725	437,895	551,620	0	551,620
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0
62.00	FUNDRAISING*	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0
66.00	RESIDENTIAL CARE*	0	0	0	0	0
67.00	ADVERTISING*	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0
69.00	THRIFT STORE*	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0
100.00	TOTAL	2,219,318	1,883,126	4,102,444	0	4,102,444

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1509

To 12/31/2016

Date/Time Prepared: 5/23/2017 10:42 am

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	287,050	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	17,560	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	692,542	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	244,867	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	24,544	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	2,200	7.00
8.00	DIETARY*	0	18,130	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	110,419	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	17,271	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	220,596	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	14,226	15.00
16.00	OTHER GENERAL SERVICE*	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	1,094,515	28.00
29.00	LPN/LVN**	0	248,109	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	124,214	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	147,313	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	281,320	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	1,354	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	4,594	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	551,620	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	4,102,444	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE CONTINUOUS HOME CARE

Provider CCN: 15-0051

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

Worksheet 0-1

Hospice CCN: 15-1509

Date/Time Prepared: 5/23/2017 10:42 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	0	0	0	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0	0	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	0	0	0	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	0
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	0
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	0

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 50.

ANALYSIS OF HOSPITAL-BASED HOSPI CE COSTS FOR HOSPI CE ROUTINE HOME CARE

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-2

Hospice CCN: 15-1509

To 12/31/2016

Date/Time Prepared: 5/23/2017 10:42 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED					25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	634,891	0	634,891	0	28.00
29.00	LPN/LVN	224,229	0	224,229	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	124,214	0	124,214	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	147,313	0	147,313	0	36.00
37.00	HOSPI CE AIDE & HOME MAKER SERVICES	271,609	0	271,609	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,354	1,354	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	1,910	1,910	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	113,725	437,895	551,620	0	46.00
100.00	TOTAL *	1,515,981	441,159	1,957,140	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED		
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	634,891
29.00	LPN/LVN	0	224,229
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	124,214
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	147,313
37.00	HOSPI CE AIDE & HOME MAKER SERVICES	0	271,609
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	1,354
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	1,910
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	551,620
100.00	TOTAL *	0	1,957,140

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-3

Hospice CCN: 15-1509

To 12/31/2016

Date/Time Prepared: 5/23/2017 10:42 am

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	98,649	0	98,649	0	28.00
29.00	LPN/LVN	5,126	0	5,126	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	2,084	0	2,084	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	105,859	0	105,859	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	98,649
29.00	LPN/LVN	0	5,126
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	2,084
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	105,859

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL INPATIENT CARE	Provider CCN: 15-0051 Hospice CCN: 15-1509	Period: From 01/01/2016 To 12/31/2016	Worksheet 0-4 Date/Time Prepared: 5/23/2017 10:42 am
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		SALARIES	OTHER	SUBTOTAL (col . 1 + col . 2)	Hospice I RECLASSIFI - CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	360,975	0	360,975	0	360,975	28.00
29.00	LPN/LVN	18,754	0	18,754	0	18,754	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	7,627	0	7,627	0	7,627	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	2,684	2,684	0	2,684	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	387,356	2,684	390,040	0	390,040	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col . 5 ± col . 6)	
		6.00	7.00	
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	360,975	28.00
29.00	LPN/LVN	0	18,754	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	7,627	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	2,684	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	390,040	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0051

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

Worksheet 0-5

Hospice CCN: 15-1509

Date/Time Prepared: 5/23/2017 10:42 am

Descriptions	Hospice I		TOTAL EXPENSES (sum of cols. 1 + 2)	
	HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)		
	1.00	2.00	3.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT	287,050	88,412	375,462	1.00
2.00 CAP REL COSTS-MVBLE EQUIP	17,560	42,049	59,609	2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT	692,542	530,112	1,222,654	3.00
4.00 ADMINISTRATIVE & GENERAL	244,867	1,166,162	1,411,029	4.00
5.00 PLANT OPERATION & MAINTENANCE	24,544	116,344	140,888	5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0	6.00
7.00 HOUSEKEEPING	2,200	42,919	45,119	7.00
8.00 DIETARY	18,130	0	18,130	8.00
9.00 NURSING ADMINISTRATION	0	320,549	320,549	9.00
10.00 ROUTINE MEDICAL SUPPLIES	110,419	0	110,419	10.00
11.00 MEDICAL RECORDS	0	13,460	13,460	11.00
12.00 STAFF TRANSPORTATION	17,271	0	17,271	12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0	0	13.00
14.00 PHARMACY	220,596	0	220,596	14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	14,226	0	14,226	15.00
16.00 OTHER GENERAL SERVICE	0	0	0	16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	17.00
LEVEL OF CARE				
50.00 HOSPICE CONTINUOUS HOME CARE	0	0	0	50.00
51.00 HOSPICE ROUTINE HOME CARE	1,957,140	0	1,957,140	51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	105,859	0	105,859	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	390,040	0	390,040	53.00
NONREIMBURSABLE COST CENTERS				
60.00 BEREAVEMENT PROGRAM	0	0	0	60.00
61.00 VOLUNTEER PROGRAM	0	0	0	61.00
62.00 FUNDRAISING	0	0	0	62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	63.00
64.00 PALLIATIVE CARE PROGRAM	0	0	0	64.00
65.00 OTHER PHYSICIAN SERVICES	0	0	0	65.00
66.00 RESIDENTIAL CARE	0	0	0	66.00
67.00 ADVERTISING	0	0	0	67.00
68.00 TELEHEALTH/TELEMONITORING	0	0	0	68.00
69.00 THRIFT STORE	0	0	0	69.00
70.00 NURSING FACILITY ROOM & BOARD	0	0	0	70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	99.00
100.00 TOTAL	4,102,444	2,320,007	6,422,451	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1509

To 12/31/2016

Part I
Date/Time Prepared:
5/23/2017 10:42 am

Descriptions	Hospice I				SUBTOTAL	
	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT		
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	375,462	375,462			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	59,609		59,609		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,222,654	0	0	1,222,654	3.00
4.00	ADMINISTRATIVE & GENERAL	1,411,029	0	0	0	1,411,029
5.00	PLANT OPERATION & MAINTENANCE	140,888	0	0	0	140,888
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	45,119	0	0	0	45,119
8.00	DIETARY	18,130	0	0	0	18,130
9.00	NURSING ADMINISTRATION	320,549	0	0	0	320,549
10.00	ROUTINE MEDICAL SUPPLIES	110,419	0	0	0	110,419
11.00	MEDICAL RECORDS	13,460	0	0	0	13,460
12.00	STAFF TRANSPORTATION	17,271	0	0	0	17,271
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	220,596	0	0	0	220,596
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	14,226	0	0	0	14,226
16.00	OTHER GENERAL SERVICE	0	0	0	0	0
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	1,957,140			922,519	2,879,659
52.00	HOSPICE INPATIENT RESPIRE CARE	105,859	80,557	12,789	64,418	263,623
53.00	HOSPICE GENERAL INPATIENT CARE	390,040	294,905	46,820	235,717	967,482
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	6,422,451	375,462	59,609	1,222,654	6,422,451

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1509

To 12/31/2016

Part I
Date/Time Prepared:
5/23/2017 10:42 am

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
3.00 EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00 ADMINISTRATIVE & GENERAL	1,411,029					4.00
5.00 PLANT OPERATION & MAINTENANCE	39,669	180,557				5.00
6.00 LAUNDRY & LINEN SERVICE	0	0	0			6.00
7.00 HOUSEKEEPING	12,704	0		57,823		7.00
8.00 DIETARY	5,105	0		0	23,235	8.00
9.00 NURSING ADMINISTRATION	90,255	0		0		9.00
10.00 ROUTINE MEDICAL SUPPLIES	31,090	0		0		10.00
11.00 MEDICAL RECORDS	3,790	0		0		11.00
12.00 STAFF TRANSPORTATION	4,863	0		0		12.00
13.00 VOLUNTEER SERVICE COORDINATION	0	0		0		13.00
14.00 PHARMACY	62,112	0		0		14.00
15.00 PHYSICIAN ADMINISTRATIVE SERVICES	4,006	0		0		15.00
16.00 OTHER GENERAL SERVICE	0	0		0		16.00
17.00 PATIENT/RESIDENTIAL CARE SERVICES	0	0		0		17.00
LEVEL OF CARE						
50.00 HOSPICE CONTINUOUS HOME CARE	0					50.00
51.00 HOSPICE ROUTINE HOME CARE	810,802					51.00
52.00 HOSPICE INPATIENT RESPIRE CARE	74,226	38,739	0	12,406	4,987	52.00
53.00 HOSPICE GENERAL INPATIENT CARE	272,407	141,818	0	45,417	18,248	53.00
NONREIMBURSABLE COST CENTERS						
60.00 BEREAVEMENT PROGRAM	0	0		0		60.00
61.00 VOLUNTEER PROGRAM	0	0		0		61.00
62.00 FUNDRAISING	0	0		0		62.00
63.00 HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0		0		63.00
64.00 PALLIATIVE CARE PROGRAM	0	0		0		64.00
65.00 OTHER PHYSICIAN SERVICES	0	0		0		65.00
66.00 RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00 ADVERTISING	0	0		0		67.00
68.00 TELEHEALTH/TELEMONITORING	0	0		0		68.00
69.00 THIRFT STORE	0	0		0		69.00
70.00 NURSING FACILITY ROOM & BOARD						70.00
71.00 OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00 NEGATIVE COST CENTER	0	0	0	0	0	99.00
100.00 TOTAL	1,411,029	180,557	0	57,823	23,235	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1509

To 12/31/2016

Part I
Date/Time Prepared:
5/23/2017 10:42 am

Descriptions	Hospice I					
	NURSING ADMINISTRATION	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	410,804					9.00
10.00	0	141,509				10.00
11.00	0		17,250			11.00
12.00	0			22,134		12.00
13.00	0			0	0	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00	0			0	0	17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	0	131,860	16,074	20,625	0	51.00
52.00	88,140	2,071	252	324	0	52.00
53.00	322,664	7,578	924	1,185	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	410,804	141,509	17,250	22,134	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1509

To 12/31/2016

Part I
Date/Time Prepared:
5/23/2017 10:42 am

Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00	282,708					14.00
15.00	0	18,232				15.00
16.00	0		0			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	263,432	16,989	0		4,139,441	51.00
52.00	4,137	267	0	0	489,172	52.00
53.00	15,139	976	0	0	1,793,838	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	282,708	18,232	0	0	6,422,451	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPI CE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1509

To 12/31/2016

Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Descriptions		CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	RECONCILIATION	ADMINISTRATIVE & GENERAL	
		(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUMULATED COSTS)	
		1.00	2.00	3.00	4A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIX	4,796					1.00
2.00	CAP REL COSTS-MVBLE EQUIP		4,796				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	2,009,195			3.00
4.00	ADMINISTRATIVE & GENERAL	0	0	0	-1,411,029	5,011,422	4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	140,888	5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	6.00
7.00	HOUSEKEEPING	0	0	0	0	45,119	7.00
8.00	DIETARY	0	0	0	0	18,130	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	320,549	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	110,419	10.00
11.00	MEDICAL RECORDS	0	0	0	0	13,460	11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	17,271	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0	13.00
14.00	PHARMACY	0	0	0	0	220,596	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	14,226	15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0	17.00
LEVEL OF CARE							
50.00	HOSPI CE CONTINUOUS HOME CARE			0	0	0	50.00
51.00	HOSPI CE ROUTINE HOME CARE			1,515,981	0	2,879,659	51.00
52.00	HOSPI CE INPATIENT RESPI TE CARE	1,029	1,029	105,858	0	263,623	52.00
53.00	HOSPI CE GENERAL INPATIENT CARE	3,767	3,767	387,356	0	967,482	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0	61.00
62.00	FUNDRAISING	0	0	0	0	0	62.00
63.00	HOSPI CE/PALLI ATIVE MEDICINE FELLOWS	0	0	0	0	0	63.00
64.00	PALLI ATIVE CARE PROGRAM	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0	68.00
69.00	THRIFT STORE	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	375,462	59,609	1,222,654		1,411,029	100.00
101.00	UNIT COST MULTIPLIER	78.286489	12.428899	0.608529		0.281563	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1509

To 12/31/2016

Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	4,796					5.00
6.00	LAUNDRY & LINEN SERVICE	0	4,796				6.00
7.00	HOUSEKEEPING	0		4,796			7.00
8.00	DIETARY	0		0	1,668		8.00
9.00	NURSING ADMINISTRATION	0		0		4,796	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0		0	10.00
11.00	MEDICAL RECORDS	0		0		0	11.00
12.00	STAFF TRANSPORTATION	0		0		0	12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0		0	13.00
14.00	PHARMACY	0		0		0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0		0	15.00
16.00	OTHER GENERAL SERVICE	0		0		0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0		0	17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	1,029	1,029	1,029	358	1,029	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	3,767	3,767	3,767	1,310	3,767	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD	0		0		0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	180,557	0	57,823	23,235	410,804	100.00
101.00	UNIT COST MULTIPLIER	37.647415	0.000000	12.056505	13.929856	85.655546	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1509

To 12/31/2016

Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	24,463					10.00
11.00	MEDICAL RECORDS		24,463				11.00
12.00	STAFF TRANSPORTATION			24,463			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0		13.00
14.00	PHARMACY					0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES					0	15.00
16.00	OTHER GENERAL SERVICE					0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	22,795	22,795	22,795	0	22,795	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	358	358	358	0	358	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,310	1,310	1,310	0	1,310	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	141,509	17,250	22,134	0	282,708	100.00
101.00	UNIT COST MULTIPLIER	5.784613	0.705147	0.904795	0.000000	11.556555	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0051
Hospice CCN: 15-1509

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

Worksheet 0-6
Part II
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I	
		15.00	16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION & MAINTENANCE					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION					9.00
10.00	ROUTINE MEDICAL SUPPLIES					10.00
11.00	MEDICAL RECORDS					11.00
12.00	STAFF TRANSPORTATION					12.00
13.00	VOLUNTEER SERVICE COORDINATION					13.00
14.00	PHARMACY					14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	24,463				15.00
16.00	OTHER GENERAL SERVICE		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0		17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0	0			50.00
51.00	HOSPICE ROUTINE HOME CARE	22,795	0			51.00
52.00	HOSPICE INPATIENT RESPITE CARE	358	0	0		52.00
53.00	HOSPICE GENERAL INPATIENT CARE	1,310	0	0		53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM		0			60.00
61.00	VOLUNTEER PROGRAM		0			61.00
62.00	FUNDRAISING		0			62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0			63.00
64.00	PALLIATIVE CARE PROGRAM		0			64.00
65.00	OTHER PHYSICIAN SERVICES		0			65.00
66.00	RESIDENTIAL CARE	0	0	0		66.00
67.00	ADVERTISING		0			67.00
68.00	TELEHEALTH/TELEMONITORING		0			68.00
69.00	THRIFT STORE		0			69.00
70.00	NURSING FACILITY ROOM & BOARD		0			70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0		71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	18,232	0	0		100.00
101.00	UNIT COST MULTIPLIER	0.745289	0.000000	0.000000		101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0051
Hospice CCN: 15-1509

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

Worksheet 0-7
Date/Time Prepared:
5/23/2017 10:42 am

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.428676	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.257263	0	0	0	4.00
4.01	OP PHARMACY	73.01	0.276708	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.124779	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.237499	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.102589	0	0	0	9.00
10.97	CARDIAC REHABILITATION	76.97	0.450372	0	0	0	10.97
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)		Shared Service Costs by LOC			
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
4.01	OP PHARMACY	0	0	0	0	0	4.01
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.97	CARDIAC REHABILITATION	0	0	0	0	0	10.97
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0051

Period: From 01/01/2016

Worksheet 0-8

Hospice CCN: 15-1509

To 12/31/2016

Date/Time Prepared: 5/23/2017 10:42 am

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)	0	0		4.00
5.00	Program cost (line 3 times line 4)	0	0		5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			4,139,441	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			22,795	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			181.59	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	21,169	43		9.00
10.00	Program cost (line 8 times line 9)	3,844,079	7,808		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			489,172	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			358	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			1,366.40	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	348	0		14.00
15.00	Program cost (line 13 times line 14)	475,507	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			1,793,838	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			1,310	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			1,369.34	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	1,057	37		19.00
20.00	Program cost (line 18 times line 19)	1,447,392	50,666		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			6,422,451	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			24,463	22.00
23.00	Average cost per diem (line 21 divided by line 22)			262.54	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0051	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/23/2017 10:42 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,192,481	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		219,553	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)		131.02	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.89	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.96	8.00
9.00	Sum of lines 7 and 8		32.85	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.88	10.00
11.00	Disproportionate share adjustment (see instructions)		219,643	11.00
12.00	Total prospective capital payments (see instructions)		3,631,677	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