

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050 EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/24/2018 5:07 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/24/2018 Time: 5:07 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (4) Reopened
 (5) Amended

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 CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BALL MEMORIAL HOSPITAL (15-0089) for the cost reporting period beginning 01/01/2017 and ending 12/31/2017 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.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

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

 CHIEF FINANCIAL OFFICER
 Title

 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	726,839	308,512	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	24,221	-17		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	751,060	308,495	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089			Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 5:05 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2401 UNIVERSITY AVENUE			PO Box:						1.00	
2.00	City: MUNCI E			State: IN		Zip Code: 47303-3428		County: DELAWARE		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		BALL MEMORIAL HOSPITAL	150089	11300	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		BMH PHYSICAL REHAB	15T089	11300	5	07/01/1986	N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2017	12/31/2017		20.00	
21.00	Type of Control (see instructions)						2			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.							3		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,000	619	12	71	18,179	31	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			22	33	0	0	216		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 5:05 pm			
		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.		1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.		1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		0				35.00
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		0				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.						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)(i) or (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)(i) or (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	XVIII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	Y	Y		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.		N	N		N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.		N	N		N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N		N	48.00
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.		N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.		N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.		N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)		Y				60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)			23.00	1		60.01
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)		Y				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)			12.00		12.00	61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						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)						61.03

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	Y/N	IME	Direct GME	IME	Direct GME			
	1.00	2.00	3.00	4.00	5.00			
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						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)						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)						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. Enter in column 4, the direct GME FTE unweighted count.						61.10	0.00 0.00
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. Enter in column 4, the direct GME FTE unweighted count.						61.20	0.00 0.00
							1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						62.00	0.00
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) Teaching Hospitals that Claim Residents in Nonprovider Settings						62.01	0.00
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 through 67. (see instructions)						63.00	Y
	Program Name		Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
	1.00		2.00	3.00	4.00	5.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						64.00	2.75 15.74 0.148729

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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)	FAMILY MEDICINE	1350	3.21	21.04	0.132371		65.00
65.01		INTERNAL MEDICINE	1400	4.25	13.76	0.235980		65.01
			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)			2.34	7.66	0.234000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	10.59	18.98	0.358133		67.00
67.01		INT MEDICINE	1400	3.27	20.73	0.136250		67.01
			1.00	2.00	3.00			
<u>Inpatient Psychiatric Facility PPS</u>								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N				70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)			N		0		71.00
<u>Inpatient Rehabilitation Facility PPS</u>								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y				75.00

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			1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	Y	N	0	76.00	
			1.00			
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N	80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N	81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? 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	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06	
Rural Providers						
105.00	Does this hospital qualify as a 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. II.	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	

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		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N		111.00	
					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:	650,549		0				118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? 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.				Y	5.06		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/24/2018 5:05 pm	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
144.00 Are provider based physicians' costs included in Worksheet A?							
						1.00	144.00
						Y	
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.							
						1.00	145.00
						Y	
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.					2.00	146.00
						N	
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							
						1.00	147.00
						N	
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							
						1.00	148.00
						N	
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							
						1.00	149.00
						N	
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	Part A	Part B	Title V	Title XIX	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	N	N	N	N	158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
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.							
						1.00	165.00
						N	
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)							
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
							0.00
166.00							
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
						1.00	167.00
						Y	
168.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.					2.00	168.00
						0	
168.01	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)					3.00	168.01
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)					4.00	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)					5.00	169.00
						9.99	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							
						1.00	170.00
						04/01/2017	06/30/2017
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							
						1.00	171.00
						Y	1,802

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 5:05 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				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.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2018	Y	04/04/2018		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 5:05 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/24/2018 5:05 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR, GOVERNMENT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	263	95,995	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)		263	95,995	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	23	8,395	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		322	117,530	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		338				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		8	2,920			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	33,515	1,119	67,343			1.00
2.00 HMO and other (see instructions)	10,078	17,183				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	283	249				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)	33,515	1,119	67,343			7.00
8.00 INTENSIVE CARE UNIT	5,430	518	10,712			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	422	3,342			12.00
13.00 NURSERY		1,639	2,539			13.00
14.00 Total (see instructions)	38,945	3,698	83,936	63.57	1,834.44	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,944	23	4,174	0.00	23.46	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	507			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)				63.57	1,857.90	27.00
28.00 Observation Bed Days		161	7,350			28.00
29.00 Ambulance Trips	1,641					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	31	642			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
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,209	263	16,938	1.00
2.00 HMO and other (see instructions)			1,678	3,071		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				17		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,209	263	16,938	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	215	2	305	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2018 5:05 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	105,924,436	-531,881	105,392,555	3,864,421.64	27.27
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	3,732,024	3,732,024	138,947.00	26.86
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)		6,363,479	146,009	6,509,488	229,550.18	28.36
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		9,107,385	0	9,107,385	123,854.15	73.53
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		4,429,750	0	4,429,750	60,360.15	73.39
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		32,417,690	0	32,417,690	850,683.15	38.11
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)		46,319,623	0	46,319,623		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,125,369	0	3,125,369		
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)		897,395	0	897,395		
25.50	Home office wage-related (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	36,084	-215	35,869	2,067.40	17.35
27.00	Administrative & General	5.00	7,196,622	-23,499	7,173,123	186,320.47	38.50

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2018 5:05 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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.)	9,982	0	9,982	67.54	147.79	28.00
29.00	Maintenance & Repairs	2,887,802	-395	2,887,407	131,534.46	21.95	29.00
30.00	Operation of Plant	1,250,370	-1,794	1,248,576	50,793.83	24.58	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,602,065	-12,916	2,589,149	195,865.25	13.22	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,548,163	-1,198,840	1,349,323	81,709.78	16.51	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,184,318	1,184,318	87,102.00	13.60	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,432,085	-25,610	5,406,475	159,580.50	33.88	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	4,880,485	-80,593	4,799,892	131,836.41	36.41	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2018 5:05 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	105,934,418	-4,263,905	101,670,513	3,725,542.18	27.29	1.00
2.00	Excluded area salaries (see instructions)	6,363,479	146,009	6,509,488	229,550.18	28.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	99,570,939	-4,409,914	95,161,025	3,495,992.00	27.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	45,954,825	0	45,954,825	1,034,897.45	44.41	4.00
5.00	Subtotal wage-related costs (see inst.)	46,319,623	0	46,319,623	0.00	48.67	5.00
6.00	Total (sum of lines 3 thru 5)	191,845,387	-4,409,914	187,435,473	4,530,889.45	41.37	6.00
7.00	Total overhead cost (see instructions)	26,843,658	-159,544	26,684,114	1,026,877.64	25.99	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2018 5:05 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,673,614	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		20,595,023	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		15,358,840	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		478,481	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		59,727	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)		689,669	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		575,547	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,605,318	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		12,711	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		293,455	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		50,342,385	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/24/2018 5:05 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	9,107,385	50,342,385	1.00
2.00	Hospital	9,107,385	50,342,385	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/24/2018 5:05 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.161552	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		45,383,547	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		344,567,130	6.00	
7.00	Medicaid cost (line 1 times line 6)		55,665,509	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)		10,281,962	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	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (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)		10,281,962	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	39,166,027	2,681,056	41,847,083	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,327,350	2,681,056	9,008,406	21.00
22.00	Payments received from patients for amounts previously written off as charity care	291,269	0	291,269	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,036,081	2,681,056	8,717,137	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			23,271,594	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			2,142,916	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			3,296,795	27.01
28.00	Non-Medicare bad debt expense (see instructions)			19,974,799	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,380,848	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,097,985	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,379,947	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		4,884,336		4,884,336	19,976,998	24,861,334	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	36,084	1,638,144	1,674,228	19,945,327	21,619,555	4.00	
5.01	01160	COMMUNICATIONS	512,947	326,497	839,444	-189,818	649,626	5.01	
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02	
5.04	00570	ADMITTING	959,423	353,983	1,313,406	-261,997	1,051,409	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5,724,252	73,880,645	79,604,897	-1,548,846	78,056,051	5.06	
6.00	00600	MAINTENANCE & REPAIRS	2,887,802	14,801,873	17,689,675	-8,894,861	8,794,814	6.00	
7.00	00700	OPERATION OF PLANT	1,250,370	4,869,101	6,119,471	156,607	6,276,078	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,360,655	1,360,655	8.00	
9.00	00900	HOUSEKEEPING	2,602,065	1,813,160	4,415,225	-1,482,323	2,932,902	9.00	
10.00	01000	DIETARY	2,548,163	2,555,886	5,104,049	-2,982,282	2,121,767	10.00	
11.00	01100	CAFETERIA	0	0	0	2,181,412	2,181,412	11.00	
13.00	01300	NURSING ADMINISTRATION	5,432,085	2,589,110	8,021,195	-1,237,786	6,783,409	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,618,497	1,618,497	8,576,512	10,195,009	14.00	
15.00	01500	PHARMACY	4,880,485	27,970,538	32,851,023	-27,065,270	5,785,753	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,732,024	3,732,024	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,980,479	4,325,112	8,305,591	-4,912,572	3,393,019	22.00	
23.00	02300	PARAMED PRGM	68,973	14,828	83,801	63,670	147,471	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	21,383,173	13,403,651	34,786,824	-7,664,462	27,122,362	30.00	
31.00	03100	INTENSIVE CARE UNIT	6,677,543	3,670,583	10,348,126	-2,371,884	7,976,242	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,772,864	835,748	2,608,612	-592,545	2,016,067	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	1,511,421	894,426	2,405,847	-350,133	2,055,714	41.00	
43.00	04300	NURSERY	0	0	0	625,770	625,770	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,940,686	19,967,670	24,908,356	-18,238,838	6,669,518	50.00	
51.00	05100	RECOVERY ROOM	1,469,636	706,651	2,176,287	-578,919	1,597,368	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,894,022	1,011,327	2,905,349	-863,103	2,042,246	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,443,335	14,133,633	22,576,968	-10,083,107	12,493,861	54.00	
57.00	03280	EKG AND EEG	158,391	56,206	214,597	-45,194	169,403	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,724,054	8,425,723	10,149,777	-8,104,095	2,045,682	59.00	
60.00	06000	LABORATORY	0	9,717,096	9,717,096	-29,525	9,687,571	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,248,663	1,248,663	-1,630	1,247,033	63.00	
65.00	06500	RESPIRATORY THERAPY	3,142,922	1,102,349	4,245,271	-855,155	3,390,116	65.00	
65.01	06501	SLEEP LAB	437,799	512,794	950,593	-465,754	484,839	65.01	
66.00	06600	PHYSICAL THERAPY	4,774,463	1,885,976	6,660,439	-1,492,411	5,168,028	66.00	
67.00	06700	OCCUPATIONAL THERAPY	741,266	216,889	958,155	-101,059	857,096	67.00	
68.00	06800	SPEECH PATHOLOGY	386,820	115,856	502,676	-57,613	445,063	68.00	
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01	
69.00	06900	ELECTROCARDIOLOGY	1,224,810	859,377	2,084,187	-831,996	1,252,191	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,003,772	10,003,772	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,844,516	13,844,516	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	27,589,201	27,589,201	73.00	
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,680,377	8,665,797	10,346,174	-416,382	9,929,792	73.01	
74.00	07400	RENAL DIALYSIS	0	1,346,503	1,346,503	-68,086	1,278,417	74.00	
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	519,398	257,887	777,285	-144,951	632,334	76.97	
76.98	07698	HYPERBARI C OXYGEN THERAPY	506,115	1,209,293	1,715,408	-489,651	1,225,757	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.02	09002	PAIN CLINIC	397,338	586,515	983,853	-538,723	445,130	90.02	
90.03	09003	ONCOLOGY CLINIC	673,749	399,655	1,073,404	-131,018	942,386	90.03	
91.00	09100	EMERGENCY	5,798,041	6,930,081	12,728,122	-2,862,628	9,865,494	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1,448,328	854,384	2,302,712	-506,897	1,795,815	95.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	102,589,679	240,656,443	343,246,122	1,594,950	344,841,072	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	138,257	620,537	758,794	-44,572	714,222	190.00	
191.00	19100	RESEARCH	637,542	232,427	869,969	-126,963	743,006	191.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.0107951 BSU PHARMACY	206,635	56,151	262,786	-19,314	243,472	194.01
194.0207952 PAVILLION PHARMACY	673,976	5,829,991	6,503,967	-86,442	6,417,525	194.02
194.0307953 VENDING	0	0	0	0	0	194.03
194.0407954 CARELINE	0	0	0	0	0	194.04
194.0507955 WELLNESS CENTER	28,904	76,256	105,160	-64,433	40,727	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	28,160	28,160	-11,757	16,403	194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958 RENTAL PROPERTY	0	1,599,203	1,599,203	-989,627	609,576	194.08
194.0907959 ADVERTISING	0	0	0	0	0	194.09
194.1007960 INTEGRAL TAC	0	0	0	0	0	194.10
194.1107961 IU HEALTH HOSPICE	0	7,261	7,261	-3,826	3,435	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.1607966 JAY COUNTY HOSPITAL	212,263	32,804	245,067	-22,001	223,066	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	1,256,107	367,791	1,623,898	-203,984	1,419,914	194.22
194.2307973 CANCER CENTER BOUTIQUE	14,251	108,223	122,474	-1,948	120,526	194.23
194.2407974 BOSCH BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	270	270	-149	121	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	166,822	33,533	200,355	-19,934	180,421	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	69	69	0	69	194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983 LAB CORP	0	0	0	0	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985 LEASED SPACE	0	0	0	0	0	194.35
200.00 TOTAL (SUM OF LINES 118 through 199)	105,924,436	249,649,119	355,573,555	0	355,573,555	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-207,290	24,654,044	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,996,737	17,622,818	4.00
5.01	01160	COMMUNICATIONS	-116,650	532,976	5.01
5.02	00550	DATA PROCESSING	11,797,428	11,797,428	5.02
5.04	00570	ADMINISTRATIVE	6,676,050	7,727,459	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5,464,842	5,464,842	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-45,559,555	32,496,496	5.06
6.00	00600	MAINTENANCE & REPAIRS	-1,113,432	7,681,382	6.00
7.00	00700	OPERATION OF PLANT	-219,855	6,056,223	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,360,655	8.00
9.00	00900	HOUSEKEEPING	-76,827	2,856,075	9.00
10.00	01000	DIETARY	-449,101	1,672,666	10.00
11.00	01100	CAFETERIA	-1,315,188	866,224	11.00
13.00	01300	NURSING ADMINISTRATION	-226,752	6,556,657	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3	10,195,006	14.00
15.00	01500	PHARMACY	-872,288	4,913,465	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,732,024	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-57,050	3,335,969	22.00
23.00	02300	PARAMED ED PRGM	0	147,471	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-63,245	27,059,117	30.00
31.00	03100	INTENSIVE CARE UNIT	-21,979	7,954,263	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-85,213	1,930,854	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	-276	2,055,438	41.00
43.00	04300	NURSERY	0	625,770	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-402,881	6,266,637	50.00
51.00	05100	RECOVERY ROOM	-5,636	1,591,732	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-12,710	2,029,536	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,756,282	10,737,579	54.00
57.00	03280	EKG AND EEG	-93,866	75,537	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-35,265	2,010,417	59.00
60.00	06000	LABORATORY	0	9,687,571	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,247,033	63.00
65.00	06500	RESPIRATORY THERAPY	-27,678	3,362,438	65.00
65.01	06501	SLEEP LAB	-73,245	411,594	65.01
66.00	06600	PHYSICAL THERAPY	-1,562,232	3,605,796	66.00
67.00	06700	OCCUPATIONAL THERAPY	-71,331	785,765	67.00
68.00	06800	SPEECH PATHOLOGY	-53,780	391,283	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-84,119	1,168,072	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,003,772	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,844,516	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,589,201	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	-587,726	9,342,066	73.01
74.00	07400	RENAL DIALYSIS	0	1,278,417	74.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-48,206	584,128	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-3,474	1,222,283	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.02	09002	PAIN CLINIC	0	445,130	90.02
90.03	09003	ONCOLOGY CLINIC	0	942,386	90.03
91.00	09100	EMERGENCY	-126,542	9,738,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-12,324	1,783,491	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-35,400,418	309,440,654	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	714,222	190.00
191.00	19100	RESEARCH	-2,119	740,887	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	BSU PHARMACY	-258,294	-14,822	194.01
194.02	07952	PAVILLION PHARMACY	-1,939	6,415,586	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.03	07953	VENDING	0	0	194.03
194.04	07954	CARELINE	0	0	194.04
194.05	07955	WELLNESS CENTER	0	40,727	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	16,403	194.06
194.07	07957	PERINATAL CLINIC	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	609,576	194.08
194.09	07959	ADVERTISING	0	0	194.09
194.10	07960	INTEGRA LTAC	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	-7,066	-3,631	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	223,066	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	-1,038,889	381,025	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	120,526	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	121	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	-180,421	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	69	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	194.32
194.33	07983	LAB CORP	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	194.34
194.35	07985	LEASED SPACE	0	0	194.35
200.00		TOTAL (SUM OF LINES 118 through 199)	-36,889,146	318,684,409	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,189,329	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	331,738	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	178,525	3.00
4.00	RENTAL PROPERTY	194.08	0	23	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
0			0	9,699,615	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,003,772	1.00
2.00	OPERATION OF PLANT	7.00	0	3,200	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
0			0	10,006,972	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,844,516	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
	0		0	13,844,516	
D - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,589,201	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	22,391	2.00
3.00	PHARMACY	15.00	0	652,512	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
	0		0	28,264,104	
E - INTERN & RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,732,024	0	1.00
	0		3,732,024	0	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,184,318	997,094	1.00
	0		1,184,318	997,094	
G - PHARMACY ADMIN COSTS					
1.00	BSU PHARMACY	194.01	18,660	3,526	1.00
2.00	PAVILLION PHARMACY	194.02	18,660	3,526	2.00
	0		37,320	7,052	
H - AUTO & BUILDING INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	370,382	1.00
	0		0	370,382	
I - REHAB ADMIN COSTS					
1.00	OCCUPATIONAL THERAPY	67.00	52,994	3,681	1.00
2.00	SPEECH PATHOLOGY	68.00	27,654	1,966	2.00
3.00	THERAPIES TO OTHER ENTITIES	194.22	60,232	4,511	3.00
	0		140,880	10,158	
J - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,360,655	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
				1,360,655		
L - MISC PROPERTIES						
1.00		0.00	0	0		1.00
M - OP ONCOLOGY INFUSION						
1.00	ONCOLOGY CLINIC	90.03	194,118	17,243		1.00
			194,118	17,243		
P - LEGAL FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,151		1.00
2.00		0.00	0	0		2.00
				1,151		
Q - NURSERY						
1.00	NURSERY	43.00	571,125	54,645		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
			571,125	54,645		
R - OBSERVATION						
1.00		0.00	0	0		1.00
S - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,010,143		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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
				20,010,143		
T - CORPORATE TELEPHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,236		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
				10,236		
U - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	17,761,971		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
				17,761,971		

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
5/24/2018 5:05 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
V - LEASE EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	1,397,071	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	0		0	1,397,071	
W - PTO USED AS STD					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	215	1.00
2.00	COMMUNICATIONS	5.01	0	12,038	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,083	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,378	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	395	5.00
6.00	OPERATION OF PLANT	7.00	0	1,794	6.00
7.00	HOUSEKEEPING	9.00	0	12,916	7.00
8.00	DIETARY	10.00	0	14,522	8.00
9.00	NURSING ADMINISTRATION	13.00	0	25,610	9.00
10.00	PHARMACY	15.00	0	13,417	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	164,047	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	67,245	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	13,557	13.00
14.00	SUBPROVIDER - IRF	41.00	0	7,861	14.00
15.00	OPERATING ROOM	50.00	0	24,153	15.00
16.00	RECOVERY ROOM	51.00	0	9,323	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	10,688	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	48,941	18.00
19.00	EKG AND EEG	57.00	0	1,215	19.00
20.00	RESPIRATORY THERAPY	65.00	0	2,592	20.00
21.00	SLEEP LAB	65.01	0	4,502	21.00
22.00	PHYSICAL THERAPY	66.00	0	26,438	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	1,050	23.00
24.00	SPEECH PATHOLOGY	68.00	0	7,874	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	10,225	25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,077	26.00
27.00	PAIN CLINIC	90.02	0	466	27.00
28.00	ONCOLOGY CLINIC	90.03	0	1,503	28.00
29.00	EMERGENCY	91.00	0	24,898	29.00
30.00	AMBULANCE SERVICES	95.00	0	786	30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,306	31.00
32.00	RESEARCH	191.00	0	6,719	32.00
33.00	THERAPIES TO OTHER ENTITIES	194.22	0	2,047	33.00
	0		0	531,881	
X - WASTE DISPOSAL					
1.00	OPERATION OF PLANT	7.00	0	277,977	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	0		0	277,977	
Y - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	562,683	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
	0		0	562,683	

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6

Date/Time Prepared:
5/24/2018 5:05 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	Z - BLACKFORD				
1.00		0.00	0	0	1.00
			0	0	
	AA - INTEREST EXPENSE				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,397	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
			0	1,397	
	AB - PARAMEDICAL EDUCATION				
1.00	PARAMED ED PRGM	23.00	67,176	5,139	1.00
	TOTALS		67,176	5,139	
	AC - PROPERTY TAX				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	556,750	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	556,750	
500.00	Grand Total: Increases		5,926,961	105,748,835	500.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/24/2018 5:05 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,449	0		1.00
2.00	COMMUNICATIONS	5.01	0	28	0		2.00
3.00	ADMINISTRATIVE	5.04	0	32,374	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	31,897	0		4.00
5.00	OPERATION OF PLANT	7.00	0	724	0		5.00
6.00	HOUSEKEEPING	9.00	0	139,293	0		6.00
7.00	DIETARY	10.00	0	8,313	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,057	0		8.00
9.00	PHARMACY	15.00	0	158,290	0		9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,465	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	1,984,653	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	842,162	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	117,657	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	46,703	0		14.00
15.00	OPERATING ROOM	50.00	0	3,462,739	0		15.00
16.00	RECOVERY ROOM	51.00	0	182,197	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	203,435	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	543,205	0		18.00
19.00	EKG AND EEG	57.00	0	3,963	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	284,178	0		20.00
21.00	SLEEP LAB	65.01	0	45,370	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	39,043	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	18,779	0		23.00
24.00	SPEECH PATHOLOGY	68.00	0	1,205	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	21,281	0		25.00
26.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	563	0		26.00
27.00	RENAL DIALYSIS	74.00	0	18,815	0		27.00
28.00	CARDIAC REHABILITATION	76.97	0	8,689	0		28.00
29.00	HYPERBARIC OXYGEN THERAPY	76.98	0	97,851	0		29.00
30.00	PAIN CLINIC	90.02	0	91,246	0		30.00
31.00	ONCOLOGY CLINIC	90.03	0	181,775	0		31.00
32.00	EMERGENCY	91.00	0	1,062,846	0		32.00
33.00	AMBULANCE SERVICES	95.00	0	56,360	0		33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,277	0		34.00
35.00	RESEARCH	191.00	0	652	0		35.00
36.00	PAVILLION PHARMACY	194.02	0	2,877	0		36.00
37.00	WELLNESS CENTER	194.05	0	246	0		37.00
38.00	IU HEALTH HOSPICE	194.11	0	183	0		38.00
39.00	CANCER CENTER BOUTIQUE	194.23	0	753	0		39.00
40.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	22	0		40.00
				9,699,615			
B - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5	0		1.00
2.00	ADMINISTRATIVE	5.04	0	40	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,939	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	461	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	157	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	134,008	0		6.00
7.00	PHARMACY	15.00	0	6,687	0		7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	517	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	20,800	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	82,929	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	11,020	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	484	0		12.00
13.00	OPERATING ROOM	50.00	0	2,716,675	0		13.00
14.00	RECOVERY ROOM	51.00	0	168	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	99,028	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,823,330	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	3,749,967	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	265	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	4,245	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	93,312	0		20.00
21.00	RENAL DIALYSIS	74.00	0	605	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	77	0		22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	222,484	0		23.00
24.00	PAIN CLINIC	90.02	0	612	0		24.00
25.00	EMERGENCY	91.00	0	35,709	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	1,448	0		26.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/24/2018 5:05 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
0		0	10,006,972			
C - IMPLANTABLE DEVICES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	164	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	216	0	2.00
3.00	PHARMACY	15.00	0	30	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	429	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	818	0	5.00
6.00	OPERATING ROOM	50.00	0	9,342,155	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	3,398	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	611,025	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	3,863,197	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	20	0	10.00
11.00	OCCUPATIONAL THERAPY	67.00	0	137	0	11.00
12.00	SPEECH PATHOLOGY	68.00	0	298	0	12.00
13.00	CARDIAC REHABILITATION	76.97	0	254	0	13.00
14.00	PAIN CLINIC	90.02	0	60	0	14.00
15.00	EMERGENCY	91.00	0	22,315	0	15.00
0		0	13,844,516			
D - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	59,475	0	1.00
2.00	ADMINISTRATIVE	5.04	0	106	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	77	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	199	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	35	0	5.00
6.00	PHARMACY	15.00	0	26,331,568	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	208,842	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	55,310	0	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	6,877	0	9.00
10.00	SUBPROVIDER - IRF	41.00	0	3,206	0	10.00
11.00	OPERATING ROOM	50.00	0	223,762	0	11.00
12.00	RECOVERY ROOM	51.00	0	40,071	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	20,080	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	708,158	0	14.00
15.00	EKG AND EEG	57.00	0	3	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	69,997	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	5,212	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	414	0	18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	34	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	5,436	0	20.00
21.00	RENAL DIALYSIS	74.00	0	39,300	0	21.00
22.00	CARDIAC REHABILITATION	76.97	0	4	0	22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	34,567	0	23.00
24.00	PAIN CLINIC	90.02	0	251,168	0	24.00
25.00	ONCOLOGY CLINIC	90.03	0	29,109	0	25.00
26.00	EMERGENCY	91.00	0	157,906	0	26.00
27.00	AMBULANCE SERVICES	95.00	0	13,035	0	27.00
28.00	RESEARCH	191.00	0	26	0	28.00
29.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	127	0	29.00
0		0	28,264,104			
E - INTERN & RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,732,024	0	0	1.00
0			3,732,024	0		
F - CAFETERIA						
1.00	DIETARY	10.00	1,184,318	997,094	0	1.00
0			1,184,318	997,094		
G - PHARMACY ADMIN COSTS						
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	37,320	7,052	0	1.00
2.00		0.00	0	0	0	2.00
0			37,320	7,052		
H - AUTO & BUILDING INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	370,382	12	1.00
0			0	370,382		
I - REHAB ADMIN COSTS						
1.00	PHYSICAL THERAPY	66.00	140,880	10,158	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
0			140,880	10,158		

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/24/2018 5:05 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
J - LAUNDRY						
1.00	ADM ITTING	5.04	0	3,557	0	1.00
2.00	OTHER ADM INI STRATIVE AND GENERAL	5.06	0	523	0	2.00
3.00	MAI NTENANCE & REPAI RS	6.00	0	22	0	3.00
4.00	HOUSEKEEPI NG	9.00	0	224,295	0	4.00
5.00	DI ETARY	10.00	0	15,759	0	5.00
6.00	CENTRAL SERVI CES & SUPPLY	14.00	0	446,503	0	6.00
7.00	ADULTS & PEDI ATRICS	30.00	0	292,016	0	7.00
8.00	INTENSIVE CARE UNI T	31.00	0	56,261	0	8.00
9.00	NEONATAL INTENSIVE CARE UNI T	35.00	0	6,857	0	9.00
10.00	SUBPROVI DER - IRF	41.00	0	14,918	0	10.00
11.00	OPERATI NG ROOM	50.00	0	52,980	0	11.00
12.00	RECOVERY ROOM	51.00	0	13,741	0	12.00
13.00	DELI VERY ROOM & LABOR ROOM	52.00	0	24,592	0	13.00
14.00	RADI OLOGY-DI AGNOSTIC	54.00	0	47,695	0	14.00
15.00	EKG AND EEG	57.00	0	12	0	15.00
16.00	CARDI AC CATHETERI ZATI ON	59.00	0	8,445	0	16.00
17.00	RESPI RATORY THERAPY	65.00	0	404	0	17.00
18.00	SLEEP LAB	65.01	0	20,705	0	18.00
19.00	PHYSI CAL THERAPY	66.00	0	16,846	0	19.00
20.00	ELECTROCARDI OLOGY	69.00	0	8,128	0	20.00
21.00	RENAL DI ALYSI S	74.00	0	1,188	0	21.00
22.00	CARDI AC REHABI LI TATI ON	76.97	0	75	0	22.00
23.00	PAIN CLI NIC	90.02	0	8,263	0	23.00
24.00	ONCOLOGY CLI NIC	90.03	0	23	0	24.00
25.00	EMERGENCY	91.00	0	87,936	0	25.00
26.00	PAVI LLION PHARMACY	194.02	0	8	0	26.00
27.00	WELLNESS CENTER	194.05	0	8,827	0	27.00
28.00	RENTAL PROPERTY	194.08	0	28	0	28.00
29.00	IU HEALTH HOSPI CE	194.11	0	20	0	29.00
30.00	CANCER CENTER BOUTIQUE	194.23	0	28	0	30.00
	O			1,360,655		
L - MISC PROPERTIES						
1.00		0.00	0	0	0	1.00
	O			0		
M - OP ONCOLOGY INFUSION						
1.00	ADULTS & PEDI ATRICS	30.00	194,118	17,243	0	1.00
	O		194,118	17,243		
P - LEGAL FEES						
1.00	PHARMACY	15.00	0	757	0	1.00
2.00	PHYSI CAL THERAPY	66.00	0	394	0	2.00
	O			1,151		
Q - NURSERY						
1.00	ADULTS & PEDI ATRICS	30.00	539,762	51,615	0	1.00
2.00	NEONATAL INTENSIVE CARE UNI T	35.00	252	35	0	2.00
3.00	DELI VERY ROOM & LABOR ROOM	52.00	31,111	2,995	0	3.00
	O		571,125	54,645		
R - OBSERVATION						
1.00		0.00	0	0	0	1.00
	O			0		
S - EMPLOYEE BENEFITS						
1.00	COMMUNI CATIONS	5.01	0	189,790	0	1.00
2.00	ADM ITTING	5.04	0	215,563	0	2.00
3.00	OTHER ADM INI STRATIVE AND GENERAL	5.06	0	599,357	0	3.00
4.00	MAI NTENANCE & REPAI RS	6.00	0	709,014	0	4.00
5.00	OPERATI ON OF PLANT	7.00	0	184,328	0	5.00
6.00	HOUSEKEEPI NG	9.00	0	962,929	0	6.00
7.00	DI ETARY	10.00	0	684,471	0	7.00
8.00	NURSI NG ADM INI STRATI ON	13.00	0	1,103,740	0	8.00
9.00	PHARMACY	15.00	0	834,303	0	9.00
10.00	I & R SERVI CES-OTHER PRGM COSTS APPRVD	22.00	0	802,944	0	10.00
11.00	PARAMED ED PRGM	23.00	0	8,645	0	11.00
12.00	ADULTS & PEDI ATRICS	30.00	0	3,933,477	0	12.00
13.00	INTENSIVE CARE UNI T	31.00	0	1,228,666	0	13.00
14.00	NEONATAL INTENSIVE CARE UNI T	35.00	0	369,212	0	14.00
15.00	SUBPROVI DER - IRF	41.00	0	264,620	0	15.00
16.00	OPERATI NG ROOM	50.00	0	978,828	0	16.00
17.00	RECOVERY ROOM	51.00	0	230,934	0	17.00
18.00	DELI VERY ROOM & LABOR ROOM	52.00	0	372,515	0	18.00
19.00	RADI OLOGY-DI AGNOSTIC	54.00	0	1,449,086	0	19.00
20.00	EKG AND EEG	57.00	0	40,751	0	20.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/24/2018 5:05 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
21.00	CARDIAC CATHETERIZATION	59.00	0	297,794	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	448,034	0	22.00	
23.00	SLEEP LAB	65.01	0	113,721	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	925,945	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	138,122	0	25.00	
26.00	SPEECH PATHOLOGY	68.00	0	83,322	0	26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	310,446	0	27.00	
28.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	277,688	0	28.00	
29.00	CARDIAC REHABILITATION	76.97	0	131,724	0	29.00	
30.00	HYPERBARIC OXYGEN THERAPY	76.98	0	97,605	0	30.00	
31.00	PAIN CLINIC	90.02	0	109,933	0	31.00	
32.00	ONCOLOGY CLINIC	90.03	0	111,929	0	32.00	
33.00	EMERGENCY	91.00	0	901,585	0	33.00	
34.00	AMBULANCE SERVICES	95.00	0	252,171	0	34.00	
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	39,501	0	35.00	
36.00	RESEARCH	191.00	0	125,878	0	36.00	
37.00	BSU PHARMACY	194.01	0	41,500	0	37.00	
38.00	PAVILLION PHARMACY	194.02	0	105,743	0	38.00	
39.00	WELLNESS CENTER	194.05	0	22,563	0	39.00	
40.00	JAY COUNTY HOSPITAL	194.16	0	22,001	0	40.00	
41.00	THERAPIES TO OTHER ENTITIES	194.22	0	268,727	0	41.00	
42.00	CANCER CENTER BOUTIQUE	194.23	0	1,104	0	42.00	
43.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	19,934	0	43.00	
	TOTAL			20,010,143			
T - CORPORATE TELEPHONE							
1.00	ADMINISTRATIVE	5.04	0	17	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	1,505	0	2.00	
3.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	93	0	3.00	
4.00	OPERATING ROOM	50.00	0	326	0	4.00	
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	595	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	679	0	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	0	760	0	7.00	
8.00	EMERGENCY	91.00	0	6,261	0	8.00	
	TOTAL			10,236			
U - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,887	9	1.00	
2.00	ADMINISTRATIVE	5.04	0	10,340	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	363,105	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	8,129,827	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	502,171	0	5.00	
6.00	HOUSEKEEPING	9.00	0	7,005	0	6.00	
7.00	DIETARY	10.00	0	92,327	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	130,797	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	54,481	0	9.00	
10.00	PHARMACY	15.00	0	312,483	0	10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	360,185	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	421,507	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	104,233	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	80,542	0	14.00	
15.00	SUBPROVIDER - IRF	41.00	0	20,202	0	15.00	
16.00	OPERATING ROOM	50.00	0	1,460,294	0	16.00	
17.00	RECOVERY ROOM	51.00	0	111,808	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	105,354	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,444,604	0	19.00	
20.00	EKG AND EEG	57.00	0	465	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	292,460	0	21.00	
22.00	LABORATORY	60.00	0	23,644	0	22.00	
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,630	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	117,062	0	24.00	
25.00	SLEEP LAB	65.01	0	117,614	0	25.00	
26.00	PHYSICAL THERAPY	66.00	0	24,519	0	26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	662	0	27.00	
28.00	SPEECH PATHOLOGY	68.00	0	2,408	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	393,393	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	8,178	0	30.00	
31.00	CARDIAC REHABILITATION	76.97	0	4,128	0	31.00	
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	35,251	0	32.00	
33.00	PAIN CLINIC	90.02	0	76,373	0	33.00	
34.00	ONCOLOGY CLINIC	90.03	0	5,292	0	34.00	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-6
Date/Time Prepared:
5/24/2018 5:05 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
35.00	EMERGENCY	91.00	0	588,070	0	35.00	
36.00	AMBULANCE SERVICES	95.00	0	154,532	0	36.00	
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	3,794	0	37.00	
38.00	RESEARCH	191.00	0	407	0	38.00	
39.00	WELLNESS CENTER	194.05	0	32,797	0	39.00	
40.00	RENTAL PROPERTY	194.08	0	166,060	0	40.00	
41.00	IU HEALTH HOSPICE	194.11	0	17	0	41.00	
42.00	CANCER CENTER BOUTIQUE	194.23	0	63	0	42.00	
0			0	17,761,971			
V - LEASE EXPENSE							
1.00	I & R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	15,337	10	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	451,046	0	2.00	
3.00	LABORATORY	60.00	0	5,881	0	3.00	
4.00	SLEEP LAB	65.01	0	164,041	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	329,232	0	5.00	
6.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	89,709	0	6.00	
7.00	ONCOLOGY CLINIC	90.03	0	14,251	0	7.00	
8.00	AMBULANCE SERVICES	95.00	0	26,868	0	8.00	
9.00	RENTAL PROPERTY	194.08	0	300,706	0	9.00	
0			0	1,397,071			
W - PTO USED AS STD							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	215	0	0	1.00	
2.00	COMMUNICATIONS	5.01	12,038	0	0	2.00	
3.00	ADMINISTRATIVE AND GENERAL	5.04	4,083	0	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	7,378	0	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	395	0	0	5.00	
6.00	OPERATION OF PLANT	7.00	1,794	0	0	6.00	
7.00	HOUSEKEEPING	9.00	12,916	0	0	7.00	
8.00	DIETARY	10.00	14,522	0	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	25,610	0	0	9.00	
10.00	PHARMACY	15.00	13,417	0	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	164,047	0	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	67,245	0	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	13,557	0	0	13.00	
14.00	SUBPROVIDER - IRF	41.00	7,861	0	0	14.00	
15.00	OPERATING ROOM	50.00	24,153	0	0	15.00	
16.00	RECOVERY ROOM	51.00	9,323	0	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	10,688	0	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	48,941	0	0	18.00	
19.00	EKG AND EEG	57.00	1,215	0	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	2,592	0	0	20.00	
21.00	SLEEP LAB	65.01	4,502	0	0	21.00	
22.00	PHYSICAL THERAPY	66.00	26,438	0	0	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	1,050	0	0	23.00	
24.00	SPEECH PATHOLOGY	68.00	7,874	0	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	10,225	0	0	25.00	
26.00	HYPERBARIC OXYGEN THERAPY	76.98	2,077	0	0	26.00	
27.00	PAIN CLINIC	90.02	466	0	0	27.00	
28.00	ONCOLOGY CLINIC	90.03	1,503	0	0	28.00	
29.00	EMERGENCY	91.00	24,898	0	0	29.00	
30.00	AMBULANCE SERVICES	95.00	786	0	0	30.00	
31.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,306	0	0	31.00	
32.00	RESEARCH	191.00	6,719	0	0	32.00	
33.00	THERAPIES TO OTHER ENTITIES	194.22	2,047	0	0	33.00	
0			531,881	0			
X - WASTE DISPOSAL							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	18,720	14	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	20,202	0	2.00	
3.00	HOUSEKEEPING	9.00	0	148,801	0	3.00	
4.00	OPERATING ROOM	50.00	0	1,079	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	378	0	5.00	
6.00	SLEEP LAB	65.01	0	897	0	6.00	
7.00	PHYSICAL THERAPY	66.00	0	304	0	7.00	
8.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	3,724	0	8.00	
9.00	PAIN CLINIC	90.02	0	1,068	0	9.00	
10.00	RENTAL PROPERTY	194.08	0	82,804	0	10.00	
0			0	277,977			

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	Y - UTILITIES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	91,853	14		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	3,239	0		2.00
3.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	100	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,901	0		4.00
5.00	SLEEP LAB	65.01	0	3,406	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	411	0		6.00
7.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,893	0		7.00
8.00	AMBULANCE SERVICES	95.00	0	2,465	0		8.00
9.00	PHYSICIAN PRACTICE CLINICS	194.06	0	11,757	0		9.00
10.00	RENTAL PROPERTY	194.08	0	440,052	0		10.00
11.00	IU HEALTH HOSPICE	194.11	0	3,606	0		11.00
	0		0	562,683			
	Z - BLACKFORD						
1.00		0.00	0	0	0		1.00
	0		0	0			
	AA - INTEREST EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	30	11		1.00
2.00	PHARMACY	15.00	0	1,349	0		2.00
3.00	AMBULANCE SERVICES	95.00	0	18	0		3.00
	0		0	1,397			
	AB - PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	67,176	5,139	0		1.00
	TOTALS		67,176	5,139			
	AC - PROPERTY TAX						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	556,424	13		1.00
2.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	326	0		2.00
	TOTALS		0	556,750			
500.00	Grand Total: Decreases		6,458,842	105,216,954			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0	0	0	1.00
2.00	Land Improvements	3,630,983	0	0	0	2.00
3.00	Buildings and Fixtures	268,259,948	0	0	15,513	3.00
4.00	Building Improvements	20,766,697	16,701,884	0	16,701,884	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	161,188,378	16,070,698	0	16,070,698	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	456,770,416	32,772,582	0	32,772,582	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	456,770,416	32,772,582	0	32,772,582	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0			1.00
2.00	Land Improvements	3,630,983	0			2.00
3.00	Buildings and Fixtures	268,244,435	0			3.00
4.00	Building Improvements	37,468,581	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	169,329,615	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	481,598,024	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	481,598,024	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,676,934	242,649	2,280,011	0	0	1.00
3.00	Total (sum of lines 1-2)	1,676,934	242,649	2,280,011	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	684,742	4,884,336			1.00	
3.00	Total (sum of lines 1-2)	684,742	4,884,336			3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	481,598,025	0	481,598,025	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	481,598,025	0	481,598,025	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	21,170,026	-432,263	1.00
3.00	Total (sum of lines 1-2)	0	0	0	21,170,026	-432,263	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,627,507	370,382	556,750	1,361,642	24,654,044	1.00
3.00	Total (sum of lines 1-2)	1,627,507	370,382	556,750	1,361,642	24,654,044	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-653,901	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-919,124			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	18,164,311			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,315,188	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 and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00	4.00
33.00 MI SCCELLANEOUS INCOME	B	-2,071,983	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.00
34.00 MI SCCELLANEOUS INCOME	B	-123,121	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00 MI SCCELLANEOUS INCOME	B	-116,650	COMMUNICATIONS	5.01	0	35.00
36.00 MI SCCELLANEOUS INCOME	B	-29,355	ADMINISTRATIVE	5.04	0	36.00
37.00 MI SCCELLANEOUS INCOME	B	-2,551,390	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.00
38.00 MI SCCELLANEOUS INCOME	B	-1,113,432	MAINTENANCE & REPAIRS	6.00	0	38.00
39.00 MI SCCELLANEOUS INCOME	B	-219,855	OPERATION OF PLANT	7.00	0	39.00
40.00 MI SCCELLANEOUS INCOME	B	-76,827	HOUSEKEEPING	9.00	0	40.00
41.00 MI SCCELLANEOUS INCOME	B	-449,101	DIETARY	10.00	0	41.00
42.00 MI SCCELLANEOUS INCOME	B	-226,652	NURSING ADMINISTRATION	13.00	0	42.00
43.00 MI SCCELLANEOUS INCOME	B	-872,288	PHARMACY	15.00	0	43.00
44.00 MI SCCELLANEOUS INCOME	B	-57,050	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	44.00
45.00 MI SCCELLANEOUS INCOME	B	-63,245	ADULTS & PEDIATRICS	30.00	0	45.00
45.01 MI SCCELLANEOUS INCOME	B	-402,881	OPERATING ROOM	50.00	0	45.01
45.02 MI SCCELLANEOUS INCOME	B	-12,710	DELIVERY ROOM & LABOR ROOM	52.00	0	45.02
45.03 MI SCCELLANEOUS INCOME	B	-1,069,661	RADIOLOGY-DIAGNOSTIC	54.00	0	45.03
45.04 MI SCCELLANEOUS INCOME	B	-93,866	EKG AND EEG	57.00	0	45.04
45.05 MI SCCELLANEOUS INCOME	B	-35,265	CARDIAC CATHETERIZATION	59.00	0	45.05
45.06 MI SCCELLANEOUS INCOME	B	-73,201	SLEEP LAB	65.01	0	45.06
45.07 MI SCCELLANEOUS INCOME	B	-1,562,232	PHYSICAL THERAPY	66.00	0	45.07
45.08 MI SCCELLANEOUS INCOME	B	-71,331	OCCUPATIONAL THERAPY	67.00	0	45.08
45.09 MI SCCELLANEOUS INCOME	B	-53,780	SPEECH PATHOLOGY	68.00	0	45.09
45.10 MI SCCELLANEOUS INCOME	B	-84,119	ELECTROCARDIOLOGY	69.00	0	45.10
45.11 MI SCCELLANEOUS INCOME	B	-587,983	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	45.11
45.12 MI SCCELLANEOUS INCOME	B	-48,206	CARDIAC REHABILITATION	76.97	0	45.12
45.13 MI SCCELLANEOUS INCOME	B	-126,542	EMERGENCY	91.00	0	45.13
45.14 MI SCCELLANEOUS INCOME	B	-12,324	AMBULANCE SERVICES	95.00	0	45.14
45.15 NON-ALLOWABLE MARKETING	A	-1,593,238	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.15
45.16 NON-ALLOWABLE MARKETING	A	-44	SLEEP LAB	65.01	0	45.16
45.17 CORPORATE TELEPHONE	A	-10,236	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.17
45.18 EMPLOYEE BENEFITS OFFSET	A	-20,265,577	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.18
45.19 HAF FEES	A	-16,941,098	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.19
45.20 TV DEPRECIATION	A	-961	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.20
45.21 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-369	OTHER ADMINISTRATIVE AND GENERAL	5.06	9	45.21
45.22 PTO ACCRUAL	A	-378,914	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.22
45.23 NON-ALLOWABLE MARKETING	A	-100	NURSING ADMINISTRATION	13.00	0	45.23
45.24 LOSS ON EXTINGUISHMENT OF DEBT CARRY	A	787,473	NEW CAP REL COSTS-BLDG & FIXT	1.00	14	45.24
45.25 MI SCCELLANEOUS INCOME	B	-258,294	BSU PHARMACY	194.01	0	45.25
45.26 MI SCCELLANEOUS INCOME	B	-7,066	IU HEALTH HOSPICE	194.11	0	45.26
45.27 MI SCCELLANEOUS INCOME	B	-2,119	RESEARCH	191.00	0	45.27
45.28 MI SCCELLANEOUS INCOME	B	-1,038,889	THERAPIES TO OTHER ENTITIES	194.22	0	45.28
45.29 MI SCCELLANEOUS INCOME	B	-3	CENTRAL SERVICES & SUPPLY	14.00	0	45.29
45.30 MI SCCELLANEOUS INCOME	B	-21,979	INTENSIVE CARE UNIT	31.00	0	45.30
45.31 MI SCCELLANEOUS INCOME	B	-10,213	NEONATAL INTENSIVE CARE UNIT	35.00	0	45.31
45.32 MI SCCELLANEOUS INCOME	B	-2,236	RECOVERY ROOM	51.00	0	45.32
45.33 MI SCCELLANEOUS INCOME	B	-1,939	PAVILLION PHARMACY	194.02	0	45.33
45.34 MI SCCELLANEOUS INCOME	B	-180,421	BLACKFORD COMMUNITY HOSPITAL	194.26	0	45.34
45.35 MI SCCELLANEOUS INCOME	B	-276	SUBPROVIDER - IRF	41.00	0	45.35
45.36 MI SCCELLANEOUS INCOME	B	-27,078	RESPIRATORY THERAPY	65.00	0	45.36
45.37 MI SCCELLANEOUS INCOME	B	-3,474	HYPERBARIC OXYGEN THERAPY	76.98	0	45.37
45.38 NON-ALLOWABLE MARKETING	A	257	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	45.38
45.39 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-3,400	RECOVERY ROOM	51.00	0	45.39
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-36,889,146				50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8

Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- A. Costs - if cost, including applicable overhead, can be determined.
 - B. Amount Received - if cost cannot be determined.
 - (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0089

Period: From 01/01/2017 To 12/31/2017

Worksheet A-8-1

Date/Time Prepared: 5/24/2018 5:05 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	4,552,126	2,820,044 1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	16,805,875	413,031 2.00
3.00	5.02	DATA PROCESSING	HOME OFFICE	11,797,428	0 3.00
4.00	5.04	ADMITTING	HOME OFFICE	6,705,405	0 4.00
4.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	5,464,842	0 4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	23,706,639	47,634,929 4.02
4.03	13.00	NURSING ADMINISTRATION	RELATED PARTY	370,944	370,944 4.03
4.04	22.00	I&R SERVICES-OTHER PRGM COST	RELATED PARTY	2,083,407	2,083,407 4.04
4.05	30.00	ADULTS & PEDIATRICS	RELATED PARTY	12,087	12,087 4.05
4.06	31.00	INTENSIVE CARE UNIT	RELATED PARTY	2,034	2,034 4.06
4.07	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	75,000	75,000 4.07
4.08	41.00	SUBPROVIDER - IRF	RELATED PARTY	360,030	360,030 4.08
4.09	50.00	OPERATING ROOM	RELATED PARTY	409,496	409,496 4.09
4.10	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	2,216,178	2,216,178 4.10
4.11	59.00	CARDIAC CATHETERIZATION	RELATED PARTY	20,191	20,191 4.11
4.12	60.00	LABORATORY	RELATED PARTY	9,563,414	9,563,414 4.12
4.13	65.01	SLEEP LAB	RELATED PARTY	164,041	164,041 4.13
4.14	66.00	PHYSICAL THERAPY	RELATED PARTY	247,860	247,860 4.14
4.15	69.00	ELECTROCARDIOLOGY	RELATED PARTY	7,200	7,200 4.15
4.16	73.01	HOSPITAL BASED RETAIL PHARMA	RELATED PARTY	172,911	172,911 4.16
4.17	90.02	PAIN CLINIC	RELATED PARTY	24,827	24,827 4.17
4.18	91.00	EMERGENCY	RELATED PARTY	2,322,247	2,322,247 4.18
4.19	95.00	AMBULANCE SERVICES	RELATED PARTY	107,448	107,448 4.19
4.20	191.00	RESEARCH	RELATED PARTY	7,444	7,444 4.20
4.21	194.08	RENTAL PROPERTY	RELATED PARTY	268,837	268,837 4.21
5.00	0		0	87,467,911	69,303,600 5.00

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

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

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

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

6.00	B		0.00	U HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-1

Date/Time Prepared:
5/24/2018 5:05 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,732,082	9		1.00
2.00	16,392,844	0		2.00
3.00	11,797,428	0		3.00
4.00	6,705,405	0		4.00
4.01	5,464,842	0		4.01
4.02	-23,928,290	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
5.00	18,164,311			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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet A-8-2

Date/Time Prepared:
5/24/2018 5:05 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	883	883	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	519,133	156,020	363,113	211,500	5,781	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	75,000	75,000	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	1,936,621	686,621	1,250,000	271,900	17,520	4.00
5.00	65.00	RESPIRATORY THERAPY	600	600	0	0	0	5.00
6.00	91.00	EMERGENCY	2,184,519	0	2,184,519	211,500	33,945	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,716,756	919,124	3,797,632		57,246	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	587,828	29,391	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	2,290,235	114,512	0	0	0	4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	3,451,619	172,581	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			6,329,682	316,484	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	883		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	587,828	0	156,020		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	75,000		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	2,290,235	0	686,621		4.00
5.00	65.00	RESPIRATORY THERAPY	0	0	0	600		5.00
6.00	91.00	EMERGENCY	0	3,451,619	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	6,329,682	0	919,124		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period: From 01/01/2017 To 12/31/2017

Worksheet B Part I Date/Time Prepared: 5/24/2018 5:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,654,044	24,654,044				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,622,818	75,000	17,697,818			4.00
5.01 01160	COMMUNICATIONS	532,976	20,867	84,143	637,986		5.01
5.02 00550	DATA PROCESSING	11,797,428	0	0	0	11,797,428	5.02
5.04 00570	ADMITTING	7,727,459	61,557	160,478	10,354	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	5,464,842	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	32,496,496	811,679	960,320	14,730	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	7,681,382	12,475,555	485,027	21,944	0	6.00
7.00 00700	OPERATION OF PLANT	6,056,223	924,276	209,736	8,474	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,360,655	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,856,075	211,445	434,925	32,676	0	9.00
10.00 01000	DIETARY	1,672,666	144,274	226,659	13,630	0	10.00
11.00 01100	CAFETERIA	866,224	200,203	198,942	14,532	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,556,657	243,847	908,180	26,621	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,195,006	223,300	0	0	0	14.00
15.00 01500	PHARMACY	4,913,465	94,571	806,286	21,992	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,732,024	0	626,905	23,179	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,335,969	256,565	41,735	2,727	0	22.00
23.00 02300	PARAMED PRGM	147,471	1,351	22,870	531	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	27,059,117	2,109,311	3,441,114	128,800	1,411,326	30.00
31.00 03100	INTENSIVE CARE UNIT	7,954,263	387,605	1,110,398	34,946	394,309	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	1,930,854	71,726	295,486	8,782	98,329	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	2,055,438	139,259	252,568	8,140	72,206	41.00
43.00 04300	NURSERY	625,770	54,077	95,938	2,946	41,214	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	6,266,637	454,957	825,879	30,653	1,079,832	50.00
51.00 05100	RECOVERY ROOM	1,591,732	113,391	245,303	8,484	126,600	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,029,536	177,665	311,136	9,664	189,876	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,737,579	853,177	1,410,090	42,496	1,549,838	54.00
57.00 03280	EKG AND EEG	75,537	0	26,402	1,728	24,248	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,010,417	195,579	289,607	8,481	655,356	59.00
60.00 06000	LABORATORY	9,687,571	44,548	0	19,654	702,866	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,247,033	0	0	0	44,116	63.00
65.00 06500	RESPIRATORY THERAPY	3,362,438	64,789	527,513	17,547	145,164	65.00
65.01 06501	SLEEP LAB	411,594	0	72,785	2,793	57,434	65.01
66.00 06600	PHYSICAL THERAPY	3,605,796	43,169	773,908	23,533	125,644	66.00
67.00 06700	OCCUPATIONAL THERAPY	785,765	33,488	133,243	3,994	40,620	67.00
68.00 06800	SPEECH PATHOLOGY	391,283	8,010	68,301	2,030	20,015	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	1,168,072	256,899	204,026	8,869	351,527	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,003,772	0	0	0	356,756	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	13,844,516	0	0	0	731,958	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	27,589,201	0	0	0	1,544,157	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	9,342,066	0	276,001	6,839	60,930	73.01
74.00 07400	RENAL DIALYSIS	1,278,417	40,648	0	0	26,083	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	584,128	0	87,248	3,612	26,953	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,222,283	1,045	84,668	2,807	103,218	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	445,130	312,633	66,667	2,845	55,604	90.02
90.03 09003	ONCOLOGY CLINIC	942,386	14,863	145,532	4,438	209,057	90.03
91.00 09100	EMERGENCY	9,738,952	462,424	969,773	33,239	1,495,491	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	1,783,491	41,651	243,158	11,715	56,701	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	309,440,654	21,625,404	17,122,950	620,425	11,797,428	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	714,222	0	23,005	1,558	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
191.00 19100 RESEARCH	740,887	21,620		105,966	3,793	0	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.00
194.01 07951 BSU PHARMACY	-14,822	0		37,845	954	0	194.01
194.02 07952 PAVILLION PHARMACY	6,415,586	39,478		116,349	3,411	0	194.02
194.03 07953 VENDING	0	0		0	0	0	194.03
194.04 07954 CARELINE	0	0		0	0	0	194.04
194.05 07955 WELLNESS CENTER	40,727	70,667		4,855	291	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	16,403	282,781		0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0		0	0	0	194.07
194.08 07958 RENTAL PROPERTY	609,576	1,853,428		0	0	0	194.08
194.09 07959 ADVERTISING	0	0		0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	163,971		0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	-3,631	53,770		0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0		0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	62,769		0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	223,066	0		35,656	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0		0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0		0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0		0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0		0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0		0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	381,025	0		220,775	6,846	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	120,526	11,868		2,394	208	0	194.23
194.24 07974 BOSCH BALL OUTPATIENT SURGERY	0	344,965		0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	121	123,323		0	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0		28,023	500	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0		0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	69	0		0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0		0	0	0	194.32
194.33 07983 LAB CORP	0	0		0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0		0	0	0	194.34
194.35 07985 LEASED SPACE	0	0		0	0	0	194.35
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers		0		0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	318,684,409	24,654,044		17,697,818	637,986	11,797,428	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/24/2018 5:05 pm	
Cost Center Description	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.04 00570	ADMINISTRATIVE	7,959,848				5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	5,464,842			5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	34,283,225	34,283,225	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	20,663,908	2,490,931	23,154,839
7.00 00700	OPERATION OF PLANT	0	0	7,198,709	867,768	1,909,245
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	1,360,655	164,020	0
9.00 00900	HOUSEKEEPING	0	0	3,535,121	426,141	436,775
10.00 01000	DIETARY	0	0	2,057,229	247,989	298,022
11.00 01100	CAFETERIA	0	0	1,279,901	154,286	413,553
13.00 01300	NURSING ADMINISTRATION	0	0	7,735,305	932,452	503,705
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	10,418,306	1,255,875	461,262
15.00 01500	PHARMACY	0	0	5,836,314	703,538	195,353
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,382,108	528,241	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,636,996	438,422	529,977
23.00 02300	PARAMEDICAL PRGM	0	0	172,223	20,761	2,791
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	952,265	653,813	35,755,746	4,310,262	4,357,129
31.00 03100	INTENSIVE CARE UNIT	266,052	182,668	10,330,241	1,245,259	800,662
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	66,346	45,552	2,517,075	303,421	148,162
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IIRF	48,720	33,450	2,609,781	314,596	287,663
43.00 04300	NURSERY	27,808	19,093	866,846	104,494	111,704
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	728,596	500,245	9,886,799	1,191,804	939,789
51.00 05100	RECOVERY ROOM	85,421	58,649	2,229,580	268,765	234,228
52.00 05200	DELIVERY ROOM & LABOR ROOM	128,115	87,962	2,933,954	353,673	366,995
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,045,481	717,528	16,356,189	1,971,657	1,762,378
57.00 03280	EKG AND EEG	16,361	11,233	155,509	18,746	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	442,189	303,601	3,905,230	470,756	404,000
60.00 06000	LABORATORY	474,245	325,611	11,254,495	1,356,673	92,022
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	29,767	20,437	1,341,353	161,693	0
65.00 06500	RESPIRATORY THERAPY	97,947	67,249	4,282,647	516,252	133,832
65.01 06501	SLEEP LAB	38,753	26,607	609,966	73,528	0
66.00 06600	PHYSICAL THERAPY	84,776	58,206	4,715,032	568,374	89,174
67.00 06700	OCCUPATIONAL THERAPY	27,408	18,818	1,043,336	125,769	69,175
68.00 06800	SPEECH PATHOLOGY	13,505	9,272	512,416	61,769	16,546
68.01 06801	AUDIOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	237,186	162,849	2,389,428	288,034	530,667
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	240,714	165,271	10,766,513	1,297,849	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	493,875	339,088	15,409,437	1,857,531	0
73.00 07300	DRUGS CHARGED TO PATIENTS	1,041,891	715,349	30,890,598	3,723,707	0
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	41,111	28,227	9,755,174	1,175,937	0
74.00 07400	RENAL DIALYSIS	17,599	12,083	1,374,830	165,729	83,965
76.00 03160	CARDIOPULMONARY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	18,186	12,486	732,613	88,313	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	69,644	47,817	1,531,482	184,612	2,158
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.02 09002	PAIN CLINIC	37,518	25,759	946,156	114,054	645,796
90.03 09003	ONCOLOGY CLINIC	141,057	96,848	1,554,181	187,349	30,703
91.00 09100	EMERGENCY	1,009,054	692,804	14,401,737	1,736,057	955,213
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	38,258	26,267	2,201,241	265,349	86,037
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,959,848	5,464,842	305,819,585	32,732,436	16,898,681
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	738,785	89,057	0
191.00 19100	RESEARCH	0	0	872,266	105,147	44,659
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 07951	BSU PHARMACY	0	0	23,977	2,890	0
194.02 07952	PAVILLION PHARMACY	0	0	6,574,824	792,562	81,548

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A.05	5.06	6.00	
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	116,540	14,048	145,975	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	299,184	36,065	584,131	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	2,463,004	296,903	3,828,562	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	163,971	19,766	338,710	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	50,139	6,044	111,071	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	62,769	7,566	129,660	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	258,722	31,188	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	608,646	73,369	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	134,996	16,273	24,516	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	344,965	41,584	712,582	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	123,444	14,881	254,744	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	28,523	3,438	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	69	8	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	7,959,848	5,464,842	318,684,409	34,283,225	23,154,839	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	9,975,722				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		1,524,675			8.00	
9.00	00900	HOUSEKEEPING	205,085	21	4,603,143		9.00	
10.00	01000	DIETARY	139,934	31	8,922	2,752,127	10.00	
11.00	01100	CAFETERIA	194,181	44	47,159	0	11.00	
13.00	01300	NURSING ADMINISTRATION	236,511	0	18,800	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	216,582	0	19,756	0	14.00	
15.00	01500	PHARMACY	91,727	245	22,305	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	248,847	0	4,461	0	22.00	
23.00	02300	PARAMED PRGM	1,311	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,045,862	695,545	2,071,510	2,145,638	515,816	30.00
31.00	03100	INTENSIVE CARE UNIT	375,945	127,601	340,313	206,763	139,953	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	69,568	12,395	16,570	0	35,172	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	135,070	34,427	208,234	138,469	32,602	41.00
43.00	04300	NURSERY	52,450	14,256	49,709	0	11,798	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	441,272	116,578	257,465	0	122,763	50.00
51.00	05100	RECOVERY ROOM	109,980	37,000	15,295	0	33,977	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	172,320	62,184	244,719	0	38,702	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	827,512	108,348	225,123	0	170,192	54.00
57.00	03280	EKG AND EEG	0	12	0	0	6,921	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	189,695	22,414	117,899	0	33,963	59.00
60.00	06000	LABORATORY	43,208	0	115,987	0	78,711	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	582	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	62,840	508	18,481	0	70,275	65.00
65.01	06501	SLEEP LAB	0	10	0	0	11,187	65.01
66.00	06600	PHYSICAL THERAPY	41,871	5,304	75,837	0	94,247	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,481	0	4,461	0	15,995	67.00
68.00	06800	SPEECH PATHOLOGY	7,769	0	4,461	0	8,130	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	249,171	20,198	0	0	35,520	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	8,922	0	27,390	73.01
74.00	07400	RENAL DIALYSIS	39,425	2,755	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	128	36,326	0	14,466	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,013	0	0	0	11,242	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	303,229	0	4,461	0	11,395	90.02
90.03	09003	ONCOLOGY CLINIC	14,416	5,978	0	0	17,774	90.03
91.00	09100	EMERGENCY	448,513	239,545	550,618	0	133,116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	40,398	0	0	0	46,915	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,038,186	1,506,109	4,487,794	2,490,870	2,018,793	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	6,240	190.00
191.00	19100	RESEARCH	20,969	0	0	0	15,189	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	37,600	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	3,822	194.01
194.02	07952	PAVILLION PHARMACY	38,290	0	0	0	13,660	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	68,542	18,520	50,983	0	1,167	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	274,275	0	8,922	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	1,797,675	0	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	159,039	0	0	141,281	0	194.10
194.11	07961 IU HEALTH HOSPICE	52,153	46	17,844	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	60,881	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	27,418	194.22
194.23	07973 CANCER CENTER BOUTIQUE	11,511	0	0	0	834	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	334,588	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	119,613	0	0	119,976	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	2,001	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	9,975,722	1,524,675	4,603,143	2,752,127	2,089,124	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 01160 COMMUNICATIONS							5.01
5.02 00550 DATA PROCESSING							5.02
5.04 00570 ADMITTING							5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION	9,533,388						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	12,371,781					14.00
15.00 01500 PHARMACY	0	56,937	6,994,496				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	5,003,179		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	524	0	0	0		22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	4,587,646	710,752	50,894	0	2,829,668		30.00
31.00 03100 INTENSIVE CARE UNIT	1,278,711	301,529	13,613	0	615,145		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	82,019		32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	311,821	42,127	1,601	0	0		35.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	287,746	16,735	791	0	0		41.00
43.00 04300 NURSERY	104,517	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	374,099	1,253,048	19,546	0	272,714		50.00
51.00 05100 RECOVERY ROOM	341,662	65,230	9,909	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	321,624	72,819	4,792	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	261,653	196,513	12,658	0	137,382		54.00
57.00 03280 EKG AND EEG	0	1,418	1	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	186,112	15,797	4,267	0	0		59.00
60.00 06000 LABORATORY	0	0	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	413,128	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	101,681	241	0	174,291		65.00
65.01 06501 SLEEP LAB	0	16,233	0	0	0		65.01
66.00 06600 PHYSICAL THERAPY	1,153	13,980	4	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,719	8	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	431	0	0	0		68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	7,623	2	0	246,058		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,579,370	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	4,953,603	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	6,827,576	0	0		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	201	0	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	6,740	2,262	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	8,506	3,109	1	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	92,119	35,031	10	0	0		76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.02 09002 PAIN CLINIC	49,159	32,649	234	0	126,105		90.02
90.03 09003 ONCOLOGY CLINIC	148,630	65,048	7,110	0	98,423		90.03
91.00 09100 EMERGENCY	1,095,482	380,490	38,666	0	415,223		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	20,166	301	0	0		95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE	0	0	0	0	0		113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	9,450,640	12,369,631	6,994,487	0	4,997,028		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	457	0	0	0		190.00
191.00 19100 RESEARCH	76,405	233	6	0	6,151		191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
					SERVICES-SALAR Y & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
194.01 07951 BSU PHARMACY	0	0	0	0	0	0
194.02 07952 PAVILLION PHARMACY	0	1,029	0	0	0	0
194.03 07953 VENDING	0	0	0	0	0	0
194.04 07954 CARELINE	0	0	0	0	0	0
194.05 07955 WELLNESS CENTER	0	89	0	0	0	0
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0
194.08 07958 RENTAL PROPERTY	0	0	0	0	0	0
194.09 07959 ADVERTISING	0	0	0	0	0	0
194.10 07960 INTEGRAL TAC	0	0	0	0	0	0
194.11 07961 IU HEALTH HOSPICE	0	65	0	0	0	0
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	0
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	0
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	0
194.23 07973 CANCER CENTER BOUTIQUE	0	269	0	0	0	0
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	8	3	0	0	0
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	6,343	0	0	0	0	0
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0
194.33 07983 LAB CORP	0	0	0	0	0	0
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0
194.35 07985 LEASED SPACE	0	0	0	0	0	0
200.00 Cross Foot Adjustments						
201.00 Negative Cost Centers	0	0	0	0	0	0
202.00 TOTAL (sum lines 118 through 201)	9,533,388	12,371,781	6,994,496	0	5,003,179	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	SERVICES-OTHER PRGM COSTS						
	22.00	23.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 01160 COMMUNICATIONS						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00	
15.00 01500 PHARMACY						15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,870,150					22.00	
23.00 02300 PARAMED PRGM		199,212				23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	2,754,427	0	62,830,895	-5,584,095	57,246,800	30.00	
31.00 03100 INTENSIVE CARE UNIT	598,789	0	16,374,524	-1,213,934	15,160,590	31.00	
32.00 03200 CORONARY CARE UNIT	79,839	0	161,858	-161,858	0	32.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	3,457,912	0	3,457,912	35.00	
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	0	0	4,066,114	0	4,066,114	41.00	
43.00 04300 NURSERY	0	0	1,315,774	0	1,315,774	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	265,463	0	15,141,340	-538,177	14,603,163	50.00	
51.00 05100 RECOVERY ROOM	0	0	3,345,626	0	3,345,626	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	4,571,782	0	4,571,782	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	133,730	0	22,163,335	-271,112	21,892,223	54.00	
57.00 03280 EKG AND EEG	0	0	182,607	0	182,607	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	5,350,133	0	5,350,133	59.00	
60.00 06000 LABORATORY	0	0	12,941,096	0	12,941,096	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	1,916,756	0	1,916,756	63.00	
65.00 06500 RESPIRATORY THERAPY	169,657	0	5,530,705	-343,948	5,186,757	65.00	
65.01 06501 SLEEP LAB	0	0	710,924	0	710,924	65.01	
66.00 06600 PHYSICAL THERAPY	0	0	5,604,976	0	5,604,976	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,297,944	0	1,297,944	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	611,522	0	611,522	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	239,516	0	4,006,217	-485,574	3,520,643	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	15,643,732	0	15,643,732	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	22,220,571	0	22,220,571	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	199,212	41,641,093	0	41,641,093	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	10,967,624	0	10,967,624	73.01	
74.00 07400 RENAL DIALYSIS	0	0	1,675,706	0	1,675,706	74.00	
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	883,462	0	883,462	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	1,857,667	0	1,857,667	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.02 09002 PAIN CLINIC	122,752	0	2,355,990	-248,857	2,107,133	90.02	
90.03 09003 ONCOLOGY CLINIC	95,806	0	2,225,418	-194,229	2,031,189	90.03	
91.00 09100 EMERGENCY	404,183	0	20,798,843	-819,406	19,979,437	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	2,660,407	0	2,660,407	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,864,162	199,212	294,512,553	-9,861,190	284,651,363	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	834,539	0	834,539	190.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
191.00 19100 RESEARCH	5,988	0	1,147,013	-12,139	1,134,874	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	37,600	0	37,600	194.00
194.01 07951 BSU PHARMACY	0	0	30,689	0	30,689	194.01
194.02 07952 PAVILLION PHARMACY	0	0	7,501,913	0	7,501,913	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	415,864	0	415,864	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	1,202,577	0	1,202,577	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	8,386,144	0	8,386,144	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	0	822,767	0	822,767	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	237,362	0	237,362	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	260,876	0	260,876	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	289,910	0	289,910	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	709,433	0	709,433	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	188,399	0	188,399	194.23
194.24 07974 BOSCBALL OUTPATIENT SURGERY	0	0	1,433,719	0	1,433,719	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	632,669	0	632,669	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	40,305	0	40,305	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	77	0	77	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	4,870,150	199,212	318,684,409	-9,873,329	308,811,080	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	75,000	75,000	75,000		4.00
5.01 01160	COMMUNICATIONS	0	20,867	20,867	357	21,224	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04 00570	ADMITTING	0	61,557	61,557	680	344	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	811,679	811,679	4,070	490	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	12,475,555	12,475,555	2,056	730	6.00
7.00 00700	OPERATION OF PLANT	0	924,276	924,276	889	282	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	211,445	211,445	1,843	1,087	9.00
10.00 01000	DIETARY	0	144,274	144,274	961	453	10.00
11.00 01100	CAFETERIA	0	200,203	200,203	843	483	11.00
13.00 01300	NURSING ADMINISTRATION	0	243,847	243,847	3,849	886	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	223,300	223,300	0	0	14.00
15.00 01500	PHARMACY	0	94,571	94,571	3,418	732	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,657	771	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	256,565	256,565	177	91	22.00
23.00 02300	PARAMED ED PRGM	0	1,351	1,351	97	18	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,109,311	2,109,311	14,568	4,282	30.00
31.00 03100	INTENSIVE CARE UNIT	0	387,605	387,605	4,707	1,163	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	71,726	71,726	1,252	292	35.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	139,259	139,259	1,071	271	41.00
43.00 04300	NURSERY	0	54,077	54,077	407	98	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	454,957	454,957	3,501	1,020	50.00
51.00 05100	RECOVERY ROOM	0	113,391	113,391	1,040	282	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	177,665	177,665	1,319	321	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	853,177	853,177	5,977	1,414	54.00
57.00 03280	EKG AND EEG	0	0	0	112	57	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	195,579	195,579	1,228	282	59.00
60.00 06000	LABORATORY	0	44,548	44,548	0	654	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	64,789	64,789	2,236	584	65.00
65.01 06501	SLEEP LAB	0	0	0	309	93	65.01
66.00 06600	PHYSICAL THERAPY	0	43,169	43,169	3,280	783	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	33,488	33,488	565	133	67.00
68.00 06800	SPEECH PATHOLOGY	0	8,010	8,010	289	68	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	256,899	256,899	865	295	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	1,170	228	73.01
74.00 07400	RENAL DIALYSIS	0	40,648	40,648	0	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	370	120	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	1,045	1,045	359	93	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	0	312,633	312,633	283	95	90.02
90.03 09003	ONCOLOGY CLINIC	0	14,863	14,863	617	148	90.03
91.00 09100	EMERGENCY	0	462,424	462,424	4,110	1,106	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	41,651	41,651	1,031	390	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	21,625,404	21,625,404	72,563	20,639	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	98	52	190.00
191.00 19100	RESEARCH	0	21,620	21,620	449	126	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	0	160	32	194.01
194.02 07952 PAVILLION PHARMACY	0	39,478	39,478	39,478	493	113	194.02
194.03 07953 VENDING	0	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	70,667	70,667	70,667	21	10	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	282,781	282,781	282,781	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,853,428	1,853,428	1,853,428	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	163,971	163,971	163,971	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	53,770	53,770	53,770	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	62,769	62,769	62,769	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	151	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	936	228	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	11,868	11,868	11,868	10	7	194.23
194.24 07974 BOSCH BALL OUTPATIENT SURGERY	0	344,965	344,965	344,965	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	123,323	123,323	123,323	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	119	17	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers			0			201.00
202.00	TOTAL (sum lines 118 through 201)	0	24,654,044	24,654,044	75,000	21,224	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 5:05 pm		
Cost Center Description			DATA PROCESSING	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
			5.02	5.04	5.05	5.06	6.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	0				5.02
5.04	00570	ADMITTING	0	62,581			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	816,239	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	59,305	12,537,646
7.00	00700	OPERATION OF PLANT	0	0	0	20,660	1,033,799
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,905	0
9.00	00900	HOUSEKEEPING	0	0	0	10,146	236,500
10.00	01000	DIETARY	0	0	0	5,904	161,370
11.00	01100	CAFETERIA	0	0	0	3,673	223,927
13.00	01300	NURSING ADMINISTRATION	0	0	0	22,200	272,741
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	29,901	249,759
15.00	01500	PHARMACY	0	0	0	16,750	105,778
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	12,577	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	10,438	286,966
23.00	02300	PARAMED ED PRGM	0	0	0	494	1,511
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	7,588	0	102,629	2,359,256
31.00	03100	INTENSIVE CARE UNIT	0	2,120	0	29,648	433,534
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	529	0	7,224	80,225
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	388	0	7,490	155,761
43.00	04300	NURSERY	0	222	0	2,488	60,484
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	5,806	0	28,375	508,867
51.00	05100	RECOVERY ROOM	0	681	0	6,399	126,827
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,021	0	8,420	198,717
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,485	0	46,942	954,274
57.00	03280	EKG AND EEG	0	130	0	446	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	3,523	0	11,208	218,754
60.00	06000	LABORATORY	0	3,779	0	32,300	49,827
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	237	0	3,850	0
65.00	06500	RESPIRATORY THERAPY	0	780	0	12,291	72,466
65.01	06501	SLEEP LAB	0	309	0	1,751	0
66.00	06600	PHYSICAL THERAPY	0	676	0	13,532	48,285
67.00	06700	OCCUPATIONAL THERAPY	0	218	0	2,994	37,456
68.00	06800	SPEECH PATHOLOGY	0	108	0	1,471	8,959
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	1,890	0	6,858	287,340
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,918	0	30,900	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,935	0	44,225	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,302	0	88,656	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	328	0	27,997	0
74.00	07400	RENAL DIALYSIS	0	140	0	3,946	45,465
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	145	0	2,103	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	555	0	4,395	1,169
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	PAIN CLINIC	0	299	0	2,715	349,679
90.03	09003	ONCOLOGY CLINIC	0	1,124	0	4,460	16,625
91.00	09100	EMERGENCY	0	8,040	0	41,333	517,219
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	305	0	6,318	46,586
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	62,581	0	779,317	9,150,126
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	2,120	0
191.00	19100	RESEARCH	0	0	0	2,503	24,181
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	0	69	0
194.02	07952	PAVILLION PHARMACY	0	0	0	18,870	44,156

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.02	5.04	5.05	5.06	6.00	
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	0	334	79,041	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	859	316,289	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	0	7,069	2,073,050	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	0	471	183,401	194.10
194.11 07961 IU HEALTH HOSPIECE	0	0	0	144	60,142	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	180	70,207	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	743	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	1,747	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	0	387	13,275	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	990	385,842	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	354	137,936	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	82	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	62,581	0	816,239	12,537,646	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/24/2018 5:05 pm	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	1,979,906					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,905				8.00
9.00	00900	HOUSEKEEPING	40,704	0	501,725			9.00
10.00	01000	DIETARY	27,773	0	972	341,707		10.00
11.00	01100	CAFETERIA	38,540	0	5,140	0	472,809	11.00
13.00	01300	NURSING ADMINISTRATION	46,941	0	2,049	0	24,129	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,986	0	2,153	0	0	14.00
15.00	01500	PHARMACY	18,205	1	2,431	0	19,934	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21,009	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	49,389	0	486	0	2,472	22.00
23.00	02300	PARAMED PRGM	260	0	0	0	481	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	406,043	1,781	225,792	266,404	116,736	30.00
31.00	03100	INTENSIVE CARE UNIT	74,615	327	37,093	25,672	31,674	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,807	32	1,806	0	7,960	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	26,808	88	22,697	17,193	7,378	41.00
43.00	04300	NURSERY	10,410	37	5,418	0	2,670	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,580	299	28,063	0	27,784	50.00
51.00	05100	RECOVERY ROOM	21,828	95	1,667	0	7,690	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	34,201	159	26,673	0	8,759	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	164,238	278	24,537	0	38,518	54.00
57.00	03280	EKG AND EEG	0	0	0	0	1,566	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	37,649	57	12,850	0	7,687	59.00
60.00	06000	LABORATORY	8,576	0	12,642	0	17,814	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	12,472	1	2,014	0	15,905	65.00
65.01	06501	SLEEP LAB	0	0	0	0	2,532	65.01
66.00	06600	PHYSICAL THERAPY	8,310	14	8,266	0	21,330	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,447	0	486	0	3,620	67.00
68.00	06800	SPEECH PATHOLOGY	1,542	0	486	0	1,840	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	49,454	52	0	0	8,039	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	972	0	6,199	73.01
74.00	07400	RENAL DIALYSIS	7,825	7	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	3,959	0	3,274	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	201	0	0	0	2,544	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	60,183	0	486	0	2,579	90.02
90.03	09003	ONCOLOGY CLINIC	2,861	15	0	0	4,023	90.03
91.00	09100	EMERGENCY	89,018	614	60,015	0	30,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,018	0	0	0	10,618	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,396,884	3,858	489,153	309,269	456,891	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,412	190.00
191.00	19100	RESEARCH	4,162	0	0	0	3,438	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	4,098	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	865	194.01
194.02	07952	PAVILLION PHARMACY	7,600	0	0	0	3,092	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	13,604	47	5,557	0	264	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	54,436	0	972	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	356,789	0	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	31,565	0	0	17,542	0	194.10
194.11	07961 IU HEALTH HOSPICE	10,351	0	1,945	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	12,083	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	6,205	194.22
194.23	07973 CANCER CENTER BOUTIQUE	2,285	0	0	0	189	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	66,407	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	23,740	0	0	14,896	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	453	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,979,906	3,905	501,725	341,707	472,809	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/24/2018 5:05 pm			
Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES		
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00	
5.01	01160	COMMUNICATIONS				5.01	
5.02	00550	DATA PROCESSING				5.02	
5.04	00570	ADMINISTRATIVE				5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06	
6.00	00600	MAINTENANCE & REPAIRS				6.00	
7.00	00700	OPERATION OF PLANT				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE				8.00	
9.00	00900	HOUSEKEEPING				9.00	
10.00	01000	DIETARY				10.00	
11.00	01100	CAFETERIA				11.00	
13.00	01300	NURSING ADMINISTRATION	616,642			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	548,099		14.00	
15.00	01500	PHARMACY	0	2,522	264,342	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	37,014	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	23	0	22.00	
23.00	02300	PARAMEDICAL PRGM	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	296,741	31,487	1,924	0	30.00
31.00	03100	INTENSIVE CARE UNIT	82,710	13,358	514	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	20,169	1,866	61	0	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	18,612	741	30	0	41.00
43.00	04300	NURSERY	6,760	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,198	55,511	739	0	50.00
51.00	05100	RECOVERY ROOM	22,100	2,890	375	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,803	3,226	181	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,924	8,706	478	0	54.00
57.00	03280	EKG AND EEG	0	63	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,038	700	161	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	0	18,302	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	4,505	9	0	65.00
65.01	06501	SLEEP LAB	0	719	0	0	65.01
66.00	06600	PHYSICAL THERAPY	75	619	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	298	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	19	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	338	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	158,570	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	219,466	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	258,034	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	9	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	299	86	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	550	138	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,958	1,552	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	3,180	1,446	9	0	90.02
90.03	09003	ONCOLOGY CLINIC	9,614	2,882	269	0	90.03
91.00	09100	EMERGENCY	70,858	16,856	1,461	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	893	11	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	611,290	548,004	264,342	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20	0	0	190.00
191.00	19100	RESEARCH	4,942	10	0	0	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	
					SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
194.01 07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	46	0	0	0	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	4	0	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	0	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	3	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	12	0	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	410	0	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments					37,014	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	616,642	548,099	264,342	0	37,014	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	606,607				22.00
23.00 02300	PARAMED PRGM		4,212			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		5,944,542	0	5,944,542	30.00
31.00 03100	INTENSIVE CARE UNIT		1,124,740	0	1,124,740	31.00
32.00 03200	CORONARY CARE UNIT		0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT		206,949	0	206,949	35.00
40.00 04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF		397,787	0	397,787	41.00
43.00 04300	NURSERY		143,071	0	143,071	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		1,226,700	0	1,226,700	50.00
51.00 05100	RECOVERY ROOM		305,265	0	305,265	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		481,465	0	481,465	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		2,122,948	0	2,122,948	54.00
57.00 03280	EKG AND EEG		2,374	0	2,374	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		501,716	0	501,716	59.00
60.00 06000	LABORATORY		170,140	0	170,140	60.00
60.01 06001	BLOOD LABORATORY		0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.		22,390	0	22,390	63.00
65.00 06500	RESPIRATORY THERAPY		188,052	0	188,052	65.00
65.01 06501	SLEEP LAB		5,713	0	5,713	65.01
66.00 06600	PHYSICAL THERAPY		148,339	0	148,339	66.00
67.00 06700	OCCUPATIONAL THERAPY		85,705	0	85,705	67.00
68.00 06800	SPEECH PATHOLOGY		22,792	0	22,792	68.00
68.01 06801	AUDIOLOGY		0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY		612,030	0	612,030	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		191,388	0	191,388	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		267,626	0	267,626	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		354,992	0	354,992	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES		36,903	0	36,903	73.01
74.00 07400	RENAL DIALYSIS		98,416	0	98,416	74.00
76.00 03160	CARDIOPULMONARY		0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION		10,659	0	10,659	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY		17,871	0	17,871	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC		0	0	0	90.00
90.02 09002	PAIN CLINIC		733,587	0	733,587	90.02
90.03 09003	ONCOLOGY CLINIC		57,501	0	57,501	90.03
91.00 09100	EMERGENCY		1,303,181	0	1,303,181	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES		115,821	0	115,821	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE		0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	16,900,663	0	16,900,663
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,702	0	3,702	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
191.00 19100 RESEARCH			61,431	0	61,431	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS			4,098	0	4,098	194.00
194.01 07951 BSU PHARMACY			1,126	0	1,126	194.01
194.02 07952 PAVILLION PHARMACY			113,848	0	113,848	194.02
194.03 07953 VENDING			0	0	0	194.03
194.04 07954 CARELINE			0	0	0	194.04
194.05 07955 WELLNESS CENTER			169,549	0	169,549	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS			655,337	0	655,337	194.06
194.07 07957 PERINATAL CLINIC			0	0	0	194.07
194.08 07958 RENTAL PROPERTY			4,290,336	0	4,290,336	194.08
194.09 07959 ADVERTISING			0	0	0	194.09
194.10 07960 INTEGRA LTAC			396,950	0	396,950	194.10
194.11 07961 IU HEALTH HOSPICE			126,355	0	126,355	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS			0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL			0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY			0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS			145,239	0	145,239	194.15
194.16 07966 JAY COUNTY HOSPITAL			894	0	894	194.16
194.17 07967 CARDINAL HEALTH CHOICE			0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES			0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS			0	0	0	194.19
194.20 07970 MEALS ON WHEELS			0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL			0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES			9,116	0	9,116	194.22
194.23 07973 CANCER CENTER BOUTIQUE			28,033	0	28,033	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY			798,204	0	798,204	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH			300,249	0	300,249	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL			1,081	0	1,081	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES			0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP			0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI			0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE			0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS			0	0	0	194.31
194.32 07982 RENAL DIALYSIS			0	0	0	194.32
194.33 07983 LAB CORP			0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT			0	0	0	194.34
194.35 07985 LEASED SPACE			0	0	0	194.35
200.00 Cross Foot Adjustments	606,607	4,212	647,833	0	647,833	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	606,607	4,212	24,654,044	0	24,654,044	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATIONS (FTE' S)	DATA PROCESSING (GROSS CHARGES)	ADMI TTING (GROSS CHARGES)		
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00	4.00	5.01	5.02	5.04		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,769,839					1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,384	105,356,686				4.00	
5.01 01160 COMMUNI CATIONS	1,498	500,909	183,861			5.01	
5.02 00550 DATA PROCESSING	0	0	0	1,761,976,342		5.02	
5.04 00570 ADMI TTING	4,419	955,340	2,984	0	1,761,976,342	5.04	
5.05 00580 CASHI ERING/ACCOUNTS RECEI VABLE	0	0	0	0	0	5.05	
5.06 00590 OTHER ADMI NI STRATI VE AND GENERAL	58,268	5,716,874	4,245	0	0	5.06	
6.00 00600 MAI NTENANCE & REPAI RS	895,582	2,887,407	6,324	0	0	6.00	
7.00 00700 OPERATI ON OF PLANT	66,351	1,248,576	2,442	0	0	7.00	
8.00 00800 LAUNDRY & LI NEN SERVI CE	0	0	0	0	0	8.00	
9.00 00900 HOUSEKEEPING	15,179	2,589,149	9,417	0	0	9.00	
10.00 01000 DI ETARY	10,357	1,349,323	3,928	0	0	10.00	
11.00 01100 CAFETERIA	14,372	1,184,318	4,188	0	0	11.00	
13.00 01300 NURSI NG ADMI NI STRATI ON	17,505	5,406,475	7,672	0	0	13.00	
14.00 01400 CENTRAL SERVI CES & SUPPLY	16,030	0	0	0	0	14.00	
15.00 01500 PHARMACY	6,789	4,799,892	6,338	0	0	15.00	
16.00 01600 MEDI CAL RECORDS & LI BRARY	0	0	0	0	0	16.00	
21.00 02100 I & R SERVI CES-SALARY & FRINGES APPRVD	0	3,732,024	6,680	0	0	21.00	
22.00 02200 I & R SERVI CES-OTHER PRGM COSTS APPRVD	18,418	248,455	786	0	0	22.00	
23.00 02300 PARAMED ED PRGM	97	136,149	153	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	151,421	20,485,246	37,118	210,771,456	210,771,456	30.00	
31.00 03100 INTENSI VE CARE UNI T	27,825	6,610,298	10,071	58,887,224	58,887,224	31.00	
32.00 03200 CORONARY CARE UNI T	0	0	0	0	0	32.00	
35.00 02060 NEONATAL INTENSI VE CARE UNI T	5,149	1,759,055	2,531	14,684,782	14,684,782	35.00	
40.00 04000 SUBPROVI DER - I PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVI DER - I RF	9,997	1,503,560	2,346	10,783,458	10,783,458	41.00	
43.00 04300 NURSERY	3,882	571,125	849	6,155,032	6,155,032	43.00	
ANCI LLARY SERVICE COST CENTERS							
50.00 05000 OPERATI NG ROOM	32,660	4,916,533	8,834	161,265,166	161,265,166	50.00	
51.00 05100 RECOVERY ROOM	8,140	1,460,313	2,445	18,906,878	18,906,878	51.00	
52.00 05200 DELI VERY ROOM & LABOR ROOM	12,754	1,852,223	2,785	28,356,631	28,356,631	52.00	
54.00 05400 RADIOLOGY-DI AGNOSTI C	61,247	8,394,394	12,247	231,571,886	231,571,886	54.00	
57.00 03280 EKG AND EEG	0	157,176	498	3,621,216	3,621,216	57.00	
58.00 05800 MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDI AC CATHETERI ZATI ON	14,040	1,724,054	2,444	97,872,727	97,872,727	59.00	
60.00 06000 LABORATORY	3,198	0	5,664	104,967,986	104,967,986	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0	0	6,588,426	6,588,426	63.00	
65.00 06500 RESPI RATORY THERAPY	4,651	3,140,330	5,057	21,679,245	21,679,245	65.00	
65.01 06501 SLEEP LAB	0	433,297	805	8,577,376	8,577,376	65.01	
66.00 06600 PHYSI CAL THERAPY	3,099	4,607,145	6,782	18,764,017	18,764,017	66.00	
67.00 06700 OCCUPATI ONAL THERAPY	2,404	793,210	1,151	6,066,332	6,066,332	67.00	
68.00 06800 SPEECH PATHOLOGY	575	406,600	585	2,989,114	2,989,114	68.00	
68.01 06801 AUDI OLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDI OLOGY	18,442	1,214,585	2,556	52,498,004	52,498,004	69.00	
71.00 07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	53,278,902	53,278,902	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATI ENT	0	0	0	109,312,655	109,312,655	72.00	
73.00 07300 DRUGS CHARGED TO PATI ENTS	0	0	0	230,608,929	230,608,929	73.00	
73.01 07301 HOSPI TAL BASED RETAI L PHARMACI ES	0	1,643,057	1,971	9,099,452	9,099,452	73.01	
74.00 07400 RENAL DI ALYSI S	2,918	0	0	3,895,337	3,895,337	74.00	
76.00 03160 CARDI OPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDI AC REHABI LI TATI ON	0	519,398	1,041	4,025,226	4,025,226	76.97	
76.98 07698 HYPERBARI C OXYGEN THERAPY	75	504,038	809	15,414,873	15,414,873	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINI C	0	0	0	0	0	90.00	
90.02 09002 PAIN CLINI C	22,443	396,872	820	8,304,023	8,304,023	90.02	
90.03 09003 ONCOLOGY CLINI C	1,067	866,364	1,279	31,221,111	31,221,111	90.03	
91.00 09100 EMERGENCY	33,196	5,773,143	9,579	223,340,968	223,340,968	91.00	
92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATI ON BEDS (DI STI NCT PART)	0	0	0	0	0	92.01	
OTHER REI MBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVI CES	2,990	1,447,542	3,376	8,467,910	8,467,910	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 I NTEREST EXPENSE	0	0	0	0	0	113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					1,761,976,342	118.00
NONREI MBURSABLE COST CENTERS							
190.00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	136,951	449	0	0	190.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5.01	5.02	5.04	
191.0019100 RESEARCH	1,552	630,823	1,093	0	0	191.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.0107951 BSU PHARMACY	0	225,295	275	0	0	194.01
194.0207952 PAVILLION PHARMACY	2,834	692,636	983	0	0	194.02
194.0307953 VENDING	0	0	0	0	0	194.03
194.0407954 CARELINE	0	0	0	0	0	194.04
194.0507955 WELLNESS CENTER	5,073	28,904	84	0	0	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	20,300	0	0	0	0	194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958 RENTAL PROPERTY	133,052	0	0	0	0	194.08
194.0907959 ADVERTISING	0	0	0	0	0	194.09
194.1007960 INTEGRA LTAC	11,771	0	0	0	0	194.10
194.1107961 IU HEALTH HOSPICE	3,860	0	0	0	0	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	4,506	0	0	0	0	194.15
194.1607966 JAY COUNTY HOSPITAL	0	212,263	0	0	0	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	0	1,314,292	1,973	0	0	194.22
194.2307973 CANCER CENTER BOUTIQUE	852	14,251	60	0	0	194.23
194.2407974 BOSCH BALL OUTPATIENT SURGERY	24,764	0	0	0	0	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	8,853	0	0	0	0	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	166,822	144	0	0	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983 LAB CORP	0	0	0	0	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	24,654,044	17,697,818	637,986	11,797,428	7,959,848	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13.930106	0.167980	3.469937	0.006696	0.004518	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		75,000	21,224	0	62,581	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.000712	0.115435	0.000000	0.000036	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)		
		5.05	5A.06	5.06	6.00	7.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,761,976,342				5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-34,283,225	284,401,184		5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	0	20,663,908	804,688	6.00	
7.00	00700	OPERATION OF PLANT	0	0	7,198,709	66,351	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,360,655	0	8.00	
9.00	00900	HOUSEKEEPING	0	0	3,535,121	15,179	9.00	
10.00	01000	DIETARY	0	0	2,057,229	10,357	10.00	
11.00	01100	CAFETERIA	0	0	1,279,901	14,372	11.00	
13.00	01300	NURSING ADMINISTRATION	0	0	7,735,305	17,505	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	10,418,306	16,030	14.00	
15.00	01500	PHARMACY	0	0	5,836,314	6,789	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,382,108	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,636,996	18,418	22.00	
23.00	02300	PARAMED ED PRGM	0	0	172,223	97	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	210,771,456	0	35,755,746	151,421	30.00	
31.00	03100	INTENSIVE CARE UNIT	58,887,224	0	10,330,241	27,825	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,684,782	0	2,517,075	5,149	35.00	
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I/RF	10,783,458	0	2,609,781	9,997	41.00	
43.00	04300	NURSERY	6,155,032	0	866,846	3,882	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	161,265,166	0	9,886,799	32,660	50.00	
51.00	05100	RECOVERY ROOM	18,906,878	0	2,229,580	8,140	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,356,631	0	2,933,954	12,754	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	231,571,886	0	16,356,189	61,247	54.00	
57.00	03280	EKG AND EEG	3,621,216	0	155,509	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	97,872,727	0	3,905,230	14,040	59.00	
60.00	06000	LABORATORY	104,967,986	0	11,254,495	3,198	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,588,426	0	1,341,353	0	63.00	
65.00	06500	RESPIRATORY THERAPY	21,679,245	0	4,282,647	4,651	65.00	
65.01	06501	SLEEP LAB	8,577,376	0	609,966	0	65.01	
66.00	06600	PHYSICAL THERAPY	18,764,017	0	4,715,032	3,099	66.00	
67.00	06700	OCCUPATIONAL THERAPY	6,066,332	0	1,043,336	2,404	67.00	
68.00	06800	SPEECH PATHOLOGY	2,989,114	0	512,416	575	68.00	
68.01	06801	AUDIOLOGY	0	0	0	0	68.01	
69.00	06900	ELECTROCARDIOLOGY	52,498,004	0	2,389,428	18,442	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,278,902	0	10,766,513	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	109,312,655	0	15,409,437	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	230,608,929	0	30,890,598	0	73.00	
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	9,099,452	0	9,755,174	0	73.01	
74.00	07400	RENAL DIALYSIS	3,895,337	0	1,374,830	2,918	74.00	
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	4,025,226	0	732,613	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	15,414,873	0	1,531,482	75	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	90.00	
90.02	09002	PAIN CLINIC	8,304,023	0	946,156	22,443	90.02	
90.03	09003	ONCOLOGY CLINIC	31,221,111	0	1,554,181	1,067	90.03	
91.00	09100	EMERGENCY	223,340,968	0	14,401,737	33,196	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8,467,910	0	2,201,241	2,990	95.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,761,976,342	-34,283,225	271,536,360	587,271	520,920	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	738,785	0	190.00	
191.00	19100	RESEARCH	0	0	872,266	1,552	1,552	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.05	5A.06	5.06	6.00	7.00	
194.01 07951 BSU PHARMACY	0	0	23,977	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	6,574,824	2,834	2,834	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	116,540	5,073	5,073	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	299,184	20,300	20,300	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	2,463,004	133,052	133,052	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	163,971	11,771	11,771	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	50,139	3,860	3,860	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	62,769	4,506	4,506	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	258,722	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	608,646	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	134,996	852	852	194.23
194.24 07974 BOSCO BALL OUTPATIENT SURGERY	0	0	344,965	24,764	24,764	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	123,444	8,853	8,853	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	28,523	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	69	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,464,842		34,283,225	23,154,839	9,975,722	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.003102		0.120545	28.774928	13.511069	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0		816,239	12,537,646	1,979,906	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000		0.002870	15.580754	2.681575	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,565,174				8.00
9.00	00900	HOUSEKEEPING	22	28,892			9.00
10.00	01000	DIETARY	32	56	254,484		10.00
11.00	01100	CAFETERIA	45	296	0	150,333	11.00
13.00	01300	NURSING ADMINISTRATION	0	118	0	7,672	66,130
14.00	01400	CENTRAL SERVICES & SUPPLY	0	124	0	0	0
15.00	01500	PHARMACY	251	140	0	6,338	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,680	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	28	0	786	0
23.00	02300	PARAMED ED PRGM	0	0	0	153	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	714,022	13,002	198,403	37,118	31,823
31.00	03100	INTENSIVE CARE UNIT	130,990	2,136	19,119	10,071	8,870
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	12,724	104	0	2,531	2,163
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	35,341	1,307	12,804	2,346	1,996
43.00	04300	NURSERY	14,635	312	0	849	725
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	119,675	1,616	0	8,834	2,595
51.00	05100	RECOVERY ROOM	37,983	96	0	2,445	2,370
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,836	1,536	0	2,785	2,231
54.00	05400	RADIOLOGY-DIAGNOSTIC	111,226	1,413	0	12,247	1,815
57.00	03280	EKG AND EEG	12	0	0	498	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	23,009	740	0	2,444	1,291
60.00	06000	LABORATORY	0	728	0	5,664	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	597	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	522	116	0	5,057	0
65.01	06501	SLEEP LAB	10	0	0	805	0
66.00	06600	PHYSICAL THERAPY	5,445	476	0	6,782	8
67.00	06700	OCCUPATIONAL THERAPY	0	28	0	1,151	0
68.00	06800	SPEECH PATHOLOGY	0	28	0	585	0
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	20,734	0	0	2,556	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	56	0	1,971	0
74.00	07400	RENAL DIALYSIS	2,828	0	0	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	131	228	0	1,041	59
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	809	639
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.02	09002	PAIN CLINIC	0	28	0	820	341
90.03	09003	ONCOLOGY CLINIC	6,137	0	0	1,279	1,031
91.00	09100	EMERGENCY	245,908	3,456	0	9,579	7,599
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	3,376	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,546,115	28,168	230,326	145,272	65,556
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	449	0
191.00	19100	RESEARCH	0	0	0	1,093	530
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	236	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
194.01	07951	BSU PHARMACY	0	0	0	275	0
194.02	07952	PAVILLION PHARMACY	0	0	0	983	0
194.03	07953	VENDING	0	0	0	0	0
194.04	07954	CARELINE	0	0	0	0	0
194.05	07955	WELLNESS CENTER	19,012	320	0	84	0
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	56	0	0	0
194.07	07957	PERINATAL CLINIC	0	0	0	0	0
194.08	07958	RENTAL PROPERTY	0	0	0	0	0
194.09	07959	ADVERTISING	0	0	0	0	0
194.10	07960	INTEGRAL TAC	0	0	13,064	0	0
194.11	07961	IU HEALTH HOSPICE	47	112	0	0	0
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	0	0
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	0	0
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0
194.20	07970	MEALS ON WHEELS	0	0	0	0	0
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	1,973	0
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	60	0
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	11,094	0	0
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	144	44
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.32	07982	RENAL DIALYSIS	0	0	0	0	0
194.33	07983	LAB CORP	0	0	0	0	0
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0
194.35	07985	LEASED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,524,675	4,603,143	2,752,127	2,089,124	9,533,388
203.00		Unit cost multiplier (Wkst. B, Part I)	0.974125	159.322408	10.814538	13.896643	144.161319
204.00		Cost to be allocated (per Wkst. B, Part II)	3,905	501,725	341,707	472,809	616,642
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002495	17.365534	1.342745	3.145078	9.324694
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS			
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	14.00	15.00	16.00	21.00	22.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 01160 COMMUNICATIONS						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	34,577,156					14.00	
15.00 01500 PHARMACY	159,131	28,263,707				15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,761,976,342			16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,880		21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,465	0	0	0	4,880	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,986,440	205,656	210,771,456	2,760	2,760	30.00	
31.00 03100 INTENSIVE CARE UNIT	842,726	55,009	58,887,224	600	600	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	80	80	32.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	117,737	6,470	14,684,782	0	0	35.00	
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	46,772	3,197	10,783,458	0	0	41.00	
43.00 04300 NURSERY	0	0	6,155,032	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	3,502,072	78,981	161,265,166	266	266	50.00	
51.00 05100 RECOVERY ROOM	182,308	40,041	18,906,878	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	203,518	19,362	28,356,631	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	549,224	51,149	231,571,886	134	134	54.00	
57.00 03280 EKG AND EEG	3,963	3	3,621,216	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	44,150	17,241	97,872,727	0	0	59.00	
60.00 06000 LABORATORY	0	0	104,967,986	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1,154,627	0	6,588,426	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	284,181	974	21,679,245	170	170	65.00	
65.01 06501 SLEEP LAB	45,370	0	8,577,376	0	0	65.01	
66.00 06600 PHYSICAL THERAPY	39,071	17	18,764,017	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	18,779	34	6,066,332	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	1,205	0	2,989,114	0	0	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	21,306	10	52,498,004	240	240	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,003,772	0	53,278,902	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	13,844,516	0	109,312,655	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	27,589,201	230,608,929	0	0	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	563	0	9,099,452	0	0	73.01	
74.00 07400 RENAL DIALYSIS	18,836	9,142	3,895,337	0	0	74.00	
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	8,689	4	4,025,226	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	97,906	41	15,414,873	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.02 09002 PAIN CLINIC	91,248	946	8,304,023	123	123	90.02	
90.03 09003 ONCOLOGY CLINIC	181,800	28,732	31,221,111	96	96	90.03	
91.00 09100 EMERGENCY	1,063,409	156,245	223,340,968	405	405	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	56,360	1,215	8,467,910	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	34,571,144	28,263,670	1,761,976,342	4,874	4,874	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,277	0	0	0	0	190.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				14.00	15.00	
191.00 19100 RESEARCH	652	26	0	6	6	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02 07952 PAVILLION PHARMACY	2,877	0	0	0	0	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	248	0	0	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	0	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	183	0	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	753	0	0	0	0	194.23
194.24 07974 BOSCH BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	22	11	0	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	12,371,781	6,994,496	0	5,003,179	4,870,150	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.357802	0.247473	0.000000	1,025.241598	997.981557	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	548,099	264,342	0	37,014	606,607	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.015851	0.009353	0.000000	7.584836	124.304713	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		PARAMED PRGM (100% PHARMACY DRUGS)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	DATA PROCESSING	5.02
5.04	00570	ADMITTING	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
57.00	03280	EKG AND EEG	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	63.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	SLEEP LAB	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
68.01	06801	AUDIOLOGY	68.01
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	73.01
74.00	07400	RENAL DIALYSIS	74.00
76.00	03160	CARDIOPULMONARY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.02	09002	PAIN CLINIC	90.02
90.03	09003	ONCOLOGY CLINIC	90.03
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
191.00	19100	RESEARCH	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet B-1

Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description			PARAMED PRGM (100% PHARMACY DRUGS) 23.00	
194.01	07951	BSU PHARMACY	0	194.01
194.02	07952	PAVILLION PHARMACY	0	194.02
194.03	07953	VENDING	0	194.03
194.04	07954	CARELINE	0	194.04
194.05	07955	WELLNESS CENTER	0	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	194.06
194.07	07957	PERINATAL CLINIC	0	194.07
194.08	07958	RENTAL PROPERTY	0	194.08
194.09	07959	ADVERTISING	0	194.09
194.10	07960	INTEGRAL	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	194.19
194.20	07970	MEALS ON WHEELS	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32	07982	RENAL DIALYSIS	0	194.32
194.33	07983	LAB CORP	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	194.34
194.35	07985	LEASED SPACE	0	194.35
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	199,212	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,992.120000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,212	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	42.120000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,246,800		57,246,800	0	57,246,800	30.00
31.00	03100	INTENSIVE CARE UNIT	15,160,590		15,160,590	0	15,160,590	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,457,912		3,457,912	0	3,457,912	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,066,114		4,066,114	0	4,066,114	41.00
43.00	04300	NURSERY	1,315,774		1,315,774	0	1,315,774	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,603,163		14,603,163	0	14,603,163	50.00
51.00	05100	RECOVERY ROOM	3,345,626		3,345,626	0	3,345,626	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,571,782		4,571,782	0	4,571,782	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,892,223		21,892,223	0	21,892,223	54.00
57.00	03280	EKG AND EEG	182,607		182,607	0	182,607	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,350,133		5,350,133	0	5,350,133	59.00
60.00	06000	LABORATORY	12,941,096		12,941,096	0	12,941,096	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,916,756		1,916,756	0	1,916,756	63.00
65.00	06500	RESPIRATORY THERAPY	5,186,757	0	5,186,757	0	5,186,757	65.00
65.01	06501	SLEEP LAB	710,924	0	710,924	0	710,924	65.01
66.00	06600	PHYSICAL THERAPY	5,604,976	0	5,604,976	0	5,604,976	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,297,944	0	1,297,944	0	1,297,944	67.00
68.00	06800	SPEECH PATHOLOGY	611,522	0	611,522	0	611,522	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	3,520,643		3,520,643	0	3,520,643	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,643,732		15,643,732	0	15,643,732	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,220,571		22,220,571	0	22,220,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,641,093		41,641,093	0	41,641,093	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	10,967,624		10,967,624	0	10,967,624	73.01
74.00	07400	RENAL DIALYSIS	1,675,706		1,675,706	0	1,675,706	74.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	883,462		883,462	0	883,462	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,857,667		1,857,667	0	1,857,667	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.02	09002	PAIN CLINIC	2,107,133		2,107,133	0	2,107,133	90.02
90.03	09003	ONCOLOGY CLINIC	2,031,189		2,031,189	0	2,031,189	90.03
91.00	09100	EMERGENCY	19,979,437		19,979,437	0	19,979,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,633,261		5,633,261	0	5,633,261	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,660,407		2,660,407	0	2,660,407	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	290,284,624	0	290,284,624	0	290,284,624	200.00
201.00		Less Observation Beds	5,633,261		5,633,261		5,633,261	201.00
202.00		Total (see instructions)	284,651,363	0	284,651,363	0	284,651,363	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	185,050,846		185,050,846		30.00
31.00	03100	INTENSIVE CARE UNIT	58,887,224		58,887,224		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,684,782		14,684,782		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	10,783,458		10,783,458		41.00
43.00	04300	NURSERY	6,155,032		6,155,032		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	104,371,979	56,893,187	161,265,166	0.090554	50.00
51.00	05100	RECOVERY ROOM	10,601,463	8,305,415	18,906,878	0.176953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,818,718	4,537,913	28,356,631	0.161224	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,912,408	172,659,478	231,571,886	0.094537	54.00
57.00	03280	EKG AND EEG	1,779,198	1,842,018	3,621,216	0.050427	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,462,365	50,410,362	97,872,727	0.054664	59.00
60.00	06000	LABORATORY	55,275,984	49,692,002	104,967,986	0.123286	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,137,015	1,451,411	6,588,426	0.290928	63.00
65.00	06500	RESPIRATORY THERAPY	19,457,151	2,222,094	21,679,245	0.239250	65.00
65.01	06501	SLEEP LAB	6,547	8,570,829	8,577,376	0.082884	65.01
66.00	06600	PHYSICAL THERAPY	8,659,173	10,104,844	18,764,017	0.298709	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,583,648	482,684	6,066,332	0.213959	67.00
68.00	06800	SPEECH PATHOLOGY	2,683,776	305,338	2,989,114	0.204583	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	36,786,379	15,711,625	52,498,004	0.067062	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,389,338	26,889,564	53,278,902	0.293620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	82,053,086	27,259,569	109,312,655	0.203275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,048,729	124,560,200	230,608,929	0.180570	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	9,099,452	9,099,452	1.205306	73.01
74.00	07400	RENAL DIALYSIS	3,782,360	112,977	3,895,337	0.430183	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	982,730	3,042,496	4,025,226	0.219481	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	100,050	15,314,823	15,414,873	0.120511	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.02	09002	PAIN CLINIC	28,546	8,275,477	8,304,023	0.253748	90.02
90.03	09003	ONCOLOGY CLINIC	215,209	31,005,902	31,221,111	0.065058	90.03
91.00	09100	EMERGENCY	65,426,293	157,914,675	223,340,968	0.089457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,386,193	23,334,417	25,720,610	0.219017	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	14,761	8,453,149	8,467,910	0.314175	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	943,524,441	818,451,901	1,761,976,342		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	943,524,441	818,451,901	1,761,976,342		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 5:05 pm
			Title XVIII	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
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090554		50.00
51.00	05100	RECOVERY ROOM	0.176953		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.161224		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094537		54.00
57.00	03280	EKG AND EEG	0.050427		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.054664		59.00
60.00	06000	LABORATORY	0.123286		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.290928		63.00
65.00	06500	RESPIRATORY THERAPY	0.239250		65.00
65.01	06501	SLEEP LAB	0.082884		65.01
66.00	06600	PHYSICAL THERAPY	0.298709		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.213959		67.00
68.00	06800	SPEECH PATHOLOGY	0.204583		68.00
68.01	06801	AUDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.067062		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293620		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.203275		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180570		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.205306		73.01
74.00	07400	RENAL DIALYSIS	0.430183		74.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.219481		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.120511		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.02	09002	PAIN CLINIC	0.253748		90.02
90.03	09003	ONCOLOGY CLINIC	0.065058		90.03
91.00	09100	EMERGENCY	0.089457		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.219017		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.314175		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total 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	57,246,800		57,246,800	0	57,246,800	30.00
31.00	03100	INTENSIVE CARE UNIT	15,160,590		15,160,590	0	15,160,590	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,457,912		3,457,912	0	3,457,912	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,066,114		4,066,114	0	4,066,114	41.00
43.00	04300	NURSERY	1,315,774		1,315,774	0	1,315,774	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,603,163		14,603,163	0	14,603,163	50.00
51.00	05100	RECOVERY ROOM	3,345,626		3,345,626	0	3,345,626	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,571,782		4,571,782	0	4,571,782	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,892,223		21,892,223	0	21,892,223	54.00
57.00	03280	EKG AND EEG	182,607		182,607	0	182,607	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,350,133		5,350,133	0	5,350,133	59.00
60.00	06000	LABORATORY	12,941,096		12,941,096	0	12,941,096	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,916,756		1,916,756	0	1,916,756	63.00
65.00	06500	RESPIRATORY THERAPY	5,186,757	0	5,186,757	0	5,186,757	65.00
65.01	06501	SLEEP LAB	710,924	0	710,924	0	710,924	65.01
66.00	06600	PHYSICAL THERAPY	5,604,976	0	5,604,976	0	5,604,976	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,297,944	0	1,297,944	0	1,297,944	67.00
68.00	06800	SPEECH PATHOLOGY	611,522	0	611,522	0	611,522	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	3,520,643		3,520,643	0	3,520,643	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,643,732		15,643,732	0	15,643,732	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,220,571		22,220,571	0	22,220,571	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,641,093		41,641,093	0	41,641,093	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	10,967,624		10,967,624	0	10,967,624	73.01
74.00	07400	RENAL DIALYSIS	1,675,706		1,675,706	0	1,675,706	74.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	883,462		883,462	0	883,462	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,857,667		1,857,667	0	1,857,667	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.02	09002	PAIN CLINIC	2,107,133		2,107,133	0	2,107,133	90.02
90.03	09003	ONCOLOGY CLINIC	2,031,189		2,031,189	0	2,031,189	90.03
91.00	09100	EMERGENCY	19,979,437		19,979,437	0	19,979,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,633,261		5,633,261	0	5,633,261	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,660,407		2,660,407	0	2,660,407	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	290,284,624	0	290,284,624	0	290,284,624	200.00
201.00		Less Observation Beds	5,633,261		5,633,261		5,633,261	201.00
202.00		Total (see instructions)	284,651,363	0	284,651,363	0	284,651,363	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet C
Part I
Date/Time Prepared:
5/24/2018 5:05 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	185,050,846		185,050,846		30.00
31.00	03100	INTENSIVE CARE UNIT	58,887,224		58,887,224		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,684,782		14,684,782		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	10,783,458		10,783,458		41.00
43.00	04300	NURSERY	6,155,032		6,155,032		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	104,371,979	56,893,187	161,265,166	0.090554	50.00
51.00	05100	RECOVERY ROOM	10,601,463	8,305,415	18,906,878	0.176953	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,818,718	4,537,913	28,356,631	0.161224	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58,912,408	172,659,478	231,571,886	0.094537	54.00
57.00	03280	EKG AND EEG	1,779,198	1,842,018	3,621,216	0.050427	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	47,462,365	50,410,362	97,872,727	0.054664	59.00
60.00	06000	LABORATORY	55,275,984	49,692,002	104,967,986	0.123286	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,137,015	1,451,411	6,588,426	0.290928	63.00
65.00	06500	RESPIRATORY THERAPY	19,457,151	2,222,094	21,679,245	0.239250	65.00
65.01	06501	SLEEP LAB	6,547	8,570,829	8,577,376	0.082884	65.01
66.00	06600	PHYSICAL THERAPY	8,659,173	10,104,844	18,764,017	0.298709	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,583,648	482,684	6,066,332	0.213959	67.00
68.00	06800	SPEECH PATHOLOGY	2,683,776	305,338	2,989,114	0.204583	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	36,786,379	15,711,625	52,498,004	0.067062	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,389,338	26,889,564	53,278,902	0.293620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	82,053,086	27,259,569	109,312,655	0.203275	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	106,048,729	124,560,200	230,608,929	0.180570	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	9,099,452	9,099,452	1.205306	73.01
74.00	07400	RENAL DIALYSIS	3,782,360	112,977	3,895,337	0.430183	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	982,730	3,042,496	4,025,226	0.219481	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	100,050	15,314,823	15,414,873	0.120511	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.02	09002	PAIN CLINIC	28,546	8,275,477	8,304,023	0.253748	90.02
90.03	09003	ONCOLOGY CLINIC	215,209	31,005,902	31,221,111	0.065058	90.03
91.00	09100	EMERGENCY	65,426,293	157,914,675	223,340,968	0.089457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,386,193	23,334,417	25,720,610	0.219017	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	14,761	8,453,149	8,467,910	0.314175	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	943,524,441	818,451,901	1,761,976,342		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	943,524,441	818,451,901	1,761,976,342		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/24/2018 5:05 pm
			Title XIX	Hospital	Cost
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
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	03280	EKG AND EEG	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	SLEEP LAB	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	06801	AUDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.02	09002	PAIN CLINIC	0.000000		90.02
90.03	09003	ONCOLOGY CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/24/2018 5:05 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	5,944,542	0	5,944,542	74,693	79.59	30.00
31.00	INTENSIVE CARE UNIT	1,124,740		1,124,740	10,712	105.00	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	206,949		206,949	3,342	61.92	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	397,787	0	397,787	4,174	95.30	41.00
43.00	NURSERY	143,071		143,071	2,539	56.35	43.00
200.00	Total (lines 30 through 199)	7,817,089		7,817,089	95,460		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	33,515	2,667,459				
31.00	INTENSIVE CARE UNIT	5,430	570,150				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,944	280,563				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	41,889	3,518,172				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet D
Part II
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,226,700	161,265,166	0.007607	49,189,302	374,183	50.00
51.00	05100	RECOVERY ROOM	305,265	18,906,878	0.016146	4,903,104	79,166	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	481,465	28,356,631	0.016979	186,389	3,165	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,122,948	231,571,886	0.009168	30,998,699	284,196	54.00
57.00	03280	EKG AND EEG	2,374	3,621,216	0.000656	993,171	652	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	501,716	97,872,727	0.005126	23,157,625	118,706	59.00
60.00	06000	LABORATORY	170,140	104,967,986	0.001621	25,302,003	41,015	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	22,390	6,588,426	0.003398	3,016,121	10,249	63.00
65.00	06500	RESPIRATORY THERAPY	188,052	21,679,245	0.008674	10,301,230	89,353	65.00
65.01	06501	SLEEP LAB	5,713	8,577,376	0.000666	0	0	65.01
66.00	06600	PHYSICAL THERAPY	148,339	18,764,017	0.007906	3,266,521	25,825	66.00
67.00	06700	OCCUPATIONAL THERAPY	85,705	6,066,332	0.014128	1,110,724	15,692	67.00
68.00	06800	SPEECH PATHOLOGY	22,792	2,989,114	0.007625	876,338	6,682	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	612,030	52,498,004	0.011658	20,748,376	241,885	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	191,388	53,278,902	0.003592	13,272,185	47,674	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	267,626	109,312,655	0.002448	41,426,635	101,412	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	354,992	230,608,929	0.001539	49,200,806	75,720	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	36,903	9,099,452	0.004056	0	0	73.01
74.00	07400	RENAL DIALYSIS	98,416	3,895,337	0.025265	2,580,371	65,193	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,659	4,025,226	0.002648	547,076	1,449	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,871	15,414,873	0.001159	79,777	92	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	PAIN CLINIC	733,587	8,304,023	0.088341	21,257	1,878	90.02
90.03	09003	ONCOLOGY CLINIC	57,501	31,221,111	0.001842	112,146	207	90.03
91.00	09100	EMERGENCY	1,303,181	223,340,968	0.005835	34,038,787	198,616	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	584,963	25,720,610	0.022743	1,155,367	26,277	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	9,552,716	1,477,947,090		316,484,010	1,809,287	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/24/2018 5:05 pm
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
			1A	1.00	2A	2.00	3.00		
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	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	74,693	0.00	33,515	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	10,712	0.00	5,430	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,342	0.00	0	35.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - I RF	0	0	4,174	0.00	2,944	41.00	
43.00	04300	NURSERY	0	0	2,539	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	95,460	0.00	41,889	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
40.00	04000	SUBPROVIDER - I PF	0						40.00
41.00	04100	SUBPROVIDER - I RF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 5:05 pm
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Cost Center Description	Title XVIII					
	Hospital		Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00 03280 EKG AND EEG	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	199,212	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	199,212	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 5:05 pm
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Cost Center Description		Title XVIII		Hospital		PPS		
		All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	161,265,166	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	18,906,878	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	28,356,631	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	231,571,886	0.000000	54.00
57.00	03280	EKG AND EEG	0	0	0	3,621,216	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	97,872,727	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	104,967,986	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,588,426	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	21,679,245	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	8,577,376	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	18,764,017	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,066,332	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	2,989,114	0.000000	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	52,498,004	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	53,278,902	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	109,312,655	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	199,212	199,212	230,608,929	0.000864	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	9,099,452	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3,895,337	0.000000	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,025,226	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	15,414,873	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.02	09002	PAIN CLINIC	0	0	0	8,304,023	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	31,221,111	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	223,340,968	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	25,720,610	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	199,212	199,212	1,477,947,090		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 5:05 pm
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Cost Center Description		Title XVIII					Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	49,189,302	0	17,634,618	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	4,903,104	0	2,765,116	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	186,389	0	8,239	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	30,998,699	0	69,915,584	0	54.00	
57.00	03280 EKG AND EEG	0.000000	993,171	0	620,373	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	23,157,625	0	21,278,489	0	59.00	
60.00	06000 LABORATORY	0.000000	25,302,003	0	7,068,360	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	3,016,121	0	461,755	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	10,301,230	0	613,548	0	65.00	
65.01	06501 SLEEP LAB	0.000000	0	0	2,631,118	0	65.01	
66.00	06600 PHYSICAL THERAPY	0.000000	3,266,521	0	132,819	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,110,724	0	38,960	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	876,338	0	10,151	0	68.00	
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	0.000000	20,748,376	0	5,996,353	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,272,185	0	12,611,005	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	41,426,635	0	13,389,309	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000864	49,200,806	42,509	49,915,272	43,127	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	2,580,371	0	63,796	0	74.00	
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	547,076	0	1,580,374	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	79,777	0	6,206,108	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.02	09002 PAIN CLINIC	0.000000	21,257	0	3,346,341	0	90.02	
90.03	09003 ONCOLOGY CLINIC	0.000000	112,146	0	12,790,152	0	90.03	
91.00	09100 EMERGENCY	0.000000	34,038,787	0	32,521,279	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,155,367	0	7,603,039	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		316,484,010	42,509	269,202,158	43,127	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.090554	17,634,618	742	0	1,596,885
51.00 05100 RECOVERY ROOM	0.176953	2,765,116	3,376	0	489,296
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.161224	8,239	0	0	1,328
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.094537	69,915,584	0	0	6,609,610
57.00 03280 EKG AND EEG	0.050427	620,373	0	0	31,284
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.054664	21,278,489	0	0	1,163,167
60.00 06000 LABORATORY	0.123286	7,068,360	366	0	871,430
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.290928	461,755	0	0	134,337
65.00 06500 RESPIRATORY THERAPY	0.239250	613,548	0	0	146,791
65.01 06501 SLEEP LAB	0.082884	2,631,118	0	0	218,078
66.00 06600 PHYSICAL THERAPY	0.298709	132,819	0	0	39,674
67.00 06700 OCCUPATIONAL THERAPY	0.213959	38,960	0	0	8,336
68.00 06800 SPEECH PATHOLOGY	0.204583	10,151	0	0	2,077
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.067062	5,996,353	334	0	402,127
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293620	12,611,005	0	0	3,702,843
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.203275	13,389,309	0	0	2,721,712
73.00 07300 DRUGS CHARGED TO PATIENTS	0.180570	49,915,272	398	132,821	9,013,201
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.205306	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.430183	63,796	0	0	27,444
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.219481	1,580,374	0	0	346,862
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.120511	6,206,108	0	0	747,904
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.02 09002 PAIN CLINIC	0.253748	3,346,341	0	0	849,127
90.03 09003 ONCOLOGY CLINIC	0.065058	12,790,152	0	0	832,102
91.00 09100 EMERGENCY	0.089457	32,521,279	0	57	2,909,256
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.219017	7,603,039	1,725	0	1,665,195
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.314175		0		
200.00		Subtotal (see instructions)	269,202,158	6,941	132,878
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 - line 201)	269,202,158	6,941	132,878

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	67	0		50.00
51.00 05100 RECOVERY ROOM	597	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 03280 EKG AND EEG	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	45	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	22	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	72	23,983		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	5		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	378	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00 Subtotal (see instructions)	1,181	23,988		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,181	23,988		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/24/2018 5:05 pm		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,226,700	161,265,166	0.007607	77,661	591	50.00
51.00	05100	RECOVERY ROOM	305,265	18,906,878	0.016146	9,843	159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	481,465	28,356,631	0.016979	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,122,948	231,571,886	0.009168	203,245	1,863	54.00
57.00	03280	EKG AND EEG	2,374	3,621,216	0.000656	11,753	8	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	501,716	97,872,727	0.005126	0	0	59.00
60.00	06000	LABORATORY	170,140	104,967,986	0.001621	469,990	762	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	22,390	6,588,426	0.003398	12,069	41	63.00
65.00	06500	RESPIRATORY THERAPY	188,052	21,679,245	0.008674	129,069	1,120	65.00
65.01	06501	SLEEP LAB	5,713	8,577,376	0.000666	0	0	65.01
66.00	06600	PHYSICAL THERAPY	148,339	18,764,017	0.007906	1,974,160	15,608	66.00
67.00	06700	OCCUPATIONAL THERAPY	85,705	6,066,332	0.014128	2,389,926	33,765	67.00
68.00	06800	SPEECH PATHOLOGY	22,792	2,989,114	0.007625	638,206	4,866	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	612,030	52,498,004	0.011658	37,765	440	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	191,388	53,278,902	0.003592	55,746	200	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	267,626	109,312,655	0.002448	2,911	7	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	354,992	230,608,929	0.001539	1,374,907	2,116	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	36,903	9,099,452	0.004056	0	0	73.01
74.00	07400	RENAL DIALYSIS	98,416	3,895,337	0.025265	111,836	2,826	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	10,659	4,025,226	0.002648	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,871	15,414,873	0.001159	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.02	09002	PAIN CLINIC	733,587	8,304,023	0.088341	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	57,501	31,221,111	0.001842	0	0	90.03
91.00	09100	EMERGENCY	1,303,181	223,340,968	0.005835	3,918	23	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	25,720,610	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	8,967,753	1,477,947,090		7,503,005	64,395	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 5:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	03280 EKG AND EEG	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	199,212	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	199,212	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	199,212	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 5:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	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)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	161,265,166	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	18,906,878	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	28,356,631	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	231,571,886	0.000000	54.00
57.00 03280 EKG AND EEG	0	0	0	3,621,216	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	97,872,727	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	104,967,986	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,588,426	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	21,679,245	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	8,577,376	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	18,764,017	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,066,332	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	2,989,114	0.000000	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	52,498,004	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	53,278,902	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	109,312,655	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	199,212	199,212	230,608,929	0.000864	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	9,099,452	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,895,337	0.000000	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,025,226	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	15,414,873	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.02 09002 PAIN CLINIC	0	0	0	8,304,023	0.000000	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	31,221,111	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	223,340,968	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	25,720,610	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	199,212	199,212	1,477,947,090		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/24/2018 5:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	77,661	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	9,843	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	203,245	0	0	0	54.00
57.00	03280 EKG AND EEG	0.000000	11,753	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	469,990	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	12,069	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	129,069	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,974,160	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,389,926	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	638,206	0	0	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	37,765	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	55,746	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	2,911	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000864	1,374,907	1,188	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	111,836	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	3,918	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		7,503,005	1,188	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 5:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.090554	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.176953	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.161224	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.094537	0	0	0	0	0	54.00
57.00 03280 EKG AND EEG	0.050427	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.054664	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.123286	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.290928	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.239250	0	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0.082884	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.298709	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.213959	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.204583	0	0	0	0	0	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.067062	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293620	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.203275	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.180570	0	0	866	0	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.205306	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.430183	0	0	0	0	0	74.00
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.219481	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.120511	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	0.253748	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0.065058	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.089457	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.219017	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.314175	0	0	0	0	0	95.00
200.00 Subtotal (see instructions)		0	0	866	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	0	201.00
202.00 Net Charges (line 200 - line 201)		0	0	866	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/24/2018 5:05 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 03280 EKG AND EEG	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	156	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.02 09002 PAIN CLINIC	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	156	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	156	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2018 5:05 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		74,693	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		74,693	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)		67,343	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)		33,515	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)		57,246,800	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)		57,246,800	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)		57,246,800	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)		766.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,686,901	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)		25,686,901	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 5:05 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,160,590	10,712	1,415.29	5,430	7,685,025	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	3,457,912	3,342	1,034.68	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					44,596,608	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					77,968,534	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)					3,237,609	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,851,796	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,089,405	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					72,879,129	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,350	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					766.43	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,633,261	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 5:05 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,944,542	57,246,800	0.103841	5,633,261	584,963	90.00
91.00	Nursing School cost	0	57,246,800	0.000000	5,633,261	0	91.00
92.00	Allied health cost	0	57,246,800	0.000000	5,633,261	0	92.00
93.00	All other Medical Education	0	57,246,800	0.000000	5,633,261	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,174	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,174	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)		4,174	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)		2,944	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)		4,066,114	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)		4,066,114	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)		4,066,114	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)		974.15	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,867,898	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,867,898	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Component CCN: 15-T089				Date/Time Prepared: 5/24/2018 5:05 pm	
		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	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,668,747		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,536,645		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)					280,563		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					65,583		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					346,146		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,190,499		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 5:05 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	397,787	4,066,114	0.097830	0	0	90.00
91.00	Nursing School cost	0	4,066,114	0.000000	0	0	91.00
92.00	Allied health cost	0	4,066,114	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,066,114	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 5:05 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		74,693	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		74,693	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)		67,343	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)		1,119	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,539	15.00
16.00	Nursery days (title V or XIX only)		1,639	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)		57,246,800	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)		57,246,800	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)		57,246,800	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)		766.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		857,635	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)		857,635	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1	
		Title XIX		Hospital		Cost	
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)	1,315,774	2,539	518.23	1,639	849,379	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	15,160,590	10,712	1,415.29	518	733,120	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	3,457,912	3,342	1,034.68	422	436,635	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,762,714	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,639,483	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,350	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					766.43	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,633,261	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 5:05 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,944,542	57,246,800	0.103841	5,633,261	584,963	90.00
91.00	Nursing School cost	0	57,246,800	0.000000	5,633,261	0	91.00
92.00	Allied health cost	0	57,246,800	0.000000	5,633,261	0	92.00
93.00	All other Medical Education	0	57,246,800	0.000000	5,633,261	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/24/2018 5:05 pm
		Title XIX	Subprovider - IRF	Cost
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)			4,174 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,174 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)			4,174 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)			23 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,539 15.00
16.00	Nursery days (title V or XIX only)			1,639 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)			4,066,114 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)			4,066,114 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)			4,066,114 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)			974.15 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			22,405 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)			22,405 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1		
		Component CCN: 15-T089				Date/Time Prepared: 5/24/2018 5:05 pm		
		Title XIX		Subprovider - IRF		Cost		
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	0	0	0.00	0	0		44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
Cost Center Description								
					1.00			
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						30,553		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						52,958		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00 Program discharges						0		54.00
55.00 Target amount per discharge						0.00		55.00
56.00 Target amount (line 54 x line 55)						0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0		57.00
58.00 Bonus payment (see instructions)						0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0		61.00
62.00 Relief payment (see instructions)						0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)								70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)								71.00
72.00 Program routine service cost (line 9 x line 71)								72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)								73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)								74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)								75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)								76.00
77.00 Program capital-related costs (line 9 x line 76)								77.00
78.00 Inpatient routine service cost (line 74 minus line 77)								78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)								79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)								80.00
81.00 Inpatient routine service cost per diem limitation								81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)								82.00
83.00 Reasonable inpatient routine service costs (see instructions)								83.00
84.00 Program inpatient ancillary services (see instructions)								84.00
85.00 Utilization review - physician compensation (see instructions)								85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)								86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00 Total observation bed days (see instructions)						0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/24/2018 5:05 pm	
		Title XIX		Subprovider - IRF		Cost	
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	397,787	4,066,114	0.097830	0	0	90.00
91.00	Nursing School cost	0	4,066,114	0.000000	0	0	91.00
92.00	Allied health cost	0	4,066,114	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,066,114	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 5:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		91,040,137	30.00
31.00	03100	INTENSIVE CARE UNIT		29,614,362	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090554	49,189,302	50.00
51.00	05100	RECOVERY ROOM	0.176953	4,903,104	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.161224	186,389	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094537	30,998,699	54.00
57.00	03280	EKG AND EEG	0.050427	993,171	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.054664	23,157,625	59.00
60.00	06000	LABORATORY	0.123286	25,302,003	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.290928	3,016,121	63.00
65.00	06500	RESPIRATORY THERAPY	0.239250	10,301,230	65.00
65.01	06501	SLEEP LAB	0.082884	0	65.01
66.00	06600	PHYSICAL THERAPY	0.298709	3,266,521	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.213959	1,110,724	67.00
68.00	06800	SPEECH PATHOLOGY	0.204583	876,338	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067062	20,748,376	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293620	13,272,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.203275	41,426,635	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180570	49,200,806	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.205306	0	73.01
74.00	07400	RENAL DIALYSIS	0.430183	2,580,371	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.219481	547,076	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.120511	79,777	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0.253748	21,257	90.02
90.03	09003	ONCOLOGY CLINIC	0.065058	112,146	90.03
91.00	09100	EMERGENCY	0.089457	34,038,787	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.219017	1,155,367	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		316,484,010	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)		316,484,010	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 5:05 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		7,536,696		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.090554	77,661	7,033	50.00
51.00	05100 RECOVERY ROOM	0.176953	9,843	1,742	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.161224	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.094537	203,245	19,214	54.00
57.00	03280 EKG AND EEG	0.050427	11,753	593	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.054664	0	0	59.00
60.00	06000 LABORATORY	0.123286	469,990	57,943	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.290928	12,069	3,511	63.00
65.00	06500 RESPIRATORY THERAPY	0.239250	129,069	30,880	65.00
65.01	06501 SLEEP LAB	0.082884	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.298709	1,974,160	589,699	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.213959	2,389,926	511,346	67.00
68.00	06800 SPEECH PATHOLOGY	0.204583	638,206	130,566	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.067062	37,765	2,533	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293620	55,746	16,368	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.203275	2,911	592	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.180570	1,374,907	248,267	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.205306	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.430183	111,836	48,110	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.219481	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.120511	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.02	09002 PAIN CLINIC	0.253748	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.065058	0	0	90.03
91.00	09100 EMERGENCY	0.089457	3,918	350	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.219017	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,503,005	1,668,747	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		7,503,005		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 5:05 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,246,821	30.00
31.00	03100	INTENSIVE CARE UNIT		2,448,294	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,894,931	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		143,472	41.00
43.00	04300	NURSERY		270,193	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090554	1,234,251	50.00
51.00	05100	RECOVERY ROOM	0.176953	128,686	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.161224	605,121	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094537	1,052,819	54.00
57.00	03280	EKG AND EEG	0.050427	32,193	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.054664	393,554	59.00
60.00	06000	LABORATORY	0.123286	1,312,039	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.290928	117,739	63.00
65.00	06500	RESPIRATORY THERAPY	0.239250	712,599	65.00
65.01	06501	SLEEP LAB	0.082884	0	65.01
66.00	06600	PHYSICAL THERAPY	0.298709	120,279	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.213959	108,965	67.00
68.00	06800	SPEECH PATHOLOGY	0.204583	113,916	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067062	595,842	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293620	379,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.203275	727,515	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180570	2,657,451	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.205306	0	73.01
74.00	07400	RENAL DIALYSIS	0.430183	123,050	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.219481	4,540	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.120511	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0.253748	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.065058	4,608	90.03
91.00	09100	EMERGENCY	0.089457	1,298,764	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.219017	43,353	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		11,766,333	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)		11,766,333	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/24/2018 5:05 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		143,472	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090554	0	50.00
51.00	05100	RECOVERY ROOM	0.176953	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.161224	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.094537	1,385	131 54.00
57.00	03280	EKG AND EEG	0.050427	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.054664	0	59.00
60.00	06000	LABORATORY	0.123286	6,967	859 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.290928	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.239250	372	89 65.00
65.01	06501	SLEEP LAB	0.082884	0	65.01
66.00	06600	PHYSICAL THERAPY	0.298709	33,525	10,014 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.213959	50,038	10,706 67.00
68.00	06800	SPEECH PATHOLOGY	0.204583	23,958	4,901 68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.067062	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.293620	2,247	660 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.203275	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.180570	17,685	3,193 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.205306	0	73.01
74.00	07400	RENAL DIALYSIS	0.430183	0	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.219481	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.120511	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0.253748	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.065058	0	90.03
91.00	09100	EMERGENCY	0.089457	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.219017	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		136,177	30,553 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		136,177	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		47,913,182	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		16,091,275	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)		784,968	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		15,600,866	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		308.47	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		50.70	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 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 § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		12.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		62.14	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		62.14	12.00
13.00	Total allowable FTE count for the prior year.		62.70	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.		61.03	14.00
15.00	Sum of lines 12 through 14 divided by 3.		61.96	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		61.96	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.200862	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.209685	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.200862	21.00
22.00	IME payment adjustment (see instructions)		6,648,783	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,620,618	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.56	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)		6,648,783	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,620,618	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.40	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.73	31.00
32.00	Sum of lines 30 and 31		31.13	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.90	33.00
34.00	Disproportionate share adjustment (see instructions)		2,384,166	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	5,977,483,147	6,766,695,164	35.00
35.01	Factor 3 (see instructions)	0.000541810	0.000725628	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,238,660	4,910,101	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,422,340	1,237,616	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,659,956		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)	77,482,330		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)		79,102,948	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,988,960	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,622,116	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		13,497	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)		42,509	58.00
59.00	Total (sum of amounts on lines 49 through 58)		87,770,030	59.00
60.00	Primary payer payments		44,347	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		87,725,683	61.00
62.00	Deductibles billed to program beneficiaries		6,673,688	62.00
63.00	Coinurance billed to program beneficiaries		227,570	63.00
64.00	Allowable bad debts (see instructions)		1,426,334	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		927,117	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		267,433	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		81,751,542	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 Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		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)		-76,355	70.93
70.94	HRR adjustment amount (see instructions)		-211,077	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/24/2018 5:05 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			81,464,110	71.00
71.01	Sequestration adjustment (see instructions)			1,629,282	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			79,107,989	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, 71.02, 72, and 73)			726,839	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,408,371	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
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2018 5:05 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	47,913,182	0	47,913,182		47,913,182	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,091,275	0		16,091,275	16,091,275	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	784,968	0	628,643	156,325	784,968	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	15,600,866	0	11,462,464	4,138,401	15,600,865	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.200862	0.200862	0.200862	0.200862		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,648,783	0	4,977,221	1,671,562	6,648,783	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,620,618	0	1,620,618	0	1,620,618	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	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,648,783	0	4,977,221	1,671,562	6,648,783	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,620,618	0	1,620,618	0	1,620,618	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1490	0.1490	0.1490	0.1490		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,384,166	0	1,784,766	599,400	2,384,166	11.00
11.01	Uncompensated care payments	36.00	3,659,956	0	2,422,340	1,237,616	3,659,956	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	77,482,330	0	57,726,152	19,756,178	77,482,330	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	79,102,948	0	59,346,770	19,756,178	79,102,948	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,988,960	0	4,480,601	1,508,359	5,988,960	16.00
17.00	Special add-on payments for new technologies	54.00	13,497	0	8,286	5,211	13,497	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2018 5:05 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	63,835,657	21,269,748	85,105,405	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	5,191,242	0	3,880,478	1,310,764	5,191,242	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	40,316	0	33,962	6,354	40,316	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0809	0.0809	0.0809	0.0809		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	419,971	0	313,930	106,041	419,971	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0650	0.0650	0.0650	0.0650		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	337,431	0	252,231	85,200	337,431	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,988,960	0	4,480,601	1,508,359	5,988,960	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		N					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2018 5:05 pm	
		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	47,913,182	47,913,182		47,913,182	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,091,275		16,091,275	16,091,275	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	784,968	628,643	156,325	784,968	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	15,600,866	11,462,464	4,138,401	15,600,865	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.200862	0.200862	0.200862		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,648,783	4,977,221	1,671,562	6,648,783	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,620,618	1,190,721	429,897	1,620,618	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	6,648,783	4,977,221	1,671,562	6,648,783	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,620,618	1,190,721	429,897	1,620,618	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1490	0.1490	0.1490		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,384,166	1,784,766	599,400	2,384,166	11.00
11.01	Uncompensated care payments	36.00	3,659,956	2,422,340	1,237,616	3,659,956	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	77,482,330	57,726,152	19,756,178	77,482,330	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	79,102,948	58,916,873	20,186,075	79,102,948	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,988,960	4,480,601	1,508,359	5,988,960	16.00
17.00	Special add-on payments for new technologies	54.00	13,497	8,286	5,211	13,497	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			63,405,760	21,699,645	85,105,405	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2018 5:05 pm

		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	5,191,242	3,880,478	1,310,764	5,191,242	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	40,316	33,962	6,354	40,316	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	0.0809	0.0809	0.0809		22.00	
23.00	Indirect medical education adjustment (see instructions)	6.00	419,971	313,930	106,041	419,971	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0650	0.0650	0.0650		24.00	
25.00	Disproportionate share adjustment (see instructions)	11.00	337,431	252,231	85,200	337,431	25.00	
26.00	Total prospective capital payments (see instructions)	12.00	5,988,960	4,480,601	1,508,359	5,988,960	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	-76,355	-126,800	50,445	-76,355	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	-211,077	-182,103	-28,974	-211,077	31.00	
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01	
						(Amt. to Wkst. E, Pt. A)		
		0	1.00	2.00	3.00	4.00		
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00	
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25,169	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,486,939	2.00
3.00	OPPS payments		38,421,963	3.00
4.00	Outlier payment (see instructions)		178,567	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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		43,127	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		25,169	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		139,819	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)		139,819	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)		139,819	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		114,650	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 (see instructions)		25,169	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, 4.01, 8 and 9)		38,643,657	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,996,724	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)		31,672,102	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,098,654	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)		32,770,756	30.00
31.00	Primary payer payments		4,677	31.00
32.00	Subtotal (line 30 minus line 31)		32,766,079	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,862,599	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		1,210,689	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,004,601	36.00
37.00	Subtotal (see instructions)		33,976,768	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-490	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		61,687	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		33,977,258	40.00
40.01	Sequestration adjustment (see instructions)		679,545	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		32,989,201	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		308,512	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		5,240	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		156	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		156	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		866	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)		866	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)		866	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		710	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 (see instructions)		156	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, 4.01, 8 and 9)		0	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)		0	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)		156	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)		156	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		156	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		156	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		156	40.00
40.01	Sequestration adjustment (see instructions)		3	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		170	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-17	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0089		Period: From 01/01/2017 To 12/31/2017		Worksheet E-1 Part I Date/Time Prepared: 5/24/2018 5:05 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		79,040,889		32,751,201	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	07/24/2017	67,100	07/24/2017	238,000	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)		67,100		238,000	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)		79,107,989		32,989,201	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		726,839		308,512	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		79,834,828		33,297,713	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

Period:
From 01/01/2017
To 12/31/2017

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2018 5:05 pm
PPS

Title XVIII

Subprovider -
IRF

		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		3,944,946		170	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)		3,944,946		170	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		24,221		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		17	6.02
7.00	Total Medicare program liability (see instructions)		3,969,167		153	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: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part III Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,808,034 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0294 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			110,814 3.00
4.00	Outlier Payments			148,712 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			62.51 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.435616 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			4,067,560 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,067,560 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,067,560 19.00
20.00	Deductibles			21,056 20.00
21.00	Subtotal (line 19 minus line 20)			4,046,504 21.00
22.00	Coinsurance			2,632 22.00
23.00	Subtotal (line 21 minus line 22)			4,043,872 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			7,862 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,110 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			2,632 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,048,982 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)			1,188 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	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,050,170 32.00
32.01	Sequestration adjustment (see instructions)			81,003 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,944,946 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, 32.02, 33, and 34)			24,221 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			26,656 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			148,712 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/24/2018 5:05 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			57.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			12.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			63.57	6.00
7.00	Enter the lesser of line 5 or line 6			63.57	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	53.32	10.00	63.32	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	53.32	10.00	63.32	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	53.32	10.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	54.23	10.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	52.03	10.49		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	53.19	10.16		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	53.19	10.16		17.00
18.00	Per resident amount	100,560.77	95,222.23		18.00
19.00	Approved amount for resident costs	5,348,827	967,458	6,316,285	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			4.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			99,073.51	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			6,316,285	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	41,889	10,361		26.00
27.00	Total Inpatient Days (see instructions)	86,213	86,213		27.00
28.00	Ratio of inpatient days to total inpatient days	0.485878	0.120179		28.00
29.00	Program direct GME amount	3,068,944	759,085		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		107,259		30.00
31.00	Net Program direct GME amount			3,720,770	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,895,337	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		82,505,179	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		44,347	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		82,460,832	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		34,555,391	42.00
43.00	Primary payer payments (see instructions)		4,677	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		34,550,714	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		117,011,546	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.704724	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.295276	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,720,770	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,622,116	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,098,654	50.00

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

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet G

Date/Time Prepared:
5/24/2018 5:05 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	171,997,243	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	52,739,810	0	0	0	4.00
5.00	Other receivable	-5,065,528	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	7,920,545	0	0	0	7.00
8.00	Prepaid expenses	2,347,532	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)	229,939,602	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,924,410	0	0	0	12.00
13.00	Land improvements	3,630,983	0	0	0	13.00
14.00	Accumulated depreciation	-2,940,462	0	0	0	14.00
15.00	Buildings	305,390,684	0	0	0	15.00
16.00	Accumulated depreciation	-169,346,036	0	0	0	16.00
17.00	Leasehold improvements	322,332	0	0	0	17.00
18.00	Accumulated depreciation	-282,839	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	169,329,616	0	0	0	23.00
24.00	Accumulated depreciation	-130,889,560	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)	178,139,128	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	30,849,824	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	18,919,022	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	49,768,846	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	457,847,576	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,261,255	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,613,164	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,717,333	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	6,005,736	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,597,488	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	69,068,724	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,239,474	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	72,308,198	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	114,905,686	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	342,941,890				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)	342,941,890	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	457,847,576	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-1

Date/Time Prepared:
5/24/2018 5:05 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		315,622,675		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		66,249,525			2.00
3.00	Total (sum of line 1 and line 2)		381,872,200		0	3.00
4.00	DONATED PP&E	5,657		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)		5,657		0	10.00
11.00	Subtotal (line 3 plus line 10)		381,877,857		0	11.00
12.00	UNRESTRICTED FUND BALANCE	38,377,863		0		12.00
13.00	PENSION	558,101		0		13.00
14.00	ROUNDING	3		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)		38,935,967		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		342,941,890		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	DONATED PP&E		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	UNRESTRICTED FUND BALANCE		0			12.00
13.00	PENSION		0			13.00
14.00	ROUNDING		0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2018 5:05 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	191,205,878		191,205,878	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	10,783,458		10,783,458	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	201,989,336		201,989,336	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	58,887,224		58,887,224	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	14,684,782		14,684,782	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	73,572,006		73,572,006	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	275,561,342		275,561,342	17.00
18.00	Ancillary services	599,892,098	589,468,279	1,189,360,377	18.00
19.00	Outpatient services	68,056,241	220,530,471	288,586,712	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	14,761	8,453,149	8,467,910	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (RETAIL PHARMACY)	0	6,516,317	6,516,317	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	943,524,442	824,968,216	1,768,492,658	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		355,573,555		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)		355,573,555		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2017
To 12/31/2017

Worksheet G-3

Date/Time Prepared:
5/24/2018 5:05 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,768,492,658	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,368,865,216	2.00
3.00	Net patient revenues (line 1 minus line 2)	399,627,442	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	355,573,555	4.00
5.00	Net income from service to patients (line 3 minus line 4)	44,053,887	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	22,195,638	24.00
25.00	Total other income (sum of lines 6-24)	22,195,638	25.00
26.00	Total (line 5 plus line 25)	66,249,525	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)	66,249,525	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0089	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/24/2018 5:05 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,191,242	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,316	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)		224.76	3.00
4.00	Number of interns & residents (see instructions)		61.96	4.00
5.00	Indirect medical education percentage (see instructions)		8.09	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)		419,971	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.40	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.73	8.00
9.00	Sum of lines 7 and 8		31.13	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.50	10.00
11.00	Disproportionate share adjustment (see instructions)		337,431	11.00
12.00	Total prospective capital payments (see instructions)		5,988,960	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