

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: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S Parts I-III Date/Time Prepared: 5/15/2018 8:33 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/15/2018 Time: 8:33 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

6. Date Received:
7. Contractor No.
8. Initial Report for this Provider CCN
9. Final Report for this Provider CCN

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

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 COMMUNITY HOSPITAL ANDERSON (15-0113) 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.

Encryption Information
 ECR: Date: 5/15/2018 Time: 8:33 am
 PkVQ7whijRjj9M6bMBjqt:las9wK0
 ePu6V07ZndD7H2c35YXC6Fc2:WPwtq
 1u9h1gyHNv0V2biz
 PI: Date: 5/15/2018 Time: 8:33 am
 a6irNYNBby3KAFCybEKsGwz1.P3700
 KPwz:Om.Vct5o0pF5WasRyEgoJ9gwV
 mTOD0.1FX.0eIHRA

(Signed) John B. Hamme
 Officer or Administrator of Provider(s)

VP FINANCE & CFO
 Title

5-15-2018
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	25,936	49,996	0	-1,852,203	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	0		0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	25,936	49,996	0	-1,852,203	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: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part I Date/Time Prepared: 5/14/2018 1:52 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1515 NORTH MADISON AVE			PO Box:				1.00			
2.00	City: ANDERSON			State: IN		Zip Code: 46011		County: MADISON			
		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	V	XVIII	XIX	
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital			COMMUNITY HOSPITAL ANDERSON	150113	26900	1	01/01/1966	N	P	O
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
17.10	Hospital-Based (CORF) I										
18.00	Renal Dialysis										
19.00	Other										
							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	N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.			780	131		4	0	5,541	5	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0		0	0			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/14/2018 1:52 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					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	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300(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 Criterion 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)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					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) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>						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	N
	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	0.00 0.00 0.000000

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0113

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

Worksheet S-2
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

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

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						1.00			
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N				80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N				81.00		
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N				85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						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		Y		91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N		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. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		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.		Y		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.		Y		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. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y		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.		Y		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)		N				106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, 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		
						Physical	Occupational	Speech	Respiratory
						1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N		N		N		N
						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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/14/2018 1:52 pm		
		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			
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	540,351	289,952			0118.01
		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.	N				122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0040		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part I Date/Time Prepared: 5/14/2018 1:52 pm
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		1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WPS		Contractor's Number: 08101				141.00		
142.00	Street: 1500 NORTH RITTER AVE	PO Box:						142.00		
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219				143.00		
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00	
								1.00		
								2.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.							Y	145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00	
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00	
		Part A	Part B	Title V	Title XIX					
		1.00	2.00	3.00	4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N	N	N	N				155.00	
156.00	Subprovider - IPF	N	N	N	N				156.00	
157.00	Subprovider - IRF	N	N	N	N				157.00	
158.00	SUBPROVIDER								158.00	
159.00	SNF	N	N	N	N				159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N				160.00	
161.00	CMHC			N	N				161.00	
161.10	CORF			N	N				161.10	
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)							0.00	166.00	
								1.00		
Health Information Technology (HIT) Incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							9.99	169.00	
							Beginn ing	Endi ng		
							1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							10/01/2012	09/30/2013	170.00
							1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)							N	0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet S-2 Part II Date/Time Prepared: 5/14/2018 1:52 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	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.			N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A		Part B	
				Y/N	Date	Y/N	Date
				1.00	2.00	3.00	4.00
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y	03/30/2018	Y	03/30/2018
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N		N	19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/14/2018 1:52 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		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		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.	REX	SHERA		41.00
42.00	Enter the employer/company name of the cost report preparer.	ERNST & YOUNG LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3176817519	REX.SHERA@EY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part II Date/Time Prepared: 5/14/2018 1:52 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.	EXECUTIVE DIRECTOR		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

HFS Supplemental Information		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S-2 Part IX Date/Time Prepared: 5/14/2018 1:52 pm	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98)		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.01)		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.02)		Y	Y	3.00
3.01	Do Title V or XIX use W/S D-1 for reimbursement?		N	N	3.01
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient. (see S-2, Part I, lines 98.03 and 98.04)		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.05)		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX. (see S-2, Part I, line 98.06)		Y	Y	7.00
RHC					
8.00	Do Title V & XIX impute 20% coinsurance (M-3 Line 16.04)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	8.00
FQHC					
9.00	For fiscal year beginning on/after 10/01/2014, use M-series for Title V and/or Title XIX? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		N	N	9.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

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

Worksheet S-3
Part I
Date/Time Prepared:
5/14/2018 1:52 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	122	44,530	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)		122	44,530	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	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	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		139	50,735	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	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		139				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

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

Worksheet S-3
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,660	660	22,635			1.00
2.00 HMO and other (see instructions)	4,320	4,028				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,660	660	22,635			7.00
8.00 INTENSIVE CARE UNIT	1,348	11	1,435			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,757	2,006			13.00
14.00 Total (see instructions)	11,008	2,428	26,076	0.44	1,098.99	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	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	207			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.44	1,098.99	27.00
28.00 Observation Bed Days		1,117	2,075			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			319			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	5	111			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: 15-0113

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

Worksheet S-3
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	2,594	1,646	6,981	1.00
2.00 HMO and other (see instructions)				955	0		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	2,594		1,646	6,981	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY	0.00						20.00
21.00 OTHER LONG TERM CARE	0.00					0	21.00
22.00 HOME HEALTH AGENCY	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00						23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
25.10 CMHC - CORF	0.00						25.10
26.00 RURAL HEALTH CLINIC	0.00						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: 15-0113

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

Worksheet S-3
Part II
Date/Time Prepared:
5/14/2018 1:52 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	65,892,254	0	65,892,254	2,285,904.69	28.83
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		822,673	0	822,673	9,528.00	86.34
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		491	0	491	13.00	37.77
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,594,186	0	3,594,186	97,030.32	37.04
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,086,414	0	1,086,414	16,470.89	65.96
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		345,100	0	345,100	3,754.00	91.93
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		1,093,269	0	1,093,269	20,949.00	52.19
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)		16,623,232	0	16,623,232		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		971,893	0	971,893		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		222,589	0	222,589		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		267,760	0	267,760		
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	3,111,933	0	3,111,933	88,541.35	35.15
27.00	Administrative & General	5.00	10,609,968	0	10,609,968	376,614.22	28.17

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

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

Worksheet S-3
Part II
Date/Time Prepared:
5/14/2018 1:52 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.)	8,945,604	0	8,945,604	162,890.02	54.92	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,155,126	0	2,155,126	78,083.72	27.60	30.00
31.00	Laundry & Linen Service	0	69,302	69,302	4,212.00	16.45	31.00
32.00	Housekeeping	1,502,556	-69,302	1,433,254	87,117.37	16.45	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,489,959	-825,199	664,760	37,876.49	17.55	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	825,199	825,199	47,019.00	17.55	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,137,795	0	1,137,795	24,699.83	46.06	38.00
39.00	Central Services and Supply	1,035,273	0	1,035,273	63,977.15	16.18	39.00
40.00	Pharmacy	1,653,137	0	1,653,137	44,535.18	37.12	40.00
41.00	Medical Records & Medical Records Library	1,213,422	0	1,213,422	46,621.87	26.03	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: 15-0113

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

Worksheet S-3
Part III
Date/Time Prepared:
5/14/2018 1:52 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	74,014,694	0	74,014,694	2,439,253.71	30.34	1.00
2.00	Excluded area salaries (see instructions)	3,594,186	0	3,594,186	97,030.32	37.04	2.00
3.00	Subtotal salaries (line 1 minus line 2)	70,420,508	0	70,420,508	2,342,223.39	30.07	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,524,783	0	2,524,783	41,173.89	61.32	4.00
5.00	Subtotal wage-related costs (see inst.)	16,890,992	0	16,890,992	0.00	23.99	5.00
6.00	Total (sum of lines 3 thru 5)	89,836,283	0	89,836,283	2,383,397.28	37.69	6.00
7.00	Total overhead cost (see instructions)	32,854,773	0	32,854,773	1,062,188.20	30.93	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part IV Date/Time Prepared: 5/14/2018 1:52 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,103,257	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)		9,753,967	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		31,577	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)		169,039	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		193,511	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		4,416,319	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		35,588	19.00
20.00	State or Federal Unemployment Taxes		0	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		114,455	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,817,713	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: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S-3 Part V Date/Time Prepared: 5/14/2018 1:52 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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet S-10 Date/Time Prepared: 5/14/2018 1:52 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)		0.241563	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		60,354,906	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		99,136,589	6.00	
7.00	Medicaid cost (line 1 times line 6)		23,947,732	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)		0	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		10,323	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		108,831	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	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)	4,844,656	1,770,149	6,614,805	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,170,290	1,770,149	2,940,439	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,170,290	1,770,149	2,940,439	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?		N		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)			6,827,941	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			532,064	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			818,560	27.01
28.00	Non-Medicare bad debt expense (see instructions)			6,009,381	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,738,140	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,678,579	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			4,678,579	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	6,017,647	6,017,647	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,610,836	4,610,836	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,111,933	13,807,742	16,919,675	-47,800	16,871,875	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,609,968	21,972,020	32,581,988	-2,052,903	30,529,085	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,155,126	6,289,634	8,444,760	-1,468,727	6,976,033	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	199,200	199,200	8.00
9.00	00900	HOUSEKEEPING	1,502,556	500,799	2,003,355	-216,489	1,786,866	9.00
10.00	01000	DIETARY	1,489,959	1,579,493	3,069,452	-2,016,872	1,052,580	10.00
11.00	01100	CAFETERIA	0	0	0	1,699,985	1,699,985	11.00
13.00	01300	NURSING ADMINISTRATION	1,137,795	153,439	1,291,234	-203	1,291,031	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,035,273	900,713	1,935,986	-124,290	1,811,696	14.00
15.00	01500	PHARMACY	1,653,137	6,166,116	7,819,253	-5,788,260	2,030,993	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,213,422	372,657	1,586,079	-20	1,586,059	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,089,977	3,367,930	17,457,907	-2,965,277	14,492,630	30.00
31.00	03100	INTENSIVE CARE UNIT	2,588,543	957,831	3,546,374	-614,302	2,932,072	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,412	2,412	1,179,053	1,181,465	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,898,405	17,338,775	22,237,180	-15,733,670	6,503,510	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
53.00	05300	ANESTHESIOLOGY	822,673	2,884,731	3,707,404	-43,596	3,663,808	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,408,162	1,556,141	3,964,303	-631,255	3,333,048	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	246,485	662,509	908,994	-285,399	623,595	56.00
57.00	05700	CT SCAN	420,394	587,769	1,008,163	-369,616	638,547	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	318,485	696,649	1,015,134	-138,740	876,394	58.00
59.00	05900	CARDIAC CATHETERIZATION	856,918	1,400,855	2,257,773	-1,197,925	1,059,848	59.00
60.00	06000	LABORATORY	2,126,891	3,888,230	6,015,121	-2,097,116	3,918,005	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	209,292	526,797	736,089	-502,446	233,643	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	959,977	266,346	1,226,323	-195,533	1,030,790	65.00
66.00	06600	PHYSICAL THERAPY	1,822,631	894,575	2,717,206	-549,288	2,167,918	66.00
67.00	06700	OCCUPATIONAL THERAPY	343,128	32,687	375,815	4,549	380,364	67.00
68.00	06800	SPEECH PATHOLOGY	190,146	29,638	219,784	8,974	228,758	68.00
69.00	06900	ELECTROCARDIOLOGY	413,228	206,251	619,479	-146,909	472,570	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	489,078	246,799	735,877	-61,601	674,276	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,343,242	12,343,242	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,665,893	9,665,893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,481,484	5,481,484	73.00
74.00	07400	RENAL DIALYSIS	0	365,802	365,802	-8,485	357,317	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	306,180	1,109,125	1,415,305	-398,025	1,017,280	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	1,143,440	-8,163,015	-7,019,575	-1,468,261	-8,487,836	90.03
90.04	09004	MUNCIE CLINIC	0	94,630	94,630	-34,926	59,704	90.04
90.05	09005	ANTI COAGULATION CLINIC	272,855	59,577	332,432	-26,466	305,966	90.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

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

Worksheet A
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.06	09006	PREGNANCY PLUS	0	725	725	-728	-3	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	53,649	53,649	-53,049	600	90.09
91.00	09100	EMERGENCY	3,462,011	1,118,924	4,580,935	-638,382	3,942,553	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	62,298,068	81,928,955	144,227,023	1,334,304	145,561,327	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	883,643	551,858	1,435,501	-214,134	1,221,367	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	398,357	44,473	442,830	-21,383	421,447	190.03
190.04	19004	SUMMIT CONV. (LTC)	223,204	18,280	241,484	0	241,484	190.04
190.05	19005	PARKVIEW CONV. (LTC)	338,543	24,117	362,660	0	362,660	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	84,234	7,619	91,853	0	91,853	190.06
190.07	19007	NH PARK PLACE (LTC)	38,551	2,592	41,143	0	41,143	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	626,088	232,797	858,885	-41,329	817,556	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	102,990	79,802	182,792	-608	182,184	190.12
190.13	19013	RHEUMATOLOGY	407,083	525,298	932,381	-26,951	905,430	190.13
190.14	19014	ROCK STEADY BOXING	92,921	48,508	141,429	-16,907	124,522	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,173,211	2,173,211	-865,949	1,307,262	192.00
192.01	19201	MUNCIE MD OFFICES	0	138,725	138,725	-125,200	13,525	192.01
192.02	19202	FOUNDATION	203,277	668,526	871,803	-8	871,795	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	195,295	33,116	228,411	-6,779	221,632	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	611	611	0	611	192.07
192.08	19208	RENTAL PROPERTY - 1924 MADISON	0	28,807	28,807	-11,648	17,159	192.08
192.09	19209	RESIDENTIAL PROPERTY - 1430 N MADISON	0	8,806	8,806	-3,408	5,398	192.09
200.00		TOTAL (SUM OF LINES 118 through 199)	65,892,254	86,516,101	152,408,355	0	152,408,355	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

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

Worksheet A
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-135,316	5,882,331	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,610,836	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,422,756	13,449,119	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-10,365,520	20,163,565	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-59,584	6,916,449	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	199,200	8.00
9.00	00900	HOUSEKEEPING	0	1,786,866	9.00
10.00	01000	DIETARY	0	1,052,580	10.00
11.00	01100	CAFETERIA	-956,062	743,923	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,291,031	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,378	1,809,318	14.00
15.00	01500	PHARMACY	0	2,030,993	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-473	1,585,586	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-4,468	14,488,162	30.00
31.00	03100	INTENSIVE CARE UNIT	-491	2,931,581	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,181,465	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,503,510	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-3,612,317	51,491	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-302,634	3,030,414	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	623,595	56.00
57.00	05700	CT SCAN	0	638,547	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	876,394	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,059,848	59.00
60.00	06000	LABORATORY	0	3,918,005	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	233,643	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,030,790	65.00
66.00	06600	PHYSICAL THERAPY	-16,419	2,151,499	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	380,364	67.00
68.00	06800	SPEECH PATHOLOGY	0	228,758	68.00
69.00	06900	ELECTROCARDIOLOGY	68,816	541,386	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	674,276	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,343,242	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,665,893	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	228,035	5,709,519	73.00
74.00	07400	RENAL DIALYSIS	0	357,317	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	-832,957	184,323	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	90.02
90.03	09003	ONCOLOGY	-836,710	-9,324,546	90.03
90.04	09004	MUNCIE CLINIC	-58,020	1,684	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	305,966	90.05
90.06	09006	PREGNANCY PLUS	0	-3	90.06
90.07	09007	O/P LAB	0	0	90.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

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

Worksheet A
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.08	09008	O/P LAB	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	600	90.09
91.00	09100	EMERGENCY	-23,130	3,919,423	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-20,332,384	125,228,943	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	1,221,367	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	421,447	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	241,484	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	362,660	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	91,853	190.06
190.07	19007	NH PARK PLACE (LTC)	0	41,143	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	817,556	190.10
190.11	19011	ONCOLOGIST	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	182,184	190.12
190.13	19013	RHEUMATOLOGY	0	905,430	190.13
190.14	19014	ROCK STEADY BOXING	0	124,522	190.14
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,307,262	192.00
192.01	19201	MUNCIE MD OFFICES	0	13,525	192.01
192.02	19202	FOUNDATION	0	871,795	192.02
192.03	19203	SPOE	0	0	192.03
192.04	19204	HEALTHY HEART	0	221,632	192.04
192.05	19205	VACANT SPACE	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	611	192.07
192.08	19208	RENTAL PROPERTY - 1924 MADISON	0	17,159	192.08
192.09	19209	RESIDENTIAL PROPERTY - 1430 N MADISON	0	5,398	192.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-20,332,384	132,075,971	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet Non-CMS W Date/Time Prepared: 5/14/2018 1:52 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAP REL COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	02200		22.00
23.00	PARAMED ED PRGM-(EMS)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
32.00	CORONARY CARE UNIT	03200		32.00
33.00	BURN INTENSIVE CARE UNIT	03300		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
46.00	OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
75.00	ASC (NON-DISTINCT PART)	07500		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
90.01	WOUND/OSTOMY CLINIC	09001		90.01
90.02	KIDS PLUS CLINIC	09002		90.02
90.03	ONCOLOGY	09003		90.03
90.04	MUNCIE CLINIC	09004		90.04
90.05	ANTI COAGULATION CLINIC	09005		90.05

COST CENTERS USED IN COST REPORT		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet Non-CMS W Date/Time Prepared: 5/14/2018 1:52 pm
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.06	PREGNANCY PLUS	09006		90.06
90.07	O/P LAB	09007		90.07
90.08	O/P LAB	09008		90.08
90.09	FORTVILLE CLINIC	09009		90.09
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
190.01	WELLNESS CENTERS	19001		190.01
190.02	EMPLOYED ORTHO MD	19002		190.02
190.03	NORTHVIEW CONV. (LTC)	19003		190.03
190.04	SUMMIT CONV. (LTC)	19004		190.04
190.05	PARKVIEW CONV. (LTC)	19005		190.05
190.06	MONTICELLO HSE. (ASS' TD LVG.)	19006		190.06
190.07	NH PARK PLACE (LTC)	19007		190.07
190.08	MADISON PLACE OF ELWOOD (LTC)	19008		190.08
190.09	SPINE SURGEON	19009		190.09
190.10	CLINICAL RESEARCH CENTER	19010		190.10
190.11	ONCOLOGIST	19011		190.11
190.12	MEDICAL INTERNIST	19012		190.12
190.13	RHEUMATOLOGY	19013		190.13
190.14	ROCK STEADY BOXING	19014		190.14
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	MUNCIE MD OFFICES	19201		192.01
192.02	FOUNDATION	19202		192.02
192.03	SPOE	19203		192.03
192.04	HEALTHY HEART	19204		192.04
192.05	VACANT SPACE	19205		192.05
192.07	PARK PLACE CENTER	19207		192.07
192.08	RENTAL PROPERTY - 1924 MADISON	19208		192.08
192.09	RESIDENTIAL PROPERTY - 1430 N MADISON	19209		192.09
200.00	TOTAL (SUM OF LINES 118 through 199)			200.00

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,872,104	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,106,002	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
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
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
0			0	8,978,106	
B - DRUGS & SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,343,242	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,665,893	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,481,484	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

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
0			0	27,490,619		
C - RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	782,095		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	431,124		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
0			0	1,213,219		
D - LABOR & DELIVERY						
1.00	NURSERY	43.00	933,636	247,829		1.00
0			933,636	247,829		
E - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	853,814	905,121		1.00
0			853,814	905,121		
F - SPECIAL MEALS						
1.00	DIETARY	10.00	28,615	30,335		1.00
0			28,615	30,335		
G - INTEREST & INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	227,158		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	136,290		2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	73,710		3.00
0			0	437,158		
H - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	69,302	129,898		1.00
0			69,302	129,898		
I - POB UTILITIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,239		1.00
2.00	LABORATORY	60.00	0	7,529		2.00
3.00	PHYSICAL THERAPY	66.00	0	11,509		3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	7,941		4.00
5.00	SPEECH PATHOLOGY	68.00	0	9,550		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	15,707		6.00
7.00	ONCOLOGY	90.03	0	89,134		7.00
0			0	147,609		
500.00	Grand Total: Increases		1,885,367	39,579,894		500.00

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,879	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,487,057	9		2.00
3.00	OPERATION OF PLANT	7.00	0	1,418,169	0		3.00
4.00	HOUSEKEEPING	9.00	0	9,883	0		4.00
5.00	DIETARY	10.00	0	316,290	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	203	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	41,145	0		7.00
8.00	PHARMACY	15.00	0	4,630	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	254,193	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	172,057	0		10.00
11.00	NURSERY	43.00	0	2,412	0		11.00
12.00	OPERATING ROOM	50.00	0	1,295,967	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	6,700	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	450,973	0		14.00
15.00	RADIOISOTOPE	56.00	0	12,600	0		15.00
16.00	CT SCAN	57.00	0	265,416	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	124,137	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	110,957	0		18.00
19.00	LABORATORY	60.00	0	380,678	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,010	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	28,947	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	65,707	0		22.00
24.00	SPEECH PATHOLOGY	68.00	0	166	0		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	24,513	0		25.00
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	32,041	0		26.00
27.00	WOUND/OSTOMY CLINIC	90.01	0	20,603	0		27.00
28.00	ONCOLOGY	90.03	0	1,326,801	0		28.00
29.00	MUNCIE CLINIC	90.04	0	34,916	0		29.00
30.00	ANTI COAGULATION CLINIC	90.05	0	7,558	0		30.00
31.00	PREGNANCY PLUS	90.06	0	728	0		31.00
32.00	FORTVILLE CLINIC	90.09	0	6,105	0		32.00
33.00	EMERGENCY	91.00	0	123,238	0		33.00
34.00	WELLNESS CENTERS	190.01	0	180,236	0		34.00
35.00	NORTHVIEW CONV. (LTC)	190.03	0	20,162	0		35.00
36.00	CLINICAL RESEARCH CENTER	190.10	0	1,796	0		36.00
38.00	RHEUMATOLOGY	190.13	0	2,555	0		38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	716,580	0		39.00
40.00	HEALTHY HEART	192.04	0	690	0		40.00
41.00	RESIDENTIAL PROPERTY - 1430 N MADISO	192.09	0	3,408	0		41.00
			0	8,978,106			
B - DRUGS & SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,921	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	134,927	0		2.00
3.00	OPERATION OF PLANT	7.00	0	50,558	0		3.00
4.00	HOUSEKEEPING	9.00	0	7,406	0		4.00
5.00	DIETARY	10.00	0	597	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	83,145	0		6.00
7.00	PHARMACY	15.00	0	5,492,085	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	20	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,529,619	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	442,217	0		10.00
11.00	OPERATING ROOM	50.00	0	14,437,703	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	36,896	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	180,282	0		13.00
14.00	RADIOISOTOPE	56.00	0	272,799	0		14.00
15.00	CT SCAN	57.00	0	104,200	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,603	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	1,086,968	0		17.00
18.00	LABORATORY	60.00	0	1,679,261	0		18.00
19.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	501,436	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	160,624	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	20,412	0		21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	3,392	0		22.00
23.00	SPEECH PATHOLOGY	68.00	0	410	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	13,163	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,540	0		25.00
26.00	RENAL DIALYSIS	74.00	0	8,485	0		26.00
27.00	WOUND/OSTOMY CLINIC	90.01	0	377,422	0		27.00

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	ONCOLOGY	90.03	0	230,594	0	28.00	
29.00	MUNCIE CLINIC	90.04	0	10	0	29.00	
30.00	ANTI COAGULATION CLINIC	90.05	0	18,908	0	30.00	
31.00	EMERGENCY	91.00	0	515,144	0	31.00	
32.00	WELLNESS CENTERS	190.01	0	33,898	0	32.00	
33.00	NORTHVIEW CONV. (LTC)	190.03	0	1,221	0	33.00	
34.00	CLINICAL RESEARCH CENTER	190.10	0	1,265	0	34.00	
35.00	MEDICAL INTERNIST	190.12	0	608	0	35.00	
36.00	ROCK STEADY BOXING	190.14	0	23	0	36.00	
37.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,760	0	37.00	
38.00	FOUNDATION	192.02	0	8	0	38.00	
39.00	HEALTHY HEART	192.04	0	6,089	0	39.00	
	0		0	27,490,619			
C - RENT							
1.00		0.00	0	0	9	1.00	
2.00	PHARMACY	15.00	0	291,545	9	2.00	
3.00	INTENSIVE CARE UNIT	31.00	0	28	0	3.00	
4.00	LABORATORY	60.00	0	44,706	0	4.00	
5.00	RESPIRATORY THERAPY	65.00	0	5,962	0	5.00	
6.00	PHYSICAL THERAPY	66.00	0	474,678	0	6.00	
7.00	ELECTROCARDIOLOGY	69.00	0	124,940	0	7.00	
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,020	0	8.00	
9.00	FORTVILLE CLINIC	90.09	0	46,944	0	9.00	
10.00	CLINICAL RESEARCH CENTER	190.10	0	38,268	0	10.00	
11.00	RHEUMATOLOGY	190.13	0	24,396	0	11.00	
12.00	ROCK STEADY BOXING	190.14	0	16,884	0	12.00	
13.00	MUNCIE MD OFFICES	192.01	0	125,200	0	13.00	
14.00	RENTAL PROPERTY - 1924 MADISON	192.08	0	11,648	0	14.00	
	0		0	1,213,219			
D - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	933,636	247,829	0	1.00	
	0		933,636	247,829			
E - CAFETERIA RECLASS							
1.00	DIETARY	10.00	853,814	905,121	0	1.00	
	0		853,814	905,121			
F - SPECIAL MEALS							
1.00	CAFETERIA	11.00	28,615	30,335	0	1.00	
	0		28,615	30,335			
G - INTEREST & INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	227,158	11	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	210,000	12	2.00	
3.00		0.00	0	0	12	3.00	
	0		0	437,158			
H - LAUNDRY							
1.00	HOUSEKEEPING	9.00	69,302	129,898	0	1.00	
	0		69,302	129,898			
I - POB UTILITIES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	147,609	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
	0		0	147,609			
500.00	Grand Total: Decreases		1,885,367	39,579,894		500.00	

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/14/2018 1:52 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
A - DEPRECIATION									
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,872,104	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,879	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,106,002	ADMINISTRATIVE & GENERAL	5.00	0	1,487,057	2.00
3.00		0.00	0	0	OPERATION OF PLANT	7.00	0	1,418,169	3.00
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	9,883	4.00
5.00		0.00	0	0	DIETARY	10.00	0	316,290	5.00
6.00		0.00	0	0	NURSING	13.00	0	203	6.00
7.00		0.00	0	0	ADMINISTRATION				
8.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	41,145	7.00
9.00		0.00	0	0	PHARMACY	15.00	0	4,630	8.00
10.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	254,193	9.00
11.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	172,057	10.00
12.00		0.00	0	0	NURSERY	43.00	0	2,412	11.00
13.00		0.00	0	0	OPERATING ROOM	50.00	0	1,295,967	12.00
14.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	6,700	13.00
15.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	450,973	14.00
16.00		0.00	0	0	RADIOISOTOPE	56.00	0	12,600	15.00
17.00		0.00	0	0	CT SCAN	57.00	0	265,416	16.00
18.00		0.00	0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	124,137	17.00
19.00		0.00	0	0	CARDIAC CATHETERIZATION	59.00	0	110,957	18.00
20.00		0.00	0	0	LABORATORY	60.00	0	380,678	19.00
21.00		0.00	0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,010	20.00
22.00		0.00	0	0	RESPIRATORY THERAPY	65.00	0	28,947	21.00
23.00		0.00	0	0	PHYSICAL THERAPY	66.00	0	65,707	22.00
24.00		0.00	0	0	SPEECH PATHOLOGY	68.00	0	166	24.00
25.00		0.00	0	0	ELECTROCARDIOLOGY	69.00	0	24,513	25.00
26.00		0.00	0	0	ELECTROENCEPHALOGRAPHY	70.00	0	32,041	26.00
27.00		0.00	0	0	WOUND/OSTOMY CLINIC	90.01	0	20,603	27.00
28.00		0.00	0	0	ONCOLOGY	90.03	0	1,326,801	28.00
29.00		0.00	0	0	MUNICIPAL CLINIC	90.04	0	34,916	29.00
30.00		0.00	0	0	ANTI COAGULATION CLINIC	90.05	0	7,558	30.00
31.00		0.00	0	0	PREGNANCY PLUS	90.06	0	728	31.00
32.00		0.00	0	0	FORTVILLE CLINIC	90.09	0	6,105	32.00
33.00		0.00	0	0	EMERGENCY	91.00	0	123,238	33.00
34.00		0.00	0	0	WELLNESS CENTERS	190.01	0	180,236	34.00
35.00		0.00	0	0	NORTHVIEW CONV. (LTC)	190.03	0	20,162	35.00
36.00		0.00	0	0	CLINICAL RESEARCH CENTER	190.10	0	1,796	36.00
38.00		0.00	0	0	RHEUMATOLOGY	190.13	0	2,555	38.00
39.00		0.00	0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	716,580	39.00
40.00		0.00	0	0	HEALTHY HEART	192.04	0	690	40.00
41.00		0.00	0	0	RESIDENTIAL PROPERTY - 1430 N MADISON	192.09	0	3,408	41.00
0			0	8,978,106			0	8,978,106	
B - DRUGS & SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,343,242	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,921	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,665,893	ADMINISTRATIVE & GENERAL	5.00	0	134,927	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,481,484	OPERATION OF PLANT	7.00	0	50,558	3.00
4.00		0.00	0	0	HOUSEKEEPING	9.00	0	7,406	4.00
5.00		0.00	0	0	DIETARY	10.00	0	597	5.00
6.00		0.00	0	0	CENTRAL SERVICES & SUPPLY	14.00	0	83,145	6.00
7.00		0.00	0	0	PHARMACY	15.00	0	5,492,085	7.00
8.00		0.00	0	0	MEDICAL RECORDS & LIBRARY	16.00	0	20	8.00
9.00		0.00	0	0	ADULTS & PEDIATRICS	30.00	0	1,529,619	9.00
10.00		0.00	0	0	INTENSIVE CARE UNIT	31.00	0	442,217	10.00
11.00		0.00	0	0	OPERATING ROOM	50.00	0	14,437,703	11.00
12.00		0.00	0	0	ANESTHESIOLOGY	53.00	0	36,896	12.00
13.00		0.00	0	0	RADIOLOGY-DIAGNOSTIC	54.00	0	180,282	13.00
14.00		0.00	0	0	RADIOISOTOPE	56.00	0	272,799	14.00
15.00		0.00	0	0	CT SCAN	57.00	0	104,200	15.00

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
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	Increases				Decreases					
	Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
16.00		0.00		0	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	14,603	16.00
17.00		0.00		0	0	CARDIAC CATHETERIZATION	59.00	0	1,086,968	17.00
18.00		0.00		0	0	LABORATORY	60.00	0	1,679,261	18.00
19.00		0.00		0	0	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	501,436	19.00
20.00		0.00		0	0	RESPIRATORY THERAPY	65.00	0	160,624	20.00
21.00		0.00		0	0	PHYSICAL THERAPY	66.00	0	20,412	21.00
22.00		0.00		0	0	OCCUPATIONAL THERAPY	67.00	0	3,392	22.00
23.00		0.00		0	0	SPEECH PATHOLOGY	68.00	0	410	23.00
24.00		0.00		0	0	ELECTROCARDIOLOGY	69.00	0	13,163	24.00
25.00		0.00		0	0	ELECTROENCEPHALOGRAPHY	70.00	0	21,540	25.00
26.00		0.00		0	0	RENAL DIALYSIS	74.00	0	8,485	26.00
27.00		0.00		0	0	WOUND/OSTOMY CLINIC	90.01	0	377,422	27.00
28.00		0.00		0	0	ONCOLOGY	90.03	0	230,594	28.00
29.00		0.00		0	0	MUNICIPAL CLINIC	90.04	0	10	29.00
30.00		0.00		0	0	ANTI COAGULATION CLINIC	90.05	0	18,908	30.00
31.00		0.00		0	0	EMERGENCY	91.00	0	515,144	31.00
32.00		0.00		0	0	WELLNESS CENTERS	190.01	0	33,898	32.00
33.00		0.00		0	0	NORTHVIEW CONV. (LTC)	190.03	0	1,221	33.00
34.00		0.00		0	0	CLINICAL RESEARCH CENTER	190.10	0	1,265	34.00
35.00		0.00		0	0	MEDICAL INTERNIST	190.12	0	608	35.00
36.00		0.00		0	0	ROCK STEADY BOXING	190.14	0	23	36.00
37.00		0.00		0	0	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,760	37.00
38.00		0.00		0	0	FOUNDATION	192.02	0	8	38.00
39.00		0.00		0	0	HEALTHY HEART	192.04	0	6,089	39.00
0				27,490,619	0			0	27,490,619	
C - RENT										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	782,095			0.00	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	431,124	PHARMACY		15.00	0	291,545	2.00
3.00		0.00	0	0	INTENSIVE CARE UNIT		31.00	0	28	3.00
4.00		0.00	0	0	LABORATORY		60.00	0	44,706	4.00
5.00		0.00	0	0	RESPIRATORY THERAPY		65.00	0	5,962	5.00
6.00		0.00	0	0	PHYSICAL THERAPY		66.00	0	474,678	6.00
7.00		0.00	0	0	ELECTROCARDIOLOGY		69.00	0	124,940	7.00
8.00		0.00	0	0	ELECTROENCEPHALOGRAPHY		70.00	0	8,020	8.00
9.00		0.00	0	0	FORTVILLE CLINIC		90.09	0	46,944	9.00
10.00		0.00	0	0	CLINICAL RESEARCH CENTER		190.10	0	38,268	10.00
11.00		0.00	0	0	RHEUMATOLOGY		190.13	0	24,396	11.00
12.00		0.00	0	0	ROCK STEADY BOXING		190.14	0	16,884	12.00
13.00		0.00	0	0	MUNICIPAL MD OFFICES		192.01	0	125,200	13.00
14.00		0.00	0	0	RENTAL PROPERTY - 1924 MADISON		192.08	0	11,648	14.00
0				1,213,219	0			0	1,213,219	
D - LABOR & DELIVERY										
1.00	NURSERY	43.00	933,636	247,829	ADULTS & PEDIATRICS		30.00	933,636	247,829	1.00
0			933,636	247,829	0			933,636	247,829	
E - CAFETERIA RECLASS										
1.00	CAFETERIA	11.00	853,814	905,121	DIETARY		10.00	853,814	905,121	1.00
0			853,814	905,121	0			853,814	905,121	
F - SPECIAL MEALS										
1.00	DIETARY	10.00	28,615	30,335	CAFETERIA		11.00	28,615	30,335	1.00
0			28,615	30,335	0			28,615	30,335	
G - INTEREST & INSURANCE										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	227,158	ADMINISTRATIVE & GENERAL		5.00	0	227,158	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	136,290	ADMINISTRATIVE & GENERAL		5.00	0	210,000	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	73,710			0.00	0	0	3.00
0				437,158	0			0	437,158	
H - LAUNDRY										
1.00	LAUNDRY & LINEN SERVICE	8.00	69,302	129,898	HOUSEKEEPING		9.00	69,302	129,898	1.00
0			69,302	129,898	0			69,302	129,898	

Provider CCN: 15-0113

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/14/2018 1:52 pm

Increases					Decreases				
Cost Center	Line #	Salary	Other	Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00		
I - POB UTILITIES									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,239	PHYSICIANS' PRIVATE OFFICES	192.00	0	147,609	1.00
2.00	LABORATORY	60.00	0	7,529		0.00	0	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	11,509		0.00	0	0	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	7,941		0.00	0	0	4.00
5.00	SPEECH PATHOLOGY	68.00	0	9,550		0.00	0	0	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	15,707		0.00	0	0	6.00
7.00	ONCOLOGY	90.03	0	89,134		0.00	0	0	7.00
	0		0	147,609	0		0	147,609	
500.00	Grand Total:		1,885,367	39,579,894	Grand Total:		1,885,367	39,579,894	500.00
	Increases				Decreases				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

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

Worksheet A-7
Part I
Date/Time Prepared:
5/14/2018 1:52 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	6,323,988	0	0	0	195,750	1.00
2.00	Land Improvements	1,967,845	0	0	0	11,802	2.00
3.00	Buildings and Fixtures	67,985,087	1,258,038	4,937,420	6,195,458	1,760,653	3.00
4.00	Building Improvements	0	1,197,015	0	1,197,015	0	4.00
5.00	Fixed Equipment	19,773,767	1,339,146	0	1,339,146	650,304	5.00
6.00	Movable Equipment	51,767,101	3,562,419	1,297,860	4,860,279	1,362,255	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	147,817,788	7,356,618	6,235,280	13,591,898	3,980,764	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	147,817,788	7,356,618	6,235,280	13,591,898	3,980,764	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,128,238	0				1.00
2.00	Land Improvements	1,956,043	1,648,563				2.00
3.00	Buildings and Fixtures	72,419,892	21,713,879				3.00
4.00	Building Improvements	1,197,015	0				4.00
5.00	Fixed Equipment	20,462,609	8,737,160				5.00
6.00	Movable Equipment	55,265,125	27,027,605				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	157,428,922	59,127,207				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	157,428,922	59,127,207				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

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

Worksheet A-7
Part II
Date/Time Prepared:
5/14/2018 1:52 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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,654,199	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,537,126	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,191,325	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	91,842	136,290	0	0	5,882,331	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	73,710	0	0	4,610,836	2.00
3.00	Total (sum of lines 1-2)	91,842	210,000	0	0	10,493,167	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0113

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

Worksheet A-8

Date/Time Prepared:
5/14/2018 1:52 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-135,316	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	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)	B	-11,834	ADMINISTRATIVE & GENERAL	5.00	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)	A	-117,122	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-57,924	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,281,467			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-2,440	ADMINISTRATIVE & GENERAL	5.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-2,530,788			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-850,922	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	B	-473	MEDICAL RECORDS & LIBRARY	16.00	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	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	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

Provider CCN: 15-0113
 Period: From 01/01/2017 To 12/31/2017
 Worksheet A-8
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.00 NONREIMBURSABLE PHYSICIAN PTO SOLD	A	-11,860	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
33.01 PHYSICIAN RECRUITMENT	A		ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02 RADIOLOGY	B		OCT SCAN	57.00	0 33.02
33.03 ADVERTISING	A	-87,073	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04 MUNCIE CLINIC	B	-58,020	MUNCIE CLINIC	90.04	0 33.04
33.05 OUTSIDE SERVICES - SPD	B	-2,378	CENTRAL SERVICES & SUPPLY	14.00	0 33.05
33.07 MISC A&G	B	-245,616	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08 SEXUAL RESPONSE UNIT	B	-23,130	EMERGENCY	91.00	0 33.08
33.09 MISC A&P	B	-4,468	ADULTS & PEDIATRICS	30.00	0 33.09
33.10 MISC EMPLOYEE BENEFITS	B	-43,130	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.10
33.13 MISC OPERATION OF PLANT	B	-1,660	OPERATION OF PLANT	7.00	0 33.13
33.14 GUEST MEALS	A	-21,675	CAFETERIA	11.00	0 33.14
33.17 MISC OTHER OPERATING REVENUE	B	-1,297,468	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18 ONCOLOGY SERVICES	B	-524,440	ONCOLOGY	90.03	0 33.18
33.19 ESPRESSO TO GO	B	-83,465	CAFETERIA	11.00	0 33.19
33.22 PROCARE ADMINISTRATION	B	-16,419	PHYSICAL THERAPY	66.00	0 33.22
33.28 HOSPITAL ASSESSMENT FEES (HAF)	B	-4,923,296	ADMINISTRATIVE & GENERAL	5.00	0 33.28
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,332,384			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0113

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

Worksheet A-8-1

Date/Time Prepared:
5/14/2018 1:52 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	4.00	EMPLOYEE BENEFITS DEPARTMENT	SELF INSURANCE	0	3,435,642
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	67,876	0
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	2,210,610	1,720,692
4.00	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	50,209	0
4.01	69.00	ELECTROCARDIOLOGY	HOME OFFICE	68,816	0
4.02	0.00			0	0
4.03	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	228,035	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			2,625,546	5,156,334

* 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	A	IN PROHEALTH	100.00	0.00	6.00
7.00	B		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: 15-0113

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

Worksheet A-8-1

Date/Time Prepared:
5/14/2018 1:52 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	-3,435,642	0		1.00
2.00	67,876	0		2.00
3.00	489,918	0		3.00
4.00	50,209	0		4.00
4.01	68,816	0		4.01
4.02	0	0		4.02
4.03	228,035	0		4.03
5.00	-2,530,788			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			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: 15-0113

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

Worksheet A-8-2

Date/Time Prepared:
5/14/2018 1:52 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	5.00	ADMINISTRATIVE & GENERAL	4,515,689	4,170,589	345,100	211,500	3,754	1.00
2.00	31.00	INTENSIVE CARE UNIT	491	491	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	3,612,317	3,612,317	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	352,843	352,843	0	0	0	4.00
5.00	90.01	WOUND/OSTOMY CLINIC	832,957	832,957	0	0	0	5.00
6.00	90.03	ONCOLOGY	312,270	312,270	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			9,626,567	9,281,467	345,100		3,754	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	381,717	19,086	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	90.01	WOUND/OSTOMY CLINIC	0	0	0	0	0	5.00
6.00	90.03	ONCOLOGY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			381,717	19,086	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	381,717	0	4,170,589	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	491	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	3,612,317	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	352,843	4.00
5.00	90.01	WOUND/OSTOMY CLINIC	0	0	0	832,957	5.00
6.00	90.03	ONCOLOGY	0	0	0	312,270	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	381,717	0	9,281,467	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,882,331	5,882,331			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,610,836		4,610,836		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	13,449,119	31,759	19,092	13,499,970	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,163,565	472,336	807,130	2,281,514	23,724,545
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	6,916,449	595,859	282,889	463,428	8,258,625
8.00 00800	LAUNDRY & LINEN SERVICE	199,200	66,801	0	14,902	280,903
9.00 00900	HOUSEKEEPING	1,786,866	133,756	11,246	308,200	2,240,068
10.00 01000	DIETARY	1,052,580	208,164	137,992	142,947	1,541,683
11.00 01100	CAFETERIA	743,923	39,405	0	177,447	960,775
13.00 01300	NURSING ADMINISTRATION	1,291,031	51,375	231	244,666	1,587,303
14.00 01400	CENTRAL SERVICES & SUPPLY	1,809,318	98,097	7,416	222,620	2,137,451
15.00 01500	PHARMACY	2,030,993	61,916	4,778	355,482	2,453,169
16.00 01600	MEDICAL RECORDS & LIBRARY	1,585,586	78,501	0	260,928	1,925,015
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,488,162	1,000,159	232,012	2,829,079	18,549,412
31.00 03100	INTENSIVE CARE UNIT	2,931,581	132,308	105,135	556,627	3,725,651
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,181,465	36,103	1,558	200,764	1,419,890
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,503,510	427,699	1,287,914	1,053,329	9,272,452
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	51,491	5,251	7,624	176,903	241,269
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,030,414	372,308	375,224	517,839	4,295,785
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	623,595	28,632	14,338	53,003	719,568
57.00 05700	CT SCAN	638,547	8,688	3,979	90,399	741,613
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	876,394	18,071	24,838	68,485	987,788
59.00 05900	CARDIAC CATHETERIZATION	1,059,848	71,763	123,710	184,267	1,439,588
60.00 06000	LABORATORY	3,918,005	151,132	209,019	457,356	4,735,512
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	233,643	11,294	1,149	45,005	291,091
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,030,790	13,901	32,939	206,429	1,284,059
66.00 06600	PHYSICAL THERAPY	2,151,499	90,780	3,180	391,929	2,637,388
67.00 06700	OCCUPATIONAL THERAPY	380,364	67,013	0	73,785	521,162
68.00 06800	SPEECH PATHOLOGY	228,758	8,128	91	40,888	277,865
69.00 06900	ELECTROCARDIOLOGY	541,386	29,597	25,117	88,858	684,958
70.00 07000	ELECTROENCEPHALOGRAPHY	674,276	29,597	33,583	105,169	842,625
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,343,242	0	0	0	12,343,242
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,665,893	0	0	0	9,665,893
73.00 07300	DRUGS CHARGED TO PATIENTS	5,709,519	0	0	0	5,709,519
74.00 07400	RENAL DIALYSIS	357,317	3,630	0	0	360,947
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	WOUND/OSTOMY CLINIC	184,323	196,599	4,887	65,839	451,648
90.02 09002	KIDS PLUS CLINIC	0	30,118	0	0	30,118
90.03 09003	ONCOLOGY	-9,324,546	330,818	511,851	245,880	-8,235,997

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
90.04 09004 MUNCIE CLINIC	1,684	28,728	338	0	30,750	90.04	
90.05 09005 ANTI COAGULATION CLINIC	305,966	0	3,889	58,673	368,528	90.05	
90.06 09006 PREGNANCY PLUS	-3	45,776	727	0	46,500	90.06	
90.07 09007 O/P LAB	0	0	0	0	0	90.07	
90.08 09008 O/P LAB	0	0	0	0	0	90.08	
90.09 09009 FORTVILLE CLINIC	600	22,994	0	0	23,594	90.09	
91.00 09100 EMERGENCY	3,919,423	151,190	119,329	744,454	4,934,396	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	125,228,943	5,150,246	4,393,205	12,727,094	123,506,351	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,284	0	0	23,284	190.00	
190.01 19001 WELLNESS CENTERS	1,221,367	23,689	205,092	190,014	1,640,162	190.01	
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02	
190.03 19003 NORTHVIEW CONV. (LTC)	421,447	17,704	0	85,661	524,812	190.03	
190.04 19004 SUMMIT CONV. (LTC)	241,484	17,704	0	47,997	307,185	190.04	
190.05 19005 PARKVIEW CONV. (LTC)	362,660	17,704	0	72,799	453,163	190.05	
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	91,853	17,704	0	18,113	127,670	190.06	
190.07 19007 NH PARK PLACE (LTC)	41,143	0	0	8,290	49,433	190.07	
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08	
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09	
190.10 19010 CLINICAL RESEARCH CENTER	817,556	40,003	2,044	134,631	994,234	190.10	
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11	
190.12 19012 MEDICAL INTERNIST	182,184	0	0	22,146	204,330	190.12	
190.13 19013 RHEUMATOLOGY	905,430	0	2,375	87,537	995,342	190.13	
190.14 19014 ROCK STEADY BOXING	124,522	34,424	0	19,981	178,927	190.14	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,307,262	358,118	7,335	0	1,672,715	192.00	
192.01 19201 MUNCIE MD OFFICES	13,525	110,916	0	0	124,441	192.01	
192.02 19202 FOUNDATION	871,795	6,873	0	43,712	922,380	192.02	
192.03 19203 SPOE	0	0	0	0	0	192.03	
192.04 19204 HEALTHY HEART	221,632	0	785	41,995	264,412	192.04	
192.05 19205 VACANT SPACE	0	11,719	0	0	11,719	192.05	
192.07 19207 PARK PLACE CENTER	611	0	0	0	611	192.07	
192.08 19208 RENTAL PROPERTY - 1924 MADISON	17,159	28,110	0	0	45,269	192.08	
192.09 19209 RESIDENTIAL PROPERTY - 1430 N MADISON	5,398	24,133	0	0	29,531	192.09	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers					0	201.00
202.00	TOTAL (sum lines 118 through 201)	132,075,971	5,882,331	4,610,836	13,499,970	132,075,971	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part I Date/Time Prepared: 5/14/2018 1:52 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	23,724,545			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	1,680,556	0	9,939,181	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	57,161	0	138,832	476,896	8.00	
9.00	00900	HOUSEKEEPING	455,834	0	277,984	31,679	3,005,565	9.00
10.00	01000	DIETARY	313,719	0	432,625	0	80,382	10.00
11.00	01100	CAFETERIA	195,509	0	81,895	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	323,002	0	106,772	0	17,555	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	434,952	0	203,874	2,385	32,800	14.00
15.00	01500	PHARMACY	499,198	0	128,680	0	18,941	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	391,723	0	163,147	0	5,544	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,774,692	0	2,078,621	170,844	1,446,883	30.00
31.00	03100	INTENSIVE CARE UNIT	758,136	0	274,975	31,392	197,722	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	288,935	0	75,033	0	21,713	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,886,861	0	888,884	137,018	620,423	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
53.00	05300	ANESTHESIOLOGY	49,096	0	10,914	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	874,154	0	773,766	12,351	54,974	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	146,426	0	59,505	1,479	19,403	56.00
57.00	05700	CT SCAN	150,912	0	18,056	18,510	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	201,006	0	37,557	5,922	4,620	58.00
59.00	05900	CARDIAC CATHETERIZATION	292,943	0	149,144	1,622	23,098	59.00
60.00	06000	LABORATORY	963,634	0	314,097	859	39,267	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	59,234	0	23,473	0	6,930	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	261,294	0	28,890	0	22,636	65.00
66.00	06600	PHYSICAL THERAPY	536,685	0	188,667	191	7,853	66.00
67.00	06700	OCCUPATIONAL THERAPY	106,052	0	139,273	0	6,006	67.00
68.00	06800	SPEECH PATHOLOGY	56,543	0	16,893	0	6,006	68.00
69.00	06900	ELECTROCARDIOLOGY	139,383	0	61,511	3,101	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,467	0	61,511	4,294	33,262	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,511,739	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,966,922	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,161,836	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	73,449	0	7,543	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	91,906	0	408,590	1,527	60,980	90.01
90.02	09002	KIDS PLUS CLINIC	6,129	0	62,595	0	0	90.02
90.03	09003	ONCOLOGY	0	0	687,538	10,591	0	90.03
90.04	09004	MUNCIE CLINIC	6,257	0	59,706	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	74,992	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	9,462	0	95,136	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
90.09	09009 FORTVILLE CLINIC	4,801	0	47,789	0	0	90.09
91.00	09100 EMERGENCY	1,004,105	0	314,217	42,517	251,773	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	21,980,705	0	8,417,693	476,282	2,978,771	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,738	0	48,390	0	0	190.00
190.01	19001 WELLNESS CENTERS	333,758	0	49,233	0	16,631	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	106,795	0	36,794	0	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	62,509	0	36,794	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	92,215	0	36,794	0	0	190.05
190.06	19006 MONTI CELLO HSE. (ASS' TD LVG.)	25,980	0	36,794	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	10,059	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	202,318	0	83,138	0	0	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	41,579	0	0	0	0	190.12
190.13	19013 RHEUMATOLOGY	202,543	0	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	36,410	0	71,542	0	0	190.14
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	340,382	0	744,274	0	10,163	192.00
192.01	19201 MUNCIE MD OFFICES	25,323	0	230,517	0	0	192.01
192.02	19202 FOUNDATION	187,696	0	14,284	0	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	53,805	0	0	614	0	192.04
192.05	19205 VACANT SPACE	2,385	0	24,356	0	0	192.05
192.07	19207 PARK PLACE CENTER	124	0	0	0	0	192.07
192.08	19208 RENTAL PROPERTY - 1924 MADISON	9,212	0	58,422	0	0	192.08
192.09	19209 RESIDENTIAL PROPERTY - 1430 N MADISO	6,009	0	50,156	0	0	192.09
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)	23,724,545	0	9,939,181	476,896	3,005,565	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part I Date/Time Prepared: 5/14/2018 1:52 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	2,368,409					10.00
11.00	01100	CAFETERIA	0	1,238,179				11.00
13.00	01300	NURSING ADMINISTRATION	0	19,524	2,054,156			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	50,570	0	2,862,032		14.00
15.00	01500	PHARMACY	0	35,202	0	8,511	3,143,701	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,852	0	251	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,028,390	368,427	1,285,532	137,753	0	30.00
31.00	03100	INTENSIVE CARE UNIT	332,400	68,092	237,586	41,815	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	23,057	80,451	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	269	129,138	450,587	451,943	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
53.00	05300	ANESTHESIOLOGY	0	7,531	0	159	18,801	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	56,857	0	3,120	1,424	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	4,953	0	530	61	56.00
57.00	05700	CT SCAN	0	10,277	0	8,277	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,037	0	299	47	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,191	0	6,634	0	59.00
60.00	06000	LABORATORY	0	69,296	0	5,771	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,101	0	91	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	28,212	0	936	18	65.00
66.00	06600	PHYSICAL THERAPY	0	43,866	0	769	146	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,699	0	8	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,686	0	17	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,298	0	991	3	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,061	0	405	55	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,189,776	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	931,715	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,122,618	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	469	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	7,123	0	12,965	199	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	33,664	0	8,505	304	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	33	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	6,410	0	117	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
90.08	09008 O/P LAB	0	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	7,350	92,357	0	49,054	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,368,409	1,161,481	2,054,156	2,860,914	3,143,676	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	0	20,518	0	73	0	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	8,591	0	150	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	4,626	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	7,365	0	0	0	190.05
190.06	19006 MONTICELLO HSE. (ASS' TD LVG.)	0	1,843	0	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	0	828	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPIRE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	19,475	0	162	2	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	3,136	0	58	0	190.12
190.13	19013 RHEUMATOLOGY	0	1,319	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	0	2,856	0	2	0	190.14
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	59	0	192.00
192.01	19201 MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202 FOUNDATION	0	2,899	0	1	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	3,242	0	606	23	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208 RENTAL PROPERTY - 1924 MADISON	0	0	0	7	0	192.08
192.09	19209 RESIDENTIAL PROPERTY - 1430 N MADISON	0	0	0	0	0	192.09
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)	2,368,409	1,238,179	2,054,156	2,862,032	3,143,701	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	2,522,532				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	658,453	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	479,792	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,754	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	595,241	0	0	0	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	713,324	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,466,564	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,097	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	54,871	0	0	0	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY - 1924 MADISON	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY - 1430 N MADISON	0	0	0	0	0	192.09
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)	2,522,532	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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-(EMS)	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 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
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
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0				22.00
23.00 02300 PARAMED PRGM-(EMS)		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	30,499,007	0	30,499,007
31.00 03100 INTENSIVE CARE UNIT	0	0	5,667,769	0	5,667,769
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	1,909,079	0	1,909,079
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	14,317,367	0	14,317,367
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	327,770	0	327,770
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	6,092,185	0	6,092,185
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	951,925	0	951,925
57.00 05700 CT SCAN	0	0	947,645	0	947,645
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,245,276	0	1,245,276
59.00 05900 CARDIAC CATHETERIZATION	0	0	1,933,220	0	1,933,220
60.00 06000 LABORATORY	0	0	6,128,436	0	6,128,436
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	385,920	0	385,920
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	1,626,045	0	1,626,045
66.00 06600 PHYSICAL THERAPY	0	0	3,415,565	0	3,415,565
67.00 06700 OCCUPATIONAL THERAPY	0	0	779,200	0	779,200
68.00 06800 SPEECH PATHOLOGY	0	0	362,010	0	362,010
69.00 06900 ELECTROCARDIOLOGY	0	0	902,245	0	902,245
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,126,680	0	1,126,680
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	16,044,757	0	16,044,757
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	12,564,530	0	12,564,530
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	9,993,973	0	9,993,973
74.00 07400 RENAL DIALYSIS	0	0	442,408	0	442,408
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	1,630,179	0	1,630,179
90.02 09002 KIDS PLUS CLINIC	0	0	98,842	0	98,842
90.03 09003 ONCOLOGY	0	0	-7,495,395	0	-7,495,395

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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 - (EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM. COSTS					
	22.00					
90.04 09004 MUNCIE CLINIC	0	0	96,746	0	96,746	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	450,047	0	450,047	90.05
90.06 09006 PREGNANCY PLUS	0	0	151,098	0	151,098	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	76,184	0	76,184	90.09
91.00 09100 EMERGENCY	0	0	7,409,093	0	7,409,093	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	120,079,806	0	120,079,806	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	77,509	0	77,509	190.00
190.01 19001 WELLNESS CENTERS	0	0	2,060,375	0	2,060,375	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	677,142	0	677,142	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	411,114	0	411,114	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	589,537	0	589,537	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	0	192,287	0	192,287	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	60,320	0	60,320	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	1,299,329	0	1,299,329	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	249,103	0	249,103	190.12
190.13 19013 RHEUMATOLOGY	0	0	1,199,204	0	1,199,204	190.13
190.14 19014 ROCK STEADY BOXING	0	0	289,737	0	289,737	190.14
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	2,822,464	0	2,822,464	192.00
192.01 19201 MUNCIE MD OFFICES	0	0	380,281	0	380,281	192.01
192.02 19202 FOUNDATION	0	0	1,127,260	0	1,127,260	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	322,702	0	322,702	192.04
192.05 19205 VACANT SPACE	0	0	38,460	0	38,460	192.05
192.07 19207 PARK PLACE CENTER	0	0	735	0	735	192.07
192.08 19208 RENTAL PROPERTY - 1924 MADISON	0	0	112,910	0	112,910	192.08
192.09 19209 RESIDENTIAL PROPERTY - 1430 N MADISO	0	0	85,696	0	85,696	192.09
200.00 20000 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 20100 Negative Cost Centers	0	0	0	0	0	201.00
202.00 20200 TOTAL (sum lines 118 through 201)	0	0	132,075,971	0	132,075,971	202.00

COST ALLOCATION STATISTICS

Provider CCN: 15-0113

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

Worksheet Non-CMS W
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	4	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	9	HOURS OF SERVICE	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	MAN HOURS	11.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(EMS)	23	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/14/2018 1:52 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	31,759	19,092	50,851	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	472,336	807,130	1,279,466	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	595,859	282,889	878,748	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	66,801	0	66,801	8.00
9.00 00900	HOUSEKEEPING	0	133,756	11,246	145,002	9.00
10.00 01000	DIETARY	0	208,164	137,992	346,156	10.00
11.00 01100	CAFETERIA	0	39,405	0	39,405	11.00
13.00 01300	NURSING ADMINISTRATION	0	51,375	231	51,606	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	98,097	7,416	105,513	14.00
15.00 01500	PHARMACY	0	61,916	4,778	66,694	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	78,501	0	78,501	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
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	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,000,159	232,012	1,232,171	30.00
31.00 03100	INTENSIVE CARE UNIT	0	132,308	105,135	237,443	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	36,103	1,558	37,661	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	427,699	1,287,914	1,715,613	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	5,251	7,624	12,875	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	372,308	375,224	747,532	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	28,632	14,338	42,970	56.00
57.00 05700	CT SCAN	0	8,688	3,979	12,667	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,071	24,838	42,909	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	71,763	123,710	195,473	59.00
60.00 06000	LABORATORY	0	151,132	209,019	360,151	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,294	1,149	12,443	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	13,901	32,939	46,840	65.00
66.00 06600	PHYSICAL THERAPY	0	90,780	3,180	93,960	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	67,013	0	67,013	67.00
68.00 06800	SPEECH PATHOLOGY	0	8,128	91	8,219	68.00
69.00 06900	ELECTROCARDIOLOGY	0	29,597	25,117	54,714	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	29,597	33,583	63,180	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	3,630	0	3,630	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC	0	196,599	4,887	201,486	90.01
90.02 09002	KIDS PLUS CLINIC	0	30,118	0	30,118	90.02
90.03 09003	ONCOLOGY	0	330,818	511,851	842,669	90.03
90.04 09004	MUNCIE CLINIC	0	28,728	338	29,066	90.04

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/14/2018 1:52 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	2A
90.05 09005 ANTI COAGULATION CLINIC	0	0	3,889	3,889	221	90.05		
90.06 09006 PREGNANCY PLUS	0	45,776	727	46,503	0	90.06		
90.07 09007 O/P LAB	0	0	0	0	0	90.07		
90.08 09008 O/P LAB	0	0	0	0	0	90.08		
90.09 09009 FORTVILLE CLINIC	0	22,994	0	22,994	0	90.09		
91.00 09100 EMERGENCY	0	151,190	119,329	270,519	2,804	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00		
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00		
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00		
99.00 09900 CMHC	0	0	0	0	0	99.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00		
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00		
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00		
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00		
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00		
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00		
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00		
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00		
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00		
116.00 11600 HOSPICE	0	0	0	0	0	116.00		
118.00	0	5,150,246	4,393,205	9,543,451	47,940	118.00		
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,284	0	23,284	0	190.00		
190.01 19001 WELLNESS CENTERS	0	23,689	205,092	228,781	716	190.01		
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02		
190.03 19003 NORTHVIEW CONV. (LTC)	0	17,704	0	17,704	323	190.03		
190.04 19004 SUMMIT CONV. (LTC)	0	17,704	0	17,704	181	190.04		
190.05 19005 PARKVIEW CONV. (LTC)	0	17,704	0	17,704	274	190.05		
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	17,704	0	17,704	68	190.06		
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	31	190.07		
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08		
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09		
190.10 19010 CLINICAL RESEARCH CENTER	0	40,003	2,044	42,047	507	190.10		
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11		
190.12 19012 MEDICAL INTERNIST	0	0	0	0	83	190.12		
190.13 19013 RHEUMATOLOGY	0	0	2,375	2,375	330	190.13		
190.14 19014 ROCK STEADY BOXING	0	34,424	0	34,424	75	190.14		
191.00 19100 RESEARCH	0	0	0	0	0	191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	358,118	7,335	365,453	0	192.00		
192.01 19201 MUNCIE MD OFFICES	0	110,916	0	110,916	0	192.01		
192.02 19202 FOUNDATION	0	6,873	0	6,873	165	192.02		
192.03 19203 SPOE	0	0	0	0	0	192.03		
192.04 19204 HEALTHY HEART	0	0	785	785	158	192.04		
192.05 19205 VACANT SPACE	0	11,719	0	11,719	0	192.05		
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07		
192.08 19208 RENTAL PROPERTY - 1924 MADISON	0	28,110	0	28,110	0	192.08		
192.09 19209 RESIDENTIAL PROPERTY - 1430 N MADISON	0	24,133	0	24,133	0	192.09		
200.00	0	0	0	0	0	200.00		
201.00	0	0	0	0	0	201.00		
202.00	0	5,882,331	4,610,836	10,493,167	50,851	202.00		

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/14/2018 1:52 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	1,288,060			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	91,241	0	971,735	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	3,103	0	13,573	83,533	8.00	
9.00	00900	HOUSEKEEPING	24,748	0	27,178	5,549	203,638	9.00
10.00	01000	DIETARY	17,033	0	42,297	0	5,446	10.00
11.00	01100	CAFETERIA	10,615	0	8,007	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,537	0	10,439	0	1,189	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,615	0	19,932	418	2,222	14.00
15.00	01500	PHARMACY	27,103	0	12,581	0	1,283	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	21,268	0	15,951	0	376	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	204,934	0	203,223	29,927	98,029	30.00
31.00	03100	INTENSIVE CARE UNIT	41,161	0	26,884	5,499	13,396	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	15,687	0	7,336	0	1,471	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	102,442	0	86,904	24,000	42,036	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
53.00	05300	ANESTHESIOLOGY	2,666	0	1,067	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,460	0	75,650	2,163	3,725	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	7,950	0	5,818	259	1,315	56.00
57.00	05700	CT SCAN	8,193	0	1,765	3,242	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,913	0	3,672	1,037	313	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,905	0	14,581	284	1,565	59.00
60.00	06000	LABORATORY	52,318	0	30,709	150	2,661	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,216	0	2,295	0	470	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,186	0	2,825	0	1,534	65.00
66.00	06600	PHYSICAL THERAPY	29,138	0	18,446	33	532	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,758	0	13,616	5,758	407	67.00
68.00	06800	SPEECH PATHOLOGY	3,070	0	1,652	0	407	68.00
69.00	06900	ELECTROCARDIOLOGY	7,567	0	6,014	543	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,309	0	6,014	752	2,254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	136,368	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	106,789	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	63,079	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,988	0	738	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	4,990	0	39,947	267	4,132	90.01
90.02	09002	KIDS PLUS CLINIC	333	0	6,120	0	0	90.02
90.03	09003	ONCOLOGY	0	0	67,219	1,855	0	90.03
90.04	09004	MUNCIE CLINIC	340	0	5,837	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	4,071	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	514	0	9,301	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

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

Worksheet B
Part II
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.09	09009	FORTVILLE CLINIC	261	0	4,672	0	0	90.09
91.00	09100	EMERGENCY	54,515	0	30,720	7,447	17,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,193,384	0	822,983	83,425	201,822	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	257	0	4,731	0	0	190.00
190.01	19001	WELLNESS CENTERS	18,121	0	4,813	0	1,127	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	5,798	0	3,597	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	3,394	0	3,597	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	5,007	0	3,597	0	0	190.05
190.06	19006	MONTI CELLO HSE. (ASS' TD LVG.)	1,410	0	3,597	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	546	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	10,984	0	8,128	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	2,257	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	10,997	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	1,977	0	6,995	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,480	0	72,766	0	689	192.00
192.01	19201	MUNCIE MD OFFICES	1,375	0	22,537	0	0	192.01
192.02	19202	FOUNDATION	10,190	0	1,397	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	2,921	0	0	108	0	192.04
192.05	19205	VACANT SPACE	129	0	2,381	0	0	192.05
192.07	19207	PARK PLACE CENTER	7	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY - 1924 MADISON	500	0	5,712	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY - 1430 N MADISON	326	0	4,904	0	0	192.09
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)	1,288,060	0	971,735	83,533	203,638	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/14/2018 1:52 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	411,470					10.00
11.00	01100	CAFETERIA	0	58,695				11.00
13.00	01300	NURSING ADMINISTRATION	0	926	82,619			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,397	0	154,936		14.00
15.00	01500	PHARMACY	0	1,669	0	461	111,130	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,747	0	14	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	352,397	17,465	51,704	7,457	0	30.00
31.00	03100	INTENSIVE CARE UNIT	57,749	3,228	9,556	2,264	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,093	3,236	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47	6,122	18,123	24,465	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
53.00	05300	ANESTHESIOLOGY	0	357	0	9	665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,695	0	169	50	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	235	0	29	2	56.00
57.00	05700	CT SCAN	0	487	0	448	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	381	0	16	2	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	957	0	359	0	59.00
60.00	06000	LABORATORY	0	3,285	0	312	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	242	0	5	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,337	0	51	1	65.00
66.00	06600	PHYSICAL THERAPY	0	2,079	0	42	5	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	318	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	222	0	1	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	583	0	54	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	619	0	22	2	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	64,411	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	50,437	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	110,384	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	25	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	338	0	702	7	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	1,596	0	460	11	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	2	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	304	0	6	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet B Part II Date/Time Prepared: 5/14/2018 1:52 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	1,277	4,378	0	2,655	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	411,470	55,060	82,619	154,876	111,129	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	973	0	4	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	407	0	8	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	219	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	349	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	87	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	39	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	923	0	9	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	149	0	3	0	190.12
190.13	19013	RHEUMATOLOGY	0	63	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	135	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	3	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	137	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	154	0	33	1	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY - 1924 MADISON	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY - 1430 N MADISON	0	0	0	0	0	192.09
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)	411,470	58,695	82,619	154,936	111,130	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

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

Worksheet B
Part II
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	118,840				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	31,021	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
32.00	03200	CORONARY CARE UNIT	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	04000	SUBPROVIDER - I/PF	0	0			40.00
41.00	04100	SUBPROVIDER - I/RF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
46.00	04600	OTHER LONG TERM CARE	0	0			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,604	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	931	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	0	0			90.00
90.01	09001	WOUND/OSTOMY CLINIC	28,043	0			90.01
90.02	09002	KIDS PLUS CLINIC	0	0			90.02
90.03	09003	ONCOLOGY	0	0			90.03
90.04	09004	MUNCIE CLINIC	0	0			90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0			90.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/14/2018 1:52 pm
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	PREGNANCY PLUS	0	0				90.06
90.07	09007	O/P LAB	0	0				90.07
90.08	09008	O/P LAB	0	0				90.08
90.09	09009	FORTVILLE CLINIC	0	0				90.09
91.00	09100	EMERGENCY	33,604	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0				94.00
95.00	09500	AMBULANCE SERVICES	0	0				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00	11600	HOSPICE	0	0				116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,203	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	52	0				190.00
190.01	19001	WELLNESS CENTERS	0	0				190.01
190.02	19002	EMPLOYED ORTHO MD	0	0				190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0				190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0				190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0				190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	0				190.06
190.07	19007	NH PARK PLACE (LTC)	0	0				190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0				190.08
190.09	19009	SPINE SURGEON	0	0				190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0				190.10
190.11	19011	ONCOLOGIST	0	0				190.11
190.12	19012	MEDICAL INTERNIST	0	0				190.12
190.13	19013	RHEUMATOLOGY	0	0				190.13
190.14	19014	ROCK STEADY BOXING	0	0				190.14
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,585	0				192.00
192.01	19201	MUNCIE MD OFFICES	0	0				192.01
192.02	19202	FOUNDATION	0	0				192.02
192.03	19203	SPOE	0	0				192.03
192.04	19204	HEALTHY HEART	0	0				192.04
192.05	19205	VACANT SPACE	0	0				192.05
192.07	19207	PARK PLACE CENTER	0	0				192.07
192.08	19208	RENTAL PROPERTY - 1924 MADISON	0	0				192.08
192.09	19209	RESIDENTIAL PROPERTY - 1430 N MADISON	0	0				192.09
200.00		Cross Foot Adjustments			0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	118,840	0	0	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/14/2018 1:52 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS)	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	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
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
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0				22.00
23.00 02300	PARAMED PRGM-(EMS)		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		2,238,982	0	2,238,982	30.00
31.00 03100	INTENSIVE CARE UNIT		399,277	0	399,277	31.00
32.00 03200	CORONARY CARE UNIT		0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF		0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00 04200	SUBPROVIDER		0	0	0	42.00
43.00 04300	NURSERY		67,240	0	67,240	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		2,046,324	0	2,046,324	50.00
51.00 05100	RECOVERY ROOM		0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00 05300	ANESTHESIOLOGY		18,305	0	18,305	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		882,326	0	882,326	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00 05600	RADIOISOTOPE		58,778	0	58,778	56.00
57.00 05700	CT SCAN		27,143	0	27,143	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		59,501	0	59,501	58.00
59.00 05900	CARDIAC CATHETERIZATION		229,818	0	229,818	59.00
60.00 06000	LABORATORY		451,309	0	451,309	60.00
60.01 06001	BLOOD LABORATORY		0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		18,841	0	18,841	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY		67,552	0	67,552	65.00
66.00 06600	PHYSICAL THERAPY		145,711	0	145,711	66.00
67.00 06700	OCCUPATIONAL THERAPY		87,390	0	87,390	67.00
68.00 06800	SPEECH PATHOLOGY		13,725	0	13,725	68.00
69.00 06900	ELECTROCARDIOLOGY		69,810	0	69,810	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY		82,548	0	82,548	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		200,779	0	200,779	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		157,226	0	157,226	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		173,463	0	173,463	73.00
74.00 07400	RENAL DIALYSIS		8,381	0	8,381	74.00
75.00 07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00 09000	CLINIC		0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC		280,160	0	280,160	90.01
90.02 09002	KIDS PLUS CLINIC		36,571	0	36,571	90.02
90.03 09003	ONCOLOGY		914,736	0	914,736	90.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet B Part II Date/Time Prepared: 5/14/2018 1:52 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM - (EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM. COSTS					
	22.00	23.00	24.00	25.00	26.00	
90.04 09004 MUNCIE CLINIC			35,245	0	35,245	90.04
90.05 09005 ANTI COAGULATION CLINIC			8,491	0	8,491	90.05
90.06 09006 PREGNANCY PLUS			56,318	0	56,318	90.06
90.07 09007 O/P LAB			0	0	0	90.07
90.08 09008 O/P LAB			0	0	0	90.08
90.09 09009 FORTVILLE CLINIC			27,927	0	27,927	90.09
91.00 09100 EMERGENCY			424,978	0	424,978	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS			0	0	0	94.00
95.00 09500 AMBULANCE SERVICES			0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
99.00 09900 CMHC			0	0	0	99.00
99.10 09910 CORF			0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION			0	0	0	105.00
106.00 10600 HEART ACQUISITION			0	0	0	106.00
107.00 10700 LIVER ACQUISITION			0	0	0	107.00
108.00 10800 LUNG ACQUISITION			0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION			0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION			0	0	0	110.00
111.00 11100 ISLET ACQUISITION			0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00 11600 HOSPICE			0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	0	9,288,855	0	9,288,855	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			28,324	0	28,324	190.00
190.01 19001 WELLNESS CENTERS			254,535	0	254,535	190.01
190.02 19002 EMPLOYED ORTHO MD			0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)			27,837	0	27,837	190.03
190.04 19004 SUMMIT CONV. (LTC)			25,095	0	25,095	190.04
190.05 19005 PARKVIEW CONV. (LTC)			26,931	0	26,931	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)			22,866	0	22,866	190.06
190.07 19007 NH PARK PLACE (LTC)			616	0	616	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)			0	0	0	190.08
190.09 19009 SPINE SURGEON			0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER			62,598	0	62,598	190.10
190.11 19011 ONCOLOGIST			0	0	0	190.11
190.12 19012 MEDICAL INTERNIST			2,492	0	2,492	190.12
190.13 19013 RHEUMATOLOGY			13,765	0	13,765	190.13
190.14 19014 ROCK STEADY BOXING			43,606	0	43,606	190.14
191.00 19100 RESEARCH			0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES			459,976	0	459,976	192.00
192.01 19201 MUNCIE MD OFFICES			134,828	0	134,828	192.01
192.02 19202 FOUNDATION			18,762	0	18,762	192.02
192.03 19203 SPOE			0	0	0	192.03
192.04 19204 HEALTHY HEART			4,160	0	4,160	192.04
192.05 19205 VACANT SPACE			14,229	0	14,229	192.05
192.07 19207 PARK PLACE CENTER			7	0	7	192.07
192.08 19208 RENTAL PROPERTY - 1924 MADISON			34,322	0	34,322	192.08
192.09 19209 RESIDENTIAL PROPERTY - 1430 N MADISO			29,363	0	29,363	192.09
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)	0	0	10,493,167	0	10,493,167	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	304,680					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,052,027				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,645	16,778	62,780,321			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	24,465	709,310	10,609,968	-23,724,545	116,587,423	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	30,863	248,604	2,155,126	0	8,258,625	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	3,460	0	69,302	0	280,903	8.00
9.00 00900	HOUSEKEEPING	6,928	9,883	1,433,254	0	2,240,068	9.00
10.00 01000	DIETARY	10,782	121,268	664,760	0	1,541,683	10.00
11.00 01100	CAFETERIA	2,041	0	825,199	0	960,775	11.00
13.00 01300	NURSING ADMINISTRATION	2,661	203	1,137,795	0	1,587,303	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,081	6,517	1,035,273	0	2,137,451	14.00
15.00 01500	PHARMACY	3,207	4,199	1,653,137	0	2,453,169	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,066	0	1,213,422	0	1,925,015	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	51,804	203,893	13,156,341	0	18,549,412	30.00
31.00 03100	INTENSIVE CARE UNIT	6,853	92,393	2,588,543	0	3,725,651	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	1,870	1,369	933,636	0	1,419,890	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	22,153	1,131,826	4,898,405	0	9,272,452	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
53.00 05300	ANESTHESIOLOGY	272	6,700	822,673	0	241,269	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,284	329,749	2,408,162	0	4,295,785	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOLOGY-SOTOPE	1,483	12,600	246,485	0	719,568	56.00
57.00 05700	CT SCAN	450	3,497	420,394	0	741,613	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	936	21,828	318,485	0	987,788	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,717	108,717	856,918	0	1,439,588	59.00
60.00 06000	LABORATORY	7,828	183,687	2,126,891	0	4,735,512	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	585	1,010	209,292	0	291,091	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	720	28,947	959,977	0	1,284,059	65.00
66.00 06600	PHYSICAL THERAPY	4,702	2,795	1,822,631	0	2,637,388	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,471	0	343,128	0	521,162	67.00
68.00 06800	SPEECH PATHOLOGY	421	80	190,146	0	277,865	68.00
69.00 06900	ELECTROCARDIOLOGY	1,533	22,073	413,228	0	684,958	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,533	29,513	489,078	0	842,625	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,343,242	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	9,665,893	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,709,519	73.00
74.00 07400	RENAL DIALYSIS	188	0	0	0	360,947	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC	10,183	4,295	306,180	0	451,648	90.01
90.02 09002	KIDS PLUS CLINIC	1,560	0	0	0	30,118	90.02
90.03 09003	ONCOLOGY	17,135	449,817	1,143,440	8,235,997	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
90.04 09004 MUNCIE CLINIC	1,488	297	0	0	0	30,750	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	3,418	272,855	0	0	368,528	90.05
90.06 09006 PREGNANCY PLUS	2,371	639	0	0	0	46,500	90.06
90.07 09007 O/P LAB	0	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	1,191	0	0	0	0	23,594	90.09
91.00 09100 EMERGENCY	7,831	104,867	3,462,011	0	0	4,934,396	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	266,761	3,860,772	59,186,135	-15,488,548		108,017,803	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	0	0	0	0	23,284	190.00
190.01 19001 WELLNESS CENTERS	1,227	180,236	883,643	0	0	1,640,162	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	917	0	398,357	0	0	524,812	190.03
190.04 19004 SUMMIT CONV. (LTC)	917	0	223,204	0	0	307,185	190.04
190.05 19005 PARKVIEW CONV. (LTC)	917	0	338,543	0	0	453,163	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	917	0	84,234	0	0	127,670	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	38,551	0	0	49,433	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	2,072	1,796	626,088	0	0	994,234	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	102,990	0	0	204,330	190.12
190.13 19013 RHEUMATOLOGY	0	2,087	407,083	0	0	995,342	190.13
190.14 19014 ROCK STEADY BOXING	1,783	0	92,921	0	0	178,927	190.14
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	18,549	6,446	0	0	0	1,672,715	192.00
192.01 19201 MUNCIE MD OFFICES	5,745	0	0	0	0	124,441	192.01
192.02 19202 FOUNDATION	356	0	203,277	0	0	922,380	192.02
192.03 19203 SPOE	0	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	690	195,295	0	0	264,412	192.04
192.05 19205 VACANT SPACE	607	0	0	0	0	11,719	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	611	192.07
192.08 19208 RENTAL PROPERTY - 1924 MADISON	1,456	0	0	0	0	45,269	192.08
192.09 19209 RESIDENTIAL PROPERTY - 1430 N MADISON	1,250	0	0	0	0	29,531	192.09
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)	5,882,331	4,610,836	13,499,970		23,724,545	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.306587	1.137909	0.215035		0.203491	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			50,851		1,288,060	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000810		0.011048	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: 15-0113

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

Worksheet B-1

Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		247,707				7.00
8.00	00800		3,460	702,805			8.00
9.00	00900	0	6,928	46,685	6,506		9.00
10.00	01000	0	10,782	0	174	123,408	10.00
11.00	01100	0	2,041	0	0	0	11.00
13.00	01300	0	2,661	0	38	0	13.00
14.00	01400	0	5,081	3,515	71	0	14.00
15.00	01500	0	3,207	0	41	0	15.00
16.00	01600	0	4,066	0	12	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	51,804	251,773	3,132	105,691	30.00
31.00	03100	0	6,853	46,263	428	17,320	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,870	0	47	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	22,153	201,925	1,343	14	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	272	0	0	0	53.00
54.00	05400	0	19,284	18,202	119	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	1,483	2,180	42	0	56.00
57.00	05700	0	450	27,279	0	0	57.00
58.00	05800	0	936	8,727	10	0	58.00
59.00	05900	0	3,717	2,390	50	0	59.00
60.00	06000	0	7,828	1,266	85	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	585	0	15	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	720	0	49	0	65.00
66.00	06600	0	4,702	281	17	0	66.00
67.00	06700	0	3,471	0	13	0	67.00
68.00	06800	0	421	0	13	0	68.00
69.00	06900	0	1,533	4,570	0	0	69.00
70.00	07000	0	1,533	6,328	72	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	188	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	10,183	2,250	132	0	90.01
90.02	09002	0	1,560	0	0	0	90.02
90.03	09003	0	17,135	15,608	0	0	90.03
90.04	09004	0	1,488	0	0	0	90.04
90.05	09005	0	0	0	0	0	90.05
90.06	09006	0	2,371	0	0	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	1,191	0	0	0	90.09
91.00	09100	EMERGENCY	0	7,831	62,658	545	383	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	209,788	701,900	6,448	123,408	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,206	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	1,227	0	36	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	917	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	917	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	917	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	917	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	2,072	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	1,783	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	18,549	0	22	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	5,745	0	0	0	192.01
192.02	19202	FOUNDATION	0	356	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	905	0	0	192.04
192.05	19205	VACANT SPACE	0	607	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY - 1924 MADISON	0	1,456	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY - 1430 N MADISON	0	1,250	0	0	0	192.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	9,939,181	476,896	3,005,565	2,368,409	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	40.124748	0.678561	461.968183	19.191697	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	971,735	83,533	203,638	411,470	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.922921	0.118857	31.300031	3.334225	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: 15-0113

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

Worksheet B-1

Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description		CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,566,441					11.00
13.00	01300	24,700	744,796				13.00
14.00	01400	63,977	0	29,691,737			14.00
15.00	01500	44,535	0	88,297	5,518,494		15.00
16.00	01600	46,622	0	2,605	0	57,465	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	466,108	466,108	1,429,090	0	15,000	30.00
31.00	03100	86,144	86,144	433,799	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	29,170	29,170	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	163,374	163,374	4,688,598	0	10,930	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	9,528	0	1,653	33,003	0	53.00
54.00	05400	71,931	0	32,366	2,500	450	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	6,266	0	5,494	107	0	56.00
57.00	05700	13,001	0	85,873	0	0	57.00
58.00	05800	10,168	0	3,101	82	0	58.00
59.00	05900	25,544	0	68,818	0	0	59.00
60.00	06000	87,667	0	59,868	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	6,453	0	945	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	35,691	0	9,715	32	0	65.00
66.00	06600	55,496	0	7,973	257	0	66.00
67.00	06700	8,475	0	80	0	0	67.00
68.00	06800	5,928	0	178	0	0	68.00
69.00	06900	15,558	0	10,276	5	0	69.00
70.00	07000	16,524	0	4,199	97	0	70.00
71.00	07100	0	0	12,343,242	0	0	71.00
72.00	07200	0	0	9,665,893	0	0	72.00
73.00	07300	0	0	0	5,481,484	0	73.00
74.00	07400	0	0	4,869	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	9,011	0	134,506	349	13,560	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	42,589	0	88,230	533	0	90.03
90.04	09004	0	0	343	0	0	90.04
90.05	09005	8,109	0	1,218	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description			CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	116,842	0	508,903	0	16,250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,469,411	744,796	29,680,132	5,518,449	56,190	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	25	190.00
190.01	19001	WELLNESS CENTERS	25,958	0	761	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	10,869	0	1,558	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	5,852	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	9,317	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	2,331	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	1,047	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	24,638	0	1,677	4	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	3,967	0	600	0	0	190.12
190.13	19013	RHEUMATOLOGY	1,669	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	3,613	0	23	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	617	0	1,250	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	3,668	0	11	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	4,101	0	6,284	41	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY - 1924 MADISON	0	0	74	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY - 1430 N MADISON	0	0	0	0	0	192.09
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)	1,238,179	2,054,156	2,862,032	3,143,701	2,522,532	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.790441	2.758012	0.096392	0.569666	43.896842	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	58,695	82,619	154,936	111,130	118,840	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.037470	0.110928	0.005218	0.020138	2.068041	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: 15-0113

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

Worksheet B-1
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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
17.00 01700 SOCIAL SERVICE	452					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	451	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
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
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
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
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY	0	0	0	0	0	90.03
90.04 09004 MUNICE CLINIC	0	0	0	0	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
				17.00	19.00	
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	452	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	0	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14 19014 ROCK STEADY BOXING	0	0	0	0	0	190.14
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08 19208 RENTAL PROPERTY - 1924 MADISON	0	0	0	0	0	192.08
192.09 19209 RESIDENTIAL PROPERTY - 1430 N MADISON	0	0	0	0	0	192.09
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description		PARAMED PRGM- (EMS) (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
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-(EMS)	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
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
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
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND/OSTOMY CLINIC	90.01
90.02	09002	KIDS PLUS CLINIC	90.02
90.03	09003	ONCOLOGY	90.03
90.04	09004	MUNCIE CLINIC	90.04
90.05	09005	ANTI COAGULATION CLINIC	90.05
90.06	09006	PREGNANCY PLUS	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description			PARAMED PRGM- (EMS) (ASSIGNED TIME)	
			23.00	
90.07	09007	O/P LAB	0	90.07
90.08	09008	O/P LAB	0	90.08
90.09	09009	FORTVILLE CLINIC	0	90.09
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	WELLNESS CENTERS	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009	SPI NE SURGEON	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	0	190.12
190.13	19013	RHEUMATOLOGY	0	190.13
190.14	19014	ROCK STEADY BOXING	0	190.14
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	192.01
192.02	19202	FOUNDATION	0	192.02
192.03	19203	SPOE	0	192.03
192.04	19204	HEALTHY HEART	0	192.04
192.05	19205	VACANT SPACE	0	192.05
192.07	19207	PARK PLACE CENTER	0	192.07
192.08	19208	RENTAL PROPERTY - 1924 MADISON	0	192.08
192.09	19209	RESIDENTIAL PROPERTY - 1430 N MADISON	0	192.09
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00
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: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/14/2018 1:52 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		30,499,007	0	30,499,007
31.00	03100 INTENSIVE CARE UNIT		5,667,769	0	5,667,769
32.00	03200 CORONARY CARE UNIT		0	0	0
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		0	0	0
41.00	04100 SUBPROVIDER - IRF		0	0	0
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		1,909,079	0	1,909,079
44.00	04400 SKILLED NURSING FACILITY		0	0	0
45.00	04500 NURSING FACILITY		0	0	0
46.00	04600 OTHER LONG TERM CARE		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		14,317,367	0	14,317,367
51.00	05100 RECOVERY ROOM		0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0
53.00	05300 ANESTHESIOLOGY		327,770	0	327,770
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,092,185	0	6,092,185
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
56.00	05600 RADIOISOTOPE		951,925	0	951,925
57.00	05700 CT SCAN		947,645	0	947,645
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,245,276	0	1,245,276
59.00	05900 CARDIAC CATHETERIZATION		1,933,220	0	1,933,220
60.00	06000 LABORATORY		6,128,436	0	6,128,436
60.01	06001 BLOOD LABORATORY		0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		385,920	0	385,920
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
64.00	06400 INTRAVENOUS THERAPY		0	0	0
65.00	06500 RESPIRATORY THERAPY		1,626,045	0	1,626,045
66.00	06600 PHYSICAL THERAPY		3,415,565	0	3,415,565
67.00	06700 OCCUPATIONAL THERAPY		779,200	0	779,200
68.00	06800 SPEECH PATHOLOGY		362,010	0	362,010
69.00	06900 ELECTROCARDIOLOGY		902,245	0	902,245
70.00	07000 ELECTROENCEPHALOGRAPHY		1,126,680	0	1,126,680
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,044,757	0	16,044,757
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,564,530	0	12,564,530
73.00	07300 DRUGS CHARGED TO PATIENTS		9,993,973	0	9,993,973
74.00	07400 RENAL DIALYSIS		442,408	0	442,408
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		0	0	0
90.01	09001 WOUND/OSTOMY CLINIC		1,630,179	0	1,630,179
90.02	09002 KIDS PLUS CLINIC		98,842	0	98,842
90.03	09003 ONCOLOGY		0	0	0
90.04	09004 MUNNIE CLINIC		96,746	0	96,746
90.05	09005 ANTI COAGULATION CLINIC		450,047	0	450,047
90.06	09006 PREGNANCY PLUS		151,098	0	151,098
90.07	09007 O/P LAB		0	0	0
90.08	09008 O/P LAB		0	0	0
90.09	09009 FORTVILLE CLINIC		76,184	0	76,184
91.00	09100 EMERGENCY		7,409,093	0	7,409,093
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,561,131	0	2,561,131
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0
95.00	09500 AMBULANCE SERVICES		0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0
99.00	09900 CMHC		0	0	0
99.10	09910 CORF		0	0	0
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0
101.00	10100 HOME HEALTH AGENCY		0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION		0	0	0
106.00	10600 HEART ACQUISITION		0	0	0
107.00	10700 LIVER ACQUISITION		0	0	0
108.00	10800 LUNG ACQUISITION		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

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

Worksheet C
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

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	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			110.00
111.00	11100	ISLET ACQUISITION	0		0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	0		0			116.00
200.00		Subtotal (see instructions)	130,136,332	0	130,136,332	0	130,136,332	200.00
201.00		Less Observation Beds	2,561,131		2,561,131		2,561,131	201.00
202.00		Total (see instructions)	127,575,201	0	127,575,201	0	127,575,201	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/14/2018 1:52 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	45,365,445		45,365,445				30.00
31.00	03100	INTENSIVE CARE UNIT	12,211,116		12,211,116				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	4,618,368		4,618,368				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	20,437,995	46,743,022	67,181,017	0.213116	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,752,686	1,728,647	3,481,333	0.094151	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,596,719	18,834,833	23,431,552	0.259999	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,149,580	12,376,651	13,526,231	0.070376	0.000000		56.00
57.00	05700	CT SCAN	7,724,881	27,391,904	35,116,785	0.026986	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,773,238	9,461,569	11,234,807	0.110841	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,116,773	14,407,470	21,524,243	0.089816	0.000000		59.00
60.00	06000	LABORATORY	11,963,130	32,124,539	44,087,669	0.139006	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,046,274	647,120	1,693,394	0.227897	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	3,705,123	1,827,111	5,532,234	0.293922	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,404,473	7,660,200	9,064,673	0.376800	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	759,469	834,459	1,593,928	0.488855	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	469,697	427,513	897,210	0.403484	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,612,852	8,076,943	11,689,795	0.077182	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,133,409	3,557,124	4,690,533	0.240203	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,731,408	23,408,482	45,139,890	0.355445	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,007,691	12,000,315	32,008,006	0.392543	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,084,068	22,392,724	43,476,792	0.229869	0.000000		73.00
74.00	07400	RENAL DIALYSIS	573,648	0	573,648	0.771219	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	7,924,449	7,924,449	0.205715	0.000000		90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000		90.02
90.03	09003	ONCOLOGY	486,157	29,791,954	30,278,111	0.000000	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0	840,348	840,348	0.535548	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000		90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000		90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000		90.09
91.00	09100	EMERGENCY	9,338,222	31,335,426	40,673,648	0.182160	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,269,540	10,269,540	0.249391	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

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

Worksheet C
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description			Title XVIII			Hospital	PPS
			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			
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	204,062,422	324,062,343	528,124,765		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	204,062,422	324,062,343	528,124,765		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/14/2018 1:52 pm
Cost Center Description			PPS Inpatient Ratio	Title XVIII	Hospital PPS
			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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.213116		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.094151		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259999		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.070376		56.00
57.00	05700	CT SCAN	0.026986		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.110841		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089816		59.00
60.00	06000	LABORATORY	0.139006		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.227897		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.293922		65.00
66.00	06600	PHYSICAL THERAPY	0.376800		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.488855		67.00
68.00	06800	SPEECH PATHOLOGY	0.403484		68.00
69.00	06900	ELECTROCARDIOLOGY	0.077182		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.240203		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.355445		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.392543		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229869		73.00
74.00	07400	RENAL DIALYSIS	0.771219		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.205715		90.01
90.02	09002	KIDS PLUS CLINIC	0.000000		90.02
90.03	09003	ONCOLOGY	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0.535548		90.05
90.06	09006	PREGNANCY PLUS	0.000000		90.06
90.07	09007	O/P LAB	0.000000		90.07
90.08	09008	O/P LAB	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0.000000		90.09
91.00	09100	EMERGENCY	0.182160		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.249391		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/14/2018 1:52 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILITY REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/14/2018 1:52 pm			
			Title XIX	Hospital	Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,499,007		30,499,007	0	30,499,007	30.00
31.00	03100	INTENSIVE CARE UNIT	5,667,769		5,667,769	0	5,667,769	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,909,079		1,909,079	0	1,909,079	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,317,367		14,317,367	0	14,317,367	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	327,770		327,770	0	327,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,092,185		6,092,185	0	6,092,185	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	951,925		951,925	0	951,925	56.00
57.00	05700	CT SCAN	947,645		947,645	0	947,645	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,245,276		1,245,276	0	1,245,276	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,933,220		1,933,220	0	1,933,220	59.00
60.00	06000	LABORATORY	6,128,436		6,128,436	0	6,128,436	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	385,920		385,920	0	385,920	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,626,045	0	1,626,045	0	1,626,045	65.00
66.00	06600	PHYSICAL THERAPY	3,415,565	0	3,415,565	0	3,415,565	66.00
67.00	06700	OCCUPATIONAL THERAPY	779,200	0	779,200	0	779,200	67.00
68.00	06800	SPEECH PATHOLOGY	362,010	0	362,010	0	362,010	68.00
69.00	06900	ELECTROCARDIOLOGY	902,245		902,245	0	902,245	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,126,680		1,126,680	0	1,126,680	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,044,757		16,044,757	0	16,044,757	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,564,530		12,564,530	0	12,564,530	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,993,973		9,993,973	0	9,993,973	73.00
74.00	07400	RENAL DIALYSIS	442,408		442,408	0	442,408	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	1,630,179		1,630,179	0	1,630,179	90.01
90.02	09002	KIDS PLUS CLINIC	98,842		98,842	0	98,842	90.02
90.03	09003	ONCOLOGY	0		0	0	0	90.03
90.04	09004	MUNCIE CLINIC	96,746		96,746	0	96,746	90.04
90.05	09005	ANTI COAGULATION CLINIC	450,047		450,047	0	450,047	90.05
90.06	09006	PREGNANCY PLUS	151,098		151,098	0	151,098	90.06
90.07	09007	O/P LAB	0		0	0	0	90.07
90.08	09008	O/P LAB	0		0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	76,184		76,184	0	76,184	90.09
91.00	09100	EMERGENCY	7,409,093		7,409,093	0	7,409,093	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,561,131		2,561,131	0	2,561,131	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

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

Worksheet C
Part I
Date/Time Prepared:
5/14/2018 1:52 pm

			Title XIX		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			0	110.00
111.00	11100	ISLET ACQUISITION	0		0			0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	130,136,332	0	130,136,332	0	130,136,332	0	200.00
201.00		Less Observation Beds	2,561,131		2,561,131		2,561,131		201.00
202.00		Total (see instructions)	127,575,201	0	127,575,201	0	127,575,201	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet C Part I Date/Time Prepared: 5/14/2018 1:52 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	45,365,445		45,365,445				30.00
31.00	03100	INTENSIVE CARE UNIT	12,211,116		12,211,116				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	4,618,368		4,618,368				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	20,437,995	46,743,022	67,181,017	0.213116	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,752,686	1,728,647	3,481,333	0.094151	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,596,719	18,834,833	23,431,552	0.259999	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,149,580	12,376,651	13,526,231	0.070376	0.000000		56.00
57.00	05700	CT SCAN	7,724,881	27,391,904	35,116,785	0.026986	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,773,238	9,461,569	11,234,807	0.110841	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,116,773	14,407,470	21,524,243	0.089816	0.000000		59.00
60.00	06000	LABORATORY	11,963,130	32,124,539	44,087,669	0.139006	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,046,274	647,120	1,693,394	0.227897	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	3,705,123	1,827,111	5,532,234	0.293922	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,404,473	7,660,200	9,064,673	0.376800	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	759,469	834,459	1,593,928	0.488855	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	469,697	427,513	897,210	0.403484	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,612,852	8,076,943	11,689,795	0.077182	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,133,409	3,557,124	4,690,533	0.240203	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,731,408	23,408,482	45,139,890	0.355445	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	20,007,691	12,000,315	32,008,006	0.392543	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,084,068	22,392,724	43,476,792	0.229869	0.000000		73.00
74.00	07400	RENAL DIALYSIS	573,648	0	573,648	0.771219	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	7,924,449	7,924,449	0.205715	0.000000		90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000		90.02
90.03	09003	ONCOLOGY	486,157	29,791,954	30,278,111	0.000000	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0	840,348	840,348	0.535548	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000		90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000		90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000		90.09
91.00	09100	EMERGENCY	9,338,222	31,335,426	40,673,648	0.182160	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,269,540	10,269,540	0.249391	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000		99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000		101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

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

Worksheet C
Part I
Date/Time Prepared:
5/14/2018 1:52 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
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	204,062,422	324,062,343	528,124,765		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	204,062,422	324,062,343	528,124,765		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/14/2018 1:52 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
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
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.000000		90.01
90.02	09002	KIDS PLUS CLINIC	0.000000		90.02
90.03	09003	ONCOLOGY	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0.000000		90.06
90.07	09007	O/P LAB	0.000000		90.07
90.08	09008	O/P LAB	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0.000000		90.09
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet C Part I Date/Time Prepared: 5/14/2018 1:52 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part I Date/Time Prepared: 5/14/2018 1:52 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,238,982	0	2,238,982	24,710	90.61	30.00
31.00	INTENSIVE CARE UNIT	399,277		399,277	1,435	278.24	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	67,240		67,240	2,006	33.52	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	2,705,499		2,705,499	28,151		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,660	875,293				30.00
31.00	INTENSIVE CARE UNIT	1,348	375,068				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	11,008	1,250,361				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet D Part II Date/Time Prepared: 5/14/2018 1:52 pm	
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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,046,324	67,181,017	0.030460	9,257,916	281,996	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	18,305	3,481,333	0.005258	379,479	1,995	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	882,326	23,431,552	0.037655	2,526,689	95,142	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	58,778	13,526,231	0.004345	584,573	2,540	56.00
57.00	05700	CT SCAN	27,143	35,116,785	0.000773	3,839,486	2,968	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	59,501	11,234,807	0.005296	852,803	4,516	58.00
59.00	05900	CARDIAC CATHETERIZATION	229,818	21,524,243	0.010677	3,093,585	33,030	59.00
60.00	06000	LABORATORY	451,309	44,087,669	0.010237	5,589,839	57,223	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,841	1,693,394	0.011126	459,366	5,111	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	67,552	5,532,234	0.012211	2,146,062	26,206	65.00
66.00	06600	PHYSICAL THERAPY	145,711	9,064,673	0.016075	778,701	12,518	66.00
67.00	06700	OCCUPATIONAL THERAPY	87,390	1,593,928	0.054827	404,846	22,196	67.00
68.00	06800	SPEECH PATHOLOGY	13,725	897,210	0.015297	257,525	3,939	68.00
69.00	06900	ELECTROCARDIOLOGY	69,810	11,689,795	0.005972	1,922,261	11,480	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	82,548	4,690,533	0.017599	413,913	7,284	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	200,779	45,139,890	0.004448	9,732,202	43,289	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	157,226	32,008,006	0.004912	9,926,784	48,760	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173,463	43,476,792	0.003990	6,510,981	25,979	73.00
74.00	07400	RENAL DIALYSIS	8,381	573,648	0.014610	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	280,160	7,924,449	0.035354	0	0	90.01
90.02	09002	KIDS PLUS CLINIC	36,571	0	0.000000	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0.000000	0	0	90.03
90.04	09004	MUNCIE CLINIC	35,245	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	8,491	840,348	0.010104	0	0	90.05
90.06	09006	PREGNANCY PLUS	56,318	0	0.000000	0	0	90.06
90.07	09007	O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008	O/P LAB	0	0	0.000000	0	0	90.08
90.09	09009	FORTVILLE CLINIC	27,927	0	0.000000	0	0	90.09
91.00	09100	EMERGENCY	424,978	40,673,648	0.010448	4,133,188	43,184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	188,018	10,269,540	0.018308	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	5,856,638	435,651,725		62,810,199	729,356	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part III Date/Time Prepared: 5/14/2018 1:52 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
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
200.00		Total (lines 30 through 199)	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	24,710	0.00	9,660	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	1,435	0.00	1,348	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	2,006	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	0	28,151	0.00	11,008	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. All Other Medical Education Cost
	9.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
200.00		Total (lines 30 through 199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/14/2018 1:52 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
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY	0	0	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTICOAGULATION CLINIC	0	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/14/2018 1:52 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	67,181,017	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,481,333	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	23,431,552	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	13,526,231	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	35,116,785	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	11,234,807	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,524,243	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	44,087,669	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,693,394	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	5,532,234	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	9,064,673	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,593,928	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	897,210	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,689,795	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,690,533	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	45,139,890	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	32,008,006	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	43,476,792	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	573,648	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	0	0	7,924,449	0.000000	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	ONCOLOGY	0	0	0	30,278,111	0.000000	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	840,348	0.000000	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0.000000	90.06
90.07	09007	O/P LAB	0	0	0	0	0.000000	90.07
90.08	09008	O/P LAB	0	0	0	0	0.000000	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0.000000	90.09
91.00	09100	EMERGENCY	0	0	0	40,673,648	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	10,269,540	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	465,929,836		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/14/2018 1:52 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		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	9,257,916	0	13,659,551	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	379,479	0	455,719	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,526,689	0	5,395,922	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	584,573	0	4,976,257	0	56.00	
57.00	05700 CT SCAN	0.000000	3,839,486	0	8,980,914	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	852,803	0	2,970,390	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	3,093,585	0	5,374,204	0	59.00	
60.00	06000 LABORATORY	0.000000	5,589,839	0	4,221,720	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	459,366	0	141,309	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	2,146,062	0	309,532	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	778,701	0	40,162	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	404,846	0	23,826	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	257,525	0	4,476	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,922,261	0	3,070,961	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	413,913	0	903,066	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	9,732,202	0	6,935,113	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	9,926,784	0	4,389,563	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,510,981	0	8,102,797	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 WOUND/OSTOMY CLINIC	0.000000	0	0	2,509,552	0	90.01	
90.02	09002 KIDS PLUS CLINIC	0.000000	0	0	0	0	90.02	
90.03	09003 ONCOLOGY	0.000000	203,142	0	12,043,637	0	90.03	
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0	90.04	
90.05	09005 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	90.05	
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0	90.06	
90.07	09007 O/P LAB	0.000000	0	0	0	0	90.07	
90.08	09008 O/P LAB	0.000000	0	0	0	0	90.08	
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0	90.09	
91.00	09100 EMERGENCY	0.000000	4,133,188	0	7,304,364	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	3,908,170	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
200.00	Total (lines 50 through 199)		63,013,341	0	95,721,205	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part IV Date/Time Prepared: 5/14/2018 1:52 pm
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Cost Center Description		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		21.00	24.00			
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
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600 RADIOISOTOPE	0	0			56.00
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
60.01	06001 BLOOD LABORATORY	0	0			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 WOUND/OSTOMY CLINIC	0	0			90.01
90.02	09002 KIDS PLUS CLINIC	0	0			90.02
90.03	09003 ONCOLOGY	0	0			90.03
90.04	09004 MUNCIE CLINIC	0	0			90.04
90.05	09005 ANTI COAGULATION CLINIC	0	0			90.05
90.06	09006 PREGNANCY PLUS	0	0			90.06
90.07	09007 O/P LAB	0	0			90.07
90.08	09008 O/P LAB	0	0			90.08
90.09	09009 FORTVILLE CLINIC	0	0			90.09
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
200.00	Total (lines 50 through 199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/14/2018 1:52 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	0.213116	13,659,551	0	0	2,911,069	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.094151	455,719	0	0	42,906	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259999	5,395,922	0	0	1,402,934	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.070376	4,976,257	0	0	350,209	56.00
57.00	05700	CT SCAN	0.026986	8,980,914	0	0	242,359	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.110841	2,970,390	0	0	329,241	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089816	5,374,204	0	0	482,690	59.00
60.00	06000	LABORATORY	0.139006	4,221,720	28,785	0	586,844	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.227897	141,309	0	0	32,204	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.293922	309,532	0	0	90,978	65.00
66.00	06600	PHYSICAL THERAPY	0.376800	40,162	0	0	15,133	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.488855	23,826	0	0	11,647	67.00
68.00	06800	SPEECH PATHOLOGY	0.403484	4,476	0	0	1,806	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077182	3,070,961	0	0	237,023	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.240203	903,066	0	0	216,919	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.355445	6,935,113	0	0	2,465,051	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.392543	4,389,563	0	0	1,723,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229869	8,102,797	0	114,244	1,862,582	73.00
74.00	07400	RENAL DIALYSIS	0.771219	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.205715	2,509,552	0	0	516,252	90.01
90.02	09002	KIDS PLUS CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0.000000	12,043,637	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0.535548	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0	0	0	90.06
90.07	09007	O/P LAB	0.000000	0	0	0	0	90.07
90.08	09008	O/P LAB	0.000000	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0	0	0	90.09
91.00	09100	EMERGENCY	0.182160	7,304,364	0	160	1,330,563	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.249391	3,908,170	0	40	974,662	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		95,721,205	28,785	114,444	15,826,164	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		95,721,205	28,785	114,444	15,826,164	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D Part V Date/Time Prepared: 5/14/2018 1:52 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	4,001	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,261	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0	0	90.01
90.02	09002 KIDS PLUS CLINIC	0	0	90.02
90.03	09003 ONCOLOGY	0	0	90.03
90.04	09004 MUNCIE CLINIC	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	0	0	90.05
90.06	09006 PREGNANCY PLUS	0	0	90.06
90.07	09007 O/P LAB	0	0	90.07
90.08	09008 O/P LAB	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0	0	90.09
91.00	09100 EMERGENCY	0	29	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Subtotal (see instructions)	4,001	26,300	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	4,001	26,300	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/14/2018 1:52 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)		24,710	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,710	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)		22,635	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)		9,660	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)		30,499,007	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)		30,499,007	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)		30,499,007	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,234.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,923,145	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)		11,923,145	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1 Date/Time Prepared: 5/14/2018 1:52 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	5,667,769	1,435	3,949.66	1,348	5,324,142	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					15,143,838	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,391,125	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,250,361	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					729,356	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,979,717	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,411,408	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,075	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,234.28	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,561,131	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/14/2018 1:52 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	2,238,982	30,499,007	0.073412	2,561,131	188,018	90.00
91.00	Nursing School cost	0	30,499,007	0.000000	2,561,131	0	91.00
92.00	Allied health cost	0	30,499,007	0.000000	2,561,131	0	92.00
93.00	All other Medical Education	0	30,499,007	0.000000	2,561,131	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/14/2018 1:52 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		24,710	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		24,710	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)		22,635	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)		660	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)		2,006	15.00
16.00	Nursery days (title V or XIX only)		1,757	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)		30,499,007	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)		30,499,007	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)		30,499,007	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,234.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		814,625	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)		814,625	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/14/2018 1:52 pm	
Cost Center Description			Title XIX		Hospital		Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
42.00	NURSERY (title V & XIX only)	1,909,079	2,006	951.68	1,757	1,672,102		42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	5,667,769	1,435	3,949.66	11	43,446		43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,582,350		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,112,523		49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)							0 50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							0 51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							0 52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							0 53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges							0 54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)							0 56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)							0 57.00
58.00	Bonus payment (see instructions)							0 58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)							0 61.00
62.00	Relief payment (see instructions)							0 62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)							0 63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)							0 64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)							0 65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)							0 66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)							0 67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)							0 68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)							0 69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					2,075		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,234.28		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,561,131		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet D-1 Date/Time Prepared: 5/14/2018 1:52 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	2,238,982	30,499,007	0.073412	2,561,131	188,018	90.00
91.00	Nursing School cost	0	30,499,007	0.000000	2,561,131	0	91.00
92.00	Allied health cost	0	30,499,007	0.000000	2,561,131	0	92.00
93.00	All other Medical Education	0	30,499,007	0.000000	2,561,131	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/14/2018 1:52 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,856,018	30.00
31.00	03100	INTENSIVE CARE UNIT		4,488,468	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.213116	9,257,916	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.094151	379,479	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.259999	2,526,689	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.070376	584,573	56.00
57.00	05700	CT SCAN	0.026986	3,839,486	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.110841	852,803	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089816	3,093,585	59.00
60.00	06000	LABORATORY	0.139006	5,589,839	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.227897	459,366	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.293922	2,146,062	65.00
66.00	06600	PHYSICAL THERAPY	0.376800	778,701	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.488855	404,846	67.00
68.00	06800	SPEECH PATHOLOGY	0.403484	257,525	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077182	1,922,261	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.240203	413,913	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.355445	9,732,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.392543	9,926,784	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229869	6,510,981	73.00
74.00	07400	RENAL DIALYSIS	0.771219	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.205715	0	90.01
90.02	09002	KIDS PLUS CLINIC	0.000000	0	90.02
90.03	09003	ONCOLOGY	0.000000	203,142	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0.535548	0	90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	90.06
90.07	09007	O/P LAB	0.000000	0	90.07
90.08	09008	O/P LAB	0.000000	0	90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	90.09
91.00	09100	EMERGENCY	0.182160	4,133,188	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.249391	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		63,013,341	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)		63,013,341	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet D-3 Date/Time Prepared: 5/14/2018 1:52 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		3,501,969		30.00
31.00	03100 INTENSIVE CARE UNIT		951,467		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		1,352,029		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.213116	3,055,990	651,280	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.094151	253,355	23,854	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.259999	282,156	73,360	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.070376	59,561	4,192	56.00
57.00	05700 CT SCAN	0.026986	493,472	13,317	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.110841	108,839	12,064	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.089816	433,845	38,966	59.00
60.00	06000 LABORATORY	0.139006	933,025	129,696	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.227897	97,118	22,133	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.293922	257,873	75,795	65.00
66.00	06600 PHYSICAL THERAPY	0.376800	51,812	19,523	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.488855	32,506	15,891	67.00
68.00	06800 SPEECH PATHOLOGY	0.403484	22,214	8,963	68.00
69.00	06900 ELECTROCARDIOLOGY	0.077182	197,911	15,275	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.240203	50,546	12,141	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.355445	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.392543	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.229869	1,594,425	366,509	73.00
74.00	07400 RENAL DIALYSIS	0.771219	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.205715	0	0	90.01
90.02	09002 KIDS PLUS CLINIC	0.000000	0	0	90.02
90.03	09003 ONCOLOGY	0.000000	1,405	0	90.03
90.04	09004 MUNCIE CLINIC	0.000000	0	0	90.04
90.05	09005 ANTICOAGULATION CLINIC	0.535548	0	0	90.05
90.06	09006 PREGNANCY PLUS	0.000000	0	0	90.06
90.07	09007 O/P LAB	0.000000	0	0	90.07
90.08	09008 O/P LAB	0.000000	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	90.09
91.00	09100 EMERGENCY	0.182160	545,624	99,391	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.249391	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		8,471,677	1,582,350	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)		8,471,677		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/14/2018 1:52 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)		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		22,311,667	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,475,755	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		8,947,236	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		132.75	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 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.		0.00	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)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.44	11.00
12.00	Current year allowable FTE (see instructions)		0.44	12.00
13.00	Total allowable FTE count for the prior year.		0.07	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.40	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.30	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.30	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.002260	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.002183	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.002183	21.00
22.00	IME payment adjustment (see instructions)		26,618	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		10,674	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).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		26,618	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		10,674	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.38	31.00
32.00	Sum of lines 30 and 31		29.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.76	33.00
34.00	Disproportionate share adjustment (see instructions)		767,521	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/14/2018 1:52 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)	0.000151784	0.000179762	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	907,284	1,216,397	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	678,599	306,599	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	985,198		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)	25,566,759		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)		25,577,433	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,974,163	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).		10,854	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,562,450	59.00
60.00	Primary payer payments		9,408	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,553,042	61.00
62.00	Deductibles billed to program beneficiaries		2,414,328	62.00
63.00	Coinurance billed to program beneficiaries		30,268	63.00
64.00	Allowable bad debts (see instructions)		203,332	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		132,166	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		83,282	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		25,240,612	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)		23,366	70.93
70.94	HRR adjustment amount (see instructions)		-290,285	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part A Date/Time Prepared: 5/14/2018 1:52 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)			24,973,693	71.00
71.01	Sequestration adjustment (see instructions)			499,474	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
72.00	Interim payments			24,448,283	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)			25,936	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			507,086	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

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/14/2018 1:52 pm	
		PPS					
	Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value		
	1.00	2.00	3.00	4.00	5.00		
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.37	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	24.38	0.00			24.38	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	29.75	0.00			24.38	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	132.75	0.00			132.75	5.00
6.00	Disproportionate Share Payment Percentage (transferred from Worksheet E, Part A, line 33)	13.76	0.00			9.33	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	5.37	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	780	0			780	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	131	0			131	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	4	0			4	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	5,541	0			5,541	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	5	0			5	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	6,461	0			6,461	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	26,076	0			26,076	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	111	0			111	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	319	0			319	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	26,506	0			26,506	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	24.38	0.00			24.38	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet DSH Date/Time Prepared: 5/14/2018 1:52 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	13.76		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		13.76		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		13.76		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet DSH Date/Time Prepared: 5/14/2018 1:52 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	9.33		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	9.33		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	9.33		31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0113

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/14/2018 1:52 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	0	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,311,667	0	0	22,311,667	22,311,667	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	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	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,475,755	0	0	1,475,755	1,475,755	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	8,947,236	0	0	8,947,236	8,947,236	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.002183	0.002183	0.002183	0.002183	0.002183	5.00
6.00	IME payment adjustment (see instructions)	22.00	26,618	0	0	26,618	26,618	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	10,674	0	10,674	0	10,674	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	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	26,618	0	0	26,618	26,618	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	10,674	0	10,674	0	10,674	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1376	0.1376	0.1376	0.1376	0.1376	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	767,521	0	0	767,521	767,521	11.00
11.01	Uncompensated care payments	36.00	985,198	0	678,599	306,599	985,198	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	25,566,759	0	678,599	24,888,160	25,566,759	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	25,577,433	0	689,273	24,888,160	25,577,433	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	1,974,163	0	0	1,974,163	1,974,163	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition 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: 15-0113

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/14/2018 1:52 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	689,273	26,862,323	27,551,596	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	1,818,294	0	0	1,818,294	1,818,294	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	40,771	0	0	40,771	40,771	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	0.0013	0.0013	0.0013	0.0013		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,364	0	0	2,364	2,364	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0620	0.0620	0.0620	0.0620		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	112,734	0	0	112,734	112,734	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,974,163	0	0	1,974,163	1,974,163	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0113		Period: From 01/01/2017 To 12/31/2017		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/14/2018 1:52 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	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	22,311,667		22,311,667	22,311,667	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	1,475,755	0	1,475,755	1,475,755	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	8,947,236	0	8,947,236	8,947,236	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.002183	0.002183	0.002183		5.00
6.00	IME payment adjustment (see instructions)	22.00	26,618	0	26,618	26,618	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	10,674	0	10,674	10,674	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	26,618	0	26,618	26,618	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	10,674	0	10,674	10,674	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1376	0.1376	0.1376		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	767,521	0	767,521	767,521	11.00
11.01	Uncompensated care payments	36.00	985,198	678,599	306,599	985,198	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	25,566,759	678,599	24,888,160	25,566,759	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	25,577,433	678,599	24,898,834	25,577,433	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,974,163	0	1,974,163	1,974,163	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	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			678,599	26,872,997	27,551,596	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0113

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/14/2018 1:52 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	1,818,294	0	1,818,294	1,818,294	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	40,771	0	40,771	40,771	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	0.0013	0.0013	0.0013		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	2,364	0	2,364	2,364	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0620	0.0620	0.0620		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	112,734	0	112,734	112,734	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,974,163	0	1,974,163	1,974,163	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	23,366	0	23,366	23,366	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	-290,285	0	-290,285	-290,285	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: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/14/2018 1:52 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		30,301	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,826,164	2.00
3.00	OPPS payments		15,856,120	3.00
4.00	Outlier payment (see instructions)		97,580	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)		30,301	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		143,229	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)		143,229	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)		143,229	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		112,928	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)		30,301	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)		15,953,700	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)		3,077,475	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)		12,906,526	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		5,313	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)		12,911,839	30.00
31.00	Primary payer payments		6,222	31.00
32.00	Subtotal (line 30 minus line 31)		12,905,617	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)		615,228	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		399,898	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		465,313	36.00
37.00	Subtotal (see instructions)		13,305,515	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-1	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)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,305,516	40.00
40.01	Sequestration adjustment (see instructions)		266,110	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		12,989,410	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		49,996	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet E Part B Date/Time Prepared: 5/14/2018 1:52 pm
Title XVIII		Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0113

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

Worksheet E-1
Part I
Date/Time Prepared:
5/14/2018 1:52 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		24,448,283		12,989,410	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		24,448,283		12,989,410	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		25,936		49,996	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		24,474,219		13,039,406	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: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet E-1 Part II Date/Time Prepared: 5/14/2018 1:52 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
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet E-3 Part VII Date/Time Prepared: 5/14/2018 1:52 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		4,112,523		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,112,523	0	4.00
5.00	Inpatient primary payer payments		82,792		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,029,731	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		5,805,464		8.00
9.00	Ancillary service charges		8,471,677	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		14,277,141	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		14,277,141	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		10,164,618	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		4,112,523	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		4,112,523	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		4,029,731	0	31.00
32.00	Deductibles		7,257		32.00
33.00	Coinurance		10,345		33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		4,012,129	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		4,012,129	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		4,012,129	0	40.00
41.00	Interim payments		5,864,332	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-1,852,203	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00
OVERRIDES					
109.00	Override Ancillary service charges (line 9)		0	0	109.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/14/2018 1:52 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.			0.00	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)			0.00	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)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	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.	0.00	0.00	0.00	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.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.44		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	0.00	0.44		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.07		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.40		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.30		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	0.00	0.30		17.00
18.00	Per resident amount	88,539.78	88,539.78		18.00
19.00	Approved amount for resident costs	0	26,562	26,562	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)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			26,562	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	11,008	4,320		26.00
27.00	Total Inpatient Days (see instructions)	24,181	24,181		27.00
28.00	Ratio of inpatient days to total inpatient days	0.455233	0.178653		28.00
29.00	Program direct GME amount	12,092	4,745		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		670		30.00
31.00	Net Program direct GME amount			16,167	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet E-4 Date/Time Prepared: 5/14/2018 1:52 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)		573,648	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)		32,391,125	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)		9,408	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		32,381,717	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		15,856,465	42.00
43.00	Primary payer payments (see instructions)		6,222	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		15,850,243	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		48,231,960	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.671375	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.328625	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		16,167	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		10,854	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		5,313	50.00

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

Provider CCN: 15-0113

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

Worksheet G

Date/Time Prepared:
5/14/2018 1:52 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	31,098,377	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	69,728,419	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-48,128,230	0	0	0	6.00
7.00	Inventory	2,919,936	0	0	0	7.00
8.00	Prepaid expenses	800,580	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,091,295	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	57,510,377	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,128,238	0	0	0	12.00
13.00	Land improvements	1,956,043	0	0	0	13.00
14.00	Accumulated depreciation	-1,785,135	0	0	0	14.00
15.00	Buildings	73,418,503	0	0	0	15.00
16.00	Accumulated depreciation	-35,175,477	0	0	0	16.00
17.00	Leasehold improvements	1,197,015	0	0	0	17.00
18.00	Accumulated depreciation	-69,258	0	0	0	18.00
19.00	Fixed equipment	20,462,609	0	0	0	19.00
20.00	Accumulated depreciation	-13,707,287	0	0	0	20.00
21.00	Automobiles and trucks	913,916	0	0	0	21.00
22.00	Accumulated depreciation	-734,542	0	0	0	22.00
23.00	Major movable equipment	16,164,660	0	0	0	23.00
24.00	Accumulated depreciation	-11,022,444	0	0	0	24.00
25.00	Minor equipment depreciable	38,186,548	0	0	0	25.00
26.00	Accumulated depreciation	-26,320,341	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)	69,613,048	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	163,390,967	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	163,390,967	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	290,514,392	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,074,550	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,480,477	0	0	0	38.00
39.00	Payroll taxes payable	431,917	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,613,304	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	487,088	0	0	0	43.00
44.00	Other current liabilities	3,328,164	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,415,500	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,628,951	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,628,951	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	21,044,451	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	269,469,941				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)	269,469,941	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	290,514,392	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0113

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

Worksheet G-1

Date/Time Prepared:
5/14/2018 1:52 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		225,774,672		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		43,716,551			2.00
3.00	Total (sum of line 1 and line 2)		269,491,223		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		269,491,223		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		269,491,223		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0113

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/14/2018 1:52 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,223,260		46,223,260	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	46,223,260		46,223,260	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,455,100		12,455,100	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	12,455,100		12,455,100	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	58,678,360		58,678,360	17.00
18.00	Ancillary services	133,337,272	251,386,610	384,723,882	18.00
19.00	Outpatient services	9,927,667	71,953,125	81,880,792	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY, NRCC AND OTHER	4,697,736	12,140,657	16,838,393	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	206,641,035	335,480,392	542,121,427	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		152,408,355		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)		152,408,355		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0113

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

Worksheet G-3

Date/Time Prepared:
5/14/2018 1:52 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	542,121,427	1.00
2.00	Less contractual allowances and discounts on patients' accounts	367,802,599	2.00
3.00	Net patient revenues (line 1 minus line 2)	174,318,828	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	152,408,355	4.00
5.00	Net income from service to patients (line 3 minus line 4)	21,910,473	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	135,316	7.00
8.00	Revenues from telephone and other miscellaneous communication services	122,017	8.00
9.00	Revenue from television and radio service	57,924	9.00
10.00	Purchase discounts	11,834	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	850,922	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	SALE OF SCRAP	2,440	24.00
24.01	GENERAL NON-OPERATING REVENUE	20,855,840	24.01
24.02	GENERAL OTHER OPERATING REVENUE	6,597,726	24.02
25.00	Total other income (sum of lines 6-24)	28,634,019	25.00
26.00	Total (line 5 plus line 25)	50,544,492	26.00
27.00	PROVISION FOR BAD DEBTS	6,827,941	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,827,941	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	43,716,551	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0113	Period: From 01/01/2017 To 12/31/2017	Worksheet L Parts I-III Date/Time Prepared: 5/14/2018 1:52 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,818,294	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		40,771	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)		67.12	3.00
4.00	Number of interns & residents (see instructions)		0.30	4.00
5.00	Indirect medical education percentage (see instructions)		0.13	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)		2,364	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.37	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.38	8.00
9.00	Sum of lines 7 and 8		29.75	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.20	10.00
11.00	Disproportionate share adjustment (see instructions)		112,734	11.00
12.00	Total prospective capital payments (see instructions)		1,974,163	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