

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY
 Provider CCN: 150026
 Period: From 01/01/2015 To 12/31/2015
 Worksheet 5 Parts I-III
 Date/Time Prepared: 5/27/2016 6:03 pm

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.
 Date: 5/27/2016 Time: 6:03 pm

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH GOSHEN HOSPITAL (150026) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 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.

Encryption Information

ECR: Date: 5/27/2016 Time: 6:03 pm
 HUHCrH:kAuY.bm1HSYkWPBnmMVDqv0
 jRp3I0rQObm0y6mwcGgnAjAhvWnAyo
 cJgr1VmFeL01v806
 PI: Date: 5/27/2016 Time: 6:03 pm
 E:jGxYmhh5RIiaEbit0oYqZ10o6sk0
 Ybx9:0aFknZx.roxb0j:H0BNN:uxve
 .pj:0ovkTY08d0cr

(Signed) Amy Jean
 Officer or Administrator of Provider(s)
 Title CFO
 Date 5-31-16

	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	89,079	110,357	32,253	387,154	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	0	0	0		0	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	89,079	110,357	32,253	387,154	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: 150026		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 5:47 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 200 HIGH PARK AVENUE			PO Box:						1.00	
2.00	City: GOSHEN			State: IN		Zip Code: 46526		County: ELKHART		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		IU HEALTH GOSHEN HOSPITAL	150026	21140	1	07/11/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		CARE AT HOME SERVICES	157174	21140		04/17/1986	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		CARE AT HOME HOSPICE SERVICES	151527	21140		04/17/1986				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2015		12/31/2015		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 §412.06(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)						N	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.			1,432	469	8	51	2,260	162		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 5:47 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	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	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	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>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.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	N	92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.						107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.					N	110.00
						1.00	2.00
						3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N				0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	1,129,694	183,500			0	118.01
						1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 5:47 pm		
		1.00	2.00			
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00		
		1.00	2.00	3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: IU HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		
142.00	Street: I65 @ 21ST STREET	PO Box:				
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		
				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.	N		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	
156.00	Subprovider - IPF	N	N	N	N	
157.00	Subprovider - IRF	N	N	N	N	
158.00	SUBPROVIDER					
159.00	SNF	N	N	N	N	
160.00	HOME HEALTH AGENCY	N	N	N	N	
161.00	CMHC		N	N	N	
				1.00		
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00		
		Name	County	State	Zip Code	CBSA
		0	1.00	2.00	3.00	4.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00
				1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25		169.00		
				1.00		
				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 5:47 pm	
				1.00	
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. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 5:47 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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
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	05/03/2016	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
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

	Description	Part A		Part B	
		Y/N	Date	Y/N	
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			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: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 5:47 pm
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		Part B		
		Date		
		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)	05/03/2016		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			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.			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.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			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.	PPED		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	111	40,515	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)		111	40,515	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	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)		123	44,895	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		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
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)		123				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	7,049	659	17,631			1.00
2.00 HMO and other (see instructions)	3,114	2,090				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			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	7,049	659	17,631			7.00
8.00 INTENSIVE CARE UNIT	1,137	0	2,799			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		1,471	2,441			13.00
14.00 Total (see instructions)	8,186	2,130	22,871	0.00	998.62	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	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	11,143	0.00	28.47	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	13.77	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
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)				0.00	1,040.86	27.00
28.00 Observation Bed Days		382	2,616			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	162	299			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,864	1,471	7,053	1.00
2.00 HMO and other (see instructions)			687	0		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,864	1,471	7,053	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	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
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						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150026		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/27/2016 5:47 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	64,683,425	0	64,683,425	2,164,977.00	29.88	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		1,468,269	0	1,468,269	8,062.60	182.11	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		6,961,119	0	6,961,119	28,087.90	247.83	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,996,305	684,922	5,681,227	208,990.00	27.18	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		169,509	0	169,509	3,539.43	47.89	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		507,290	0	507,290	1,966.33	257.99	13.00
14.00	Home office salaries & wage-related costs		4,878,213	0	4,878,213	84,102.00	58.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		19,745,675	0	19,745,675			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,924,694	0	1,924,694			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		565,612	0	565,612			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		2,681,586	0	2,681,586			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	620,245	0	620,245	18,944.00	32.74	26.00
27.00	Administrative & General	5.00	11,998,643	-684,922	11,313,721	327,707.00	34.52	27.00
28.00	Administrative & General under contract (see inst.)		273,566	0	273,566	1,737.31	157.47	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	736,370	0	736,370	32,842.00	22.42	30.00
31.00	Laundry & Linen Service	8.00	36,144	0	36,144	3,169.00	11.41	31.00
32.00	Housekeeping	9.00	982,311	0	982,311	73,625.00	13.34	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	697,790	-472,459	225,331	18,444.00	12.22	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	472,459	472,459	38,676.00	12.22	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,488,710	0	1,488,710	44,500.00	33.45	38.00
39.00	Central Services and Supply	14.00	206,692	0	206,692	12,608.00	16.39	39.00
40.00	Pharmacy	15.00	1,498,211	0	1,498,211	38,041.00	39.38	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,395,230	0	1,395,230	58,396.00	23.89	41.00
42.00	Social Service	17.00	554,804	0	554,804	21,550.00	25.74	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2016 5:47 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)	57,995,872	0	57,995,872	2,138,626.41	27.12	1.00
2.00	Excluded area salaries (see instructions)	4,996,305	684,922	5,681,227	208,990.00	27.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	52,999,567	-684,922	52,314,645	1,929,636.41	27.11	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,555,012	0	5,555,012	89,607.76	61.99	4.00
5.00	Subtotal wage-related costs (see inst.)	20,311,287	0	20,311,287	0.00	38.83	5.00
6.00	Total (sum of lines 3 thru 5)	78,865,866	-684,922	78,180,944	2,019,244.17	38.72	6.00
7.00	Total overhead cost (see instructions)	20,488,716	-684,922	19,803,794	690,239.31	28.69	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2016 5:47 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		1,555,919	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,713,227	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		16,706,118	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		388,510	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		187,435	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)		196,008	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		2,800	14.00
15.00	'Workers' Compensation Insurance		315,120	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		0	17.00
18.00	Medicare Taxes - Employers Portion Only		3,652,523	18.00
19.00	Unemployment Insurance		55,970	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		41,594	22.00
23.00	Tuition Reimbursement		102,343	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		24,917,567	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: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/27/2016 5:47 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
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150026 Component CCN: 157174		Period: From 01/01/2015 To 12/31/2015		Worksheet S-4 Date/Time Prepared: 5/27/2016 5:47 pm		
				Home Health Agency I		PPS		
							1.00	
0.00	County	ELKHART					0.00	
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	967	0	17	984	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	518.00	36.00	116.00	670.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0	1.00	2.00	3.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00	
4.00	Director(s) and Assistant Director(s)			1.02	0.00	1.02	4.00	
5.00	Other Administrative Personnel			5.23	0.00	5.23	5.00	
6.00	Direct Nursing Service			8.53	0.00	8.53	6.00	
7.00	Nursing Supervisor			6.40	0.00	6.40	7.00	
8.00	Physical Therapy Service			2.79	0.00	2.79	8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service			1.70	0.00	1.70	10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service			0.40	0.00	0.40	12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00	
14.00	Medical Social Service			0.97	0.00	0.97	14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00	
16.00	Home Health Aide			1.43	0.00	1.43	16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00	
18.00	Other (specify)			0.00	0.00	0.00	18.00	
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			22140			20.00	
20.01				99915			20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	3,285	53	231	51	3,620	21.00	
22.00	Skilled Nursing Visit Charges	506,850	8,215	35,650	7,905	558,620	22.00	
23.00	Physical Therapy Visits	1,347	22	18	28	1,415	23.00	
24.00	Physical Therapy Visit Charges	228,310	3,570	3,060	4,590	239,530	24.00	
25.00	Occupational Therapy Visits	582	24	3	3	612	25.00	
26.00	Occupational Therapy Visit Charges	98,090	4,080	510	510	103,190	26.00	
27.00	Speech Pathology Visits	82	8	4	1	95	27.00	
28.00	Speech Pathology Visit Charges	14,580	1,440	720	180	16,920	28.00	
29.00	Medical Social Service Visits	114	5	3	4	126	29.00	
30.00	Medical Social Service Visit Charges	24,510	1,075	505	860	26,950	30.00	
31.00	Home Health Aide Visits	678	25	1	8	712	31.00	
32.00	Home Health Aide Visit Charges	57,240	2,000	80	640	59,960	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,088	137	260	95	6,580	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	929,580	20,380	40,525	14,685	1,005,170	35.00	
36.00	Total Number of Episodes (standard/non outlier)	417		96	8	521	36.00	
37.00	Total Number of Outlier Episodes		3		1	4	37.00	
38.00	Total Non-Routine Medical Supply Charges	4,152,385	3,046	0	0	4,155,431	38.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150026
Component CCN: 151527

Period:
From 01/01/2015
To 12/31/2015

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/27/2016 5:47 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	16,398	0	0	0	2,001	18,399	2.00
3.00	Inpatient Respite Care	70	0	0	0	6	76	3.00
4.00	General Inpatient Care	275	0	0	0	121	396	4.00
5.00	Total Hospice Days	16,743	0	0	0	2,128	18,871	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	317	12	0	0	46	375	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	52.82	0.00	0.00	0.00	46.26	50.32	8.00
9.00	Unduplicated Census Count	304	12	0	0	45	361	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/27/2016 5:47 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)		0.303383		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		9,165,987		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		57,112,284		6.00
7.00	Medicaid cost (line 1 times line 6)		17,326,896		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)		8,160,909		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,160,909		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,321,414	0	11,321,414	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,434,725	0	3,434,725	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,434,725	0	3,434,725	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			22,025,481	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			287,189	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			21,738,292	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			6,595,028	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,029,753	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			18,190,662	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/27/2016 5:47 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		11,768,441	11,768,441	-6,460,648	5,307,793	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,542,994	6,542,994	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	620,245	22,393,873	23,014,118	319,536	23,333,654	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	870,844	1,158,094	2,028,938	-3	2,028,935	5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL	11,127,799	26,367,016	37,494,815	418,295	37,913,110	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	736,370	2,126,329	2,862,699	-46	2,862,653	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	36,144	565,144	601,288	0	601,288	8.00
9.00	00900	HOUSEKEEPING	982,311	410,464	1,392,775	0	1,392,775	9.00
10.00	01000	DIETARY	697,790	1,031,670	1,729,460	-1,170,981	558,479	10.00
11.00	01100	CAFETERIA	0	0	0	1,170,981	1,170,981	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,488,710	260,975	1,749,685	-1,501	1,748,184	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	206,692	291,370	498,062	-1,434	496,628	14.00
15.00	01500	PHARMACY	1,498,211	8,230,749	9,728,960	-8,068,798	1,660,162	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,395,230	2,034,387	3,429,617	0	3,429,617	16.00
17.00	01700	SOCIAL SERVICE	554,804	17,597	572,401	0	572,401	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 APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	224,977	224,977	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,249,949	786,286	7,036,235	961,535	7,997,770	30.00
31.00	03100	INTENSIVE CARE UNIT	1,616,620	344,210	1,960,830	-121,226	1,839,604	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	2,599,875	489,803	3,089,678	-2,804,424	285,254	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	4,076,732	8,592,617	12,669,349	-5,402,093	7,267,256	50.00
51.00	05100	RECOVERY ROOM	449,888	74,823	524,711	-52,562	472,149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,528,444	1,528,444	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	831,020	1,123,462	1,954,482	0	1,954,482	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,780,215	24,479,313	38,259,528	-14,788,495	23,471,033	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	306,111	32,734	338,845	-289	338,556	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	925,511	2,895,341	3,820,852	-2,352,169	1,468,683	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,546,802	3,572,932	6,119,734	-1,156,082	4,963,652	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 CELL	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	1,057,899	232,932	1,290,831	-34,101	1,256,730	65.00
66.00	06600	PHYSICAL THERAPY	1,542,655	375,966	1,918,621	-7,582	1,911,039	66.00
67.00	06700	OCCUPATIONAL THERAPY	529,674	11,809	541,483	-3,363	538,120	67.00
68.00	06800	SPEECH PATHOLOGY	347,706	11,843	359,549	-2,212	357,337	68.00
69.00	06900	ELECTROCARDIOLOGY	0	94,791	94,791	-39	94,752	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,181,519	6,181,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,440,814	4,440,814	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,874,660	21,874,660	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	228,617	138,161	366,778	-2,059	364,719	90.00
90.02	09002	WOUND CLINIC	0	1,566,423	1,566,423	-286,248	1,280,175	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
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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	
90.03	09003 MOBILE CLINIC	139	919	1,058	0	1,058	90.03
91.00	09100 EMERGENCY	2,382,557	875,004	3,257,561	-96,632	3,160,929	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	1,764,810	271,047	2,035,857	-22,462	2,013,395	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		1,215,395	1,215,395	-1,215,395	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	756,062	1,027,845	1,783,907	-251,422	1,532,485	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	62,207,992	124,869,765	187,077,757	-638,511	186,439,246	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,249,990	618,368	1,868,358	-7	1,868,351	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	165,687	9,789	175,476	-32,432	143,044	190.01
190.02	19002 GIFT, FLOWERS, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	487,343	4,336,381	4,823,724	670,950	5,494,674	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	14,486	1,320,107	1,334,593	0	1,334,593	190.06
190.07	19007 FOUNDTION	0	15	15	0	15	190.07
190.08	19008 GOSHEN GACC CLINIC	0	62,794	62,794	0	62,794	190.08
191.00	19100 RESEARCH	557,927	268,664	826,591	0	826,591	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	20000 TOTAL (SUM OF LINES 118-199)	64,683,425	131,485,883	196,169,308	0	196,169,308	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
5/27/2016 5:47 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	-661,231	4,646,562	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,010,390	5,532,604	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	23,333,654	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,028,935	5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL	-11,362,645	26,550,465	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	2,862,653	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	601,288	8.00
9.00	00900	HOUSEKEEPING	0	1,392,775	9.00
10.00	01000	DIETARY	0	558,479	10.00
11.00	01100	CAFETERIA	-880,171	290,810	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,748,184	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	496,628	14.00
15.00	01500	PHARMACY	0	1,660,162	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-58,322	3,371,295	16.00
17.00	01700	SOCIAL SERVICE	0	572,401	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 APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	-67,704	157,273	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	7,997,770	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,839,604	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	285,254	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	7,267,256	50.00
51.00	05100	RECOVERY ROOM	0	472,149	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,528,444	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	-1,431,016	523,466	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,619,108	14,851,925	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	338,556	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	1,468,683	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-922,502	4,041,150	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 CELL	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	1,256,730	65.00
66.00	06600	PHYSICAL THERAPY	-210	1,910,829	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	538,120	67.00
68.00	06800	SPEECH PATHOLOGY	0	357,337	68.00
69.00	06900	ELECTROCARDIOLOGY	0	94,752	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,181,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,440,814	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,874,660	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	364,719	90.00
90.02	09002	WOUND CLINIC	-16,657	1,263,518	90.02
90.03	09003	MOBILE CLINIC	0	1,058	90.03
91.00	09100	EMERGENCY	-44,206	3,116,723	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A
Date/Time Prepared:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	6.00	7.00	92.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	2,013,395	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	1,532,485	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-25,074,162	161,365,084	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,868,351	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	143,044	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	5,494,674	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	1,334,593	190.06
190.07	19007	FOUNDATION	0	15	190.07
190.08	19008	GOSHEN GACC CLINIC	0	62,794	190.08
191.00	19100	RESEARCH	0	826,591	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-25,074,162	171,095,146	200.00

RECLASSIFICATIONS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

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 - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,181,526	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,440,814	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
TOTALS			0	10,622,340	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,877,568	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
TOTALS			0	21,877,568	
C - DIETARY					
1.00	CAFETERIA	11.00	472,459	698,522	1.00
TOTALS			472,459	698,522	
D - CAPITAL INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	124,989	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	358,768	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	1,005,297	3.00
4.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,181	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	197,817	5.00
TOTALS			0	1,691,052	
E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,215,395	1.00
TOTALS			0	1,215,395	
F - CAPITAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,538,813	1.00
2.00		0.00	0	0	2.00
TOTALS			0	6,538,813	
G - CIRCLE OF CARE					
1.00	ADULTS & PEDIATRICS	30.00	1,026,171	156,493	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,326,196	202,248	2.00
TOTALS			2,352,367	358,741	

RECLASSIFICATIONS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
H - COMMUNITY HEALTH					
1.00	COMMUNITY RELATIONS	190.04	684,922	212,509	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		684,922	212,509	
I - EMT					
1.00	PARAMEDICAL EDUCATION PROGRAM	23.00	125,818	99,159	1.00
	TOTALS		125,818	99,159	
500.00	Grand Total: Increases		3,635,566	43,314,099	500.00

RECLASSIFICATIONS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-6
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	12	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	12,351	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	46	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	1,291	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,434	0	5.00	
6.00	PHARMACY	15.00	0	7,565	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	221,129	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	121,226	0	8.00	
9.00	NURSERY	43.00	0	93,231	0	9.00	
10.00	OPERATING ROOM	50.00	0	5,400,589	0	10.00	
11.00	RECOVERY ROOM	51.00	0	52,562	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	724,746	0	12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	289	0	13.00	
14.00	CARDIAC CATH LAB	56.01	0	2,351,936	0	14.00	
15.00	LABORATORY	60.00	0	1,156,069	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	33,949	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	7,582	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	3,363	0	18.00	
19.00	SPEECH PATHOLOGY	68.00	0	2,204	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	39	0	20.00	
21.00	CLINIC	90.00	0	2,059	0	21.00	
22.00	WOUND CLINIC	90.02	0	278,507	0	22.00	
23.00	EMERGENCY	91.00	0	96,268	0	23.00	
24.00	HOME HEALTH AGENCY	101.00	0	22,462	0	24.00	
25.00	HOSPICE	116.00	0	29,920	0	25.00	
26.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	7	0	26.00	
27.00	COMMUNITY RELATIONS	190.04	0	1,504	0	27.00	
	TOTALS		0	10,622,340			
B - PHARMACY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,220	0	1.00	
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.01	0	3	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	2,941	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	210	0	4.00	
5.00	PHARMACY	15.00	0	8,061,233	0	5.00	
6.00	NURSERY	43.00	0	85	0	6.00	
7.00	OPERATING ROOM	50.00	0	1,504	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,509,927	0	8.00	
9.00	CARDIAC CATH LAB	56.01	0	233	0	9.00	
10.00	LABORATORY	60.00	0	13	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	152	0	11.00	
12.00	SPEECH PATHOLOGY	68.00	0	8	0	12.00	
13.00	WOUND CLINIC	90.02	0	7,741	0	13.00	
14.00	EMERGENCY	91.00	0	364	0	14.00	
15.00	HOSPICE	116.00	0	221,502	0	15.00	
16.00	OTHER NR/CHP-GRANT I/COMMUNITY ED	190.01	0	32,432	0	16.00	
	TOTALS		0	21,877,568			
C - DIETARY							
1.00	DIETARY	10.00	472,459	698,522	0	1.00	
	TOTALS		472,459	698,522			
D - CAPITAL INSURANCE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	124,989	0	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	358,768	12	2.00	
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,005,297	12	3.00	
4.00	CAP REL COSTS-BLDG & FIXT	1.00	0	201,998	12	4.00	
5.00		0.00	0	0	0	5.00	
	TOTALS		0	1,691,052			
E - CAPITAL INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,215,395	11	1.00	
	TOTALS		0	1,215,395			
F - CAPITAL DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,109,980	9	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	428,833	0	2.00	
	TOTALS		0	6,538,813			
G - CIRCLE OF CARE							
1.00	NURSERY	43.00	2,352,367	358,741	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		2,352,367	358,741			

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

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		
H - COMMUNITY HEALTH						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	684,922	209,594	0	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,908	0	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7	0	3.00
	TOTALS		684,922	212,509		
I - EMT						
1.00	COMMUNITY RELATIONS	190.04	125,818	99,159	0	1.00
	TOTALS		125,818	99,159		
500.00	Grand Total: Decreases		3,635,566	43,314,099		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2016 5:47 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	3,883,887	150	0	150	0	1.00
2.00	Land Improvements	2,988,795	0	0	0	0	2.00
3.00	Buildings and Fixtures	98,219,167	1,872,591	0	1,872,591	87,861	3.00
4.00	Building Improvements	113,748	0	0	0	0	4.00
5.00	Fixed Equipment	13,278,447	436,541	0	436,541	10,360	5.00
6.00	Movable Equipment	99,735,408	6,339,242	0	6,339,242	2,264,389	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	218,219,452	8,648,524	0	8,648,524	2,362,610	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	218,219,452	8,648,524	0	8,648,524	2,362,610	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,884,037	0				1.00
2.00	Land Improvements	2,988,795	762,909				2.00
3.00	Buildings and Fixtures	100,003,897	7,752,751				3.00
4.00	Building Improvements	113,748	76,800				4.00
5.00	Fixed Equipment	13,704,628	3,370,713				5.00
6.00	Movable Equipment	103,810,261	61,285,682				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	224,505,366	73,248,855				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	224,505,366	73,248,855				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	11,768,441	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)	11,768,441	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	11,768,441				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	11,768,441				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

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	120,695,106	0	120,695,106	0.537605	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	103,810,261	0	103,810,261	0.462395	0	2.00
3.00	Total (sum of lines 1-2)	224,505,367	0	224,505,367	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	4,582,902	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,832,015	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	11,414,917	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,629,723	-1,566,063	0	0	4,646,562	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,303,592	4,181	0	0	5,532,604	2.00
3.00	Total (sum of lines 1-2)	326,131	-1,561,882	0	0	10,179,166	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,515,622	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,303,592	CAP REL COSTS-MVBLE EQUIP	2.00		11	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	-37,891	OTHER ADMINISTRATIVE AND GENERAL	5.02		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-899,451	OTHER ADMINISTRATIVE AND GENERAL	5.02		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-1,075,559	CAP REL COSTS-BLDG & FIXT	1.00		9	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-10,001,732				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	12,669,381				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-880,171	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	-58,322	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-257,622	OTHER ADMINISTRATIVE AND GENERAL	5.02		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		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVIEW-SNF	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN 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		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00		0	33.00

Provider CCN: 150026 Period: From 01/01/2015 To 12/31/2015
 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	
33.01 EMT CLASS TUITION	B	-67,704	PARAMEDICAL EDUCATION PROGRAM	23.00	0 33.01
33.02 MISC RADIOLOGY REV	B	-1,943,277	RADIOLOGY-DIAGNOSTIC	54.00	0 33.02
33.03 MISC A&G REVENUE	B	-124,798	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.03
33.04 PERSONAL AUTO USAGE	A	-36,581	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.04
33.05 ALCOHOLIC BEVERAGE	A	-545	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.05
33.06 LOBBYING EXPENSE	A	-12,004	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.06
33.07 SHARED A&G EXPENSE	A	-1,415,467	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.07
33.08 PRIMECARE ASSESSMENT	A	-14,161,089	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.08
33.10 PHYSICIANS RECRUITMENT	A	-20,297	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.10
33.11 MISC LAB REV	B	-16,378	LABORATORY	60.00	0 33.11
33.12 OP REHAB MIDDLEBURY MISC INCOME	B	-210	PHYSICAL THERAPY	66.00	0 33.12
33.13 HAF OFFSET	A	-3,915,231	OTHER ADMINISTRATIVE AND GENERAL	5.02	0 33.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,074,162			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: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:
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Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,929,950	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	293,202	0 2.00
3.00	5.02	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE ALLOCATION	10,446,229	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			12,669,381	0 5.00

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

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

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

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

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

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

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

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

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-1

Date/Time Prepared:
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,929,950	11		1.00
2.00	293,202	9		2.00
3.00	10,446,229	0		3.00
4.00	0	0		4.00
5.00	12,669,381			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet A-8-2

Date/Time Prepared:
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	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	5.02	OTHER ADMINISTRATIVE AND GENERAL	1,212,191	9,768	1,202,423	171,400	3,450	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	175,846	0	175,846	171,400	2,484	2.00
3.00	53.01	PAIN MANAGEMENT	1,452,194	1,416,194	36,000	171,400	257	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	6,963,150	6,516,400	446,750	231,100	2,586	4.00
5.00	60.00	LABORATORY	931,124	906,124	25,000	219,500	905	5.00
6.00	90.00	CLINIC	0	0	0	0	0	6.00
7.00	90.02	WOUND CLINIC	27,040	0	27,040	171,400	126	7.00
8.00	91.00	EMERGENCY	62,500	0	62,500	171,400	222	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			10,824,045	8,848,486	1,975,559		10,030	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	5.02	OTHER ADMINISTRATIVE AND GENERAL	284,293	14,215	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	204,691	10,235	0	0	0	2.00
3.00	53.01	PAIN MANAGEMENT	21,178	1,059	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	287,319	14,366	0	0	0	4.00
5.00	60.00	LABORATORY	95,504	4,775	4,419	119	0	5.00
6.00	90.00	CLINIC	0	0	0	0	0	6.00
7.00	90.02	WOUND CLINIC	10,383	519	0	0	0	7.00
8.00	91.00	EMERGENCY	18,294	915	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			921,662	46,084	4,419	119	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	5.02	OTHER ADMINISTRATIVE AND GENERAL	0	284,293	918,130	927,898		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	204,691	0	0		2.00
3.00	53.01	PAIN MANAGEMENT	0	21,178	14,822	1,431,016		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	287,319	159,431	6,675,831		4.00
5.00	60.00	LABORATORY	0	95,623	0	906,124		5.00
6.00	90.00	CLINIC	0	0	0	0		6.00
7.00	90.02	WOUND CLINIC	0	10,383	16,657	16,657		7.00
8.00	91.00	EMERGENCY	0	18,294	44,206	44,206		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	921,781	1,153,246	10,001,732		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,646,562	4,646,562			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,532,604		5,532,604		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	23,333,654	53,781	1,177	23,388,612	4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,028,935	77,298	6,216	317,934	2,430,383 5.01
5.02 00591	OTHER ADMINISTRATIVE AND GENERAL	26,550,465	367,225	1,766,239	3,812,559	0 5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	2,862,653	358,946	47,022	268,839	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	601,288	21,938	1,346	13,196	0 8.00
9.00 00900	HOUSEKEEPING	1,392,775	5,689	10,004	358,629	0 9.00
10.00 01000	DIETARY	558,479	29,492	2,831	82,265	0 10.00
11.00 01100	CAFETERIA	290,810	61,834	5,936	172,489	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	1,748,184	18,006	309,432	543,509	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	496,628	30,584	81,293	75,461	0 14.00
15.00 01500	PHARMACY	1,660,162	25,228	6,693	546,977	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,371,295	53,033	26,995	509,380	0 16.00
17.00 01700	SOCIAL SERVICE	572,401	7,661	1,550	202,552	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 APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	157,273	2,672	0	45,935	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,997,770	443,335	150,689	2,656,417	231,639 30.00
31.00 03100	INTENSIVE CARE UNIT	1,839,604	118,299	134,883	590,207	58,937 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	285,254	15,357	8,924	90,362	12,011 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	7,267,256	657,045	1,411,276	1,488,362	237,021 50.00
51.00 05100	RECOVERY ROOM	472,149	37,651	532	164,248	20,600 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,528,444	82,298	47,817	484,177	34,709 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 05301	PAIN MANAGEMENT	523,466	34,801	530	303,395	7,094 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,851,925	895,089	969,612	5,030,954	483,839 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	338,556	10,143	50,523	111,757	6,073 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01 05601	CARDIAC CATH LAB	1,468,683	32,639	194,286	337,892	83,912 56.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	4,041,150	73,913	72,708	929,804	170,675 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 CELL	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	1,256,730	26,261	17,310	386,225	36,390 65.00
66.00 06600	PHYSICAL THERAPY	1,910,829	214,387	47,869	563,203	27,034 66.00
67.00 06700	OCCUPATIONAL THERAPY	538,120	0	283	193,377	11,794 67.00
68.00 06800	SPEECH PATHOLOGY	357,337	0	0	126,943	6,711 68.00
69.00 06900	ELECTROCARDIOLOGY	94,752	87,940	17,941	0	20,825 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,181,519	0	0	0	29,640 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,440,814	0	0	0	63,129 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	21,874,660	0	0	0	708,785 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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	5.01		
90.00 09000 CLINIC	364,719	23,517	15,131	83,465	6,000	90.00	
90.02 09002 WOUND CLINIC	1,263,518	232,488	5,681	0	25,277	90.02	
90.03 09003 MOBILE CLINIC	1,058	0	5,284	51	0	90.03	
91.00 09100 EMERGENCY	3,116,723	242,750	49,022	869,841	119,989	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
101.00 10100 HOME HEALTH AGENCY	2,013,395	30,442	13,251	644,309	8,674	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	1,532,485	30,430	0	276,028	19,625	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	161,365,084	4,402,172	5,480,286	22,280,742	2,430,383	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,868,351	133,229	35,223	456,355	0	190.00	
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	143,044	54,755	0	60,490	0	190.01	
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02	
190.03 19003 LIFELINE	0	0	0	0	0	190.03	
190.04 19004 COMMUNITY RELATIONS	5,494,674	56,406	16,381	382,044	0	190.04	
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05	
190.06 19006 PROFESSIONAL DEVELOPMENT	1,334,593	0	0	5,289	0	190.06	
190.07 19007 FOUNDTION	15	0	0	0	0	190.07	
190.08 19008 GOSHEN GACC CLINIC	62,794	0	0	0	0	190.08	
191.00 19100 RESEARCH	826,591	0	714	203,692	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	171,095,146	4,646,562	5,532,604	23,388,612	2,430,383	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5A.01	5.02	6.00	7.00	8.00	
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
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL	32,496,488	32,496,488				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	3,537,460	829,411	0	4,366,871		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	637,768	149,534	0	25,281	812,583	8.00
9.00	00900	HOUSEKEEPING	1,767,097	414,322	0	6,556	0	9.00
10.00	01000	DIETARY	673,067	157,811	0	33,987	0	10.00
11.00	01100	CAFETERIA	531,069	124,517	0	71,258	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,619,131	614,095	0	20,751	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	683,966	160,366	0	35,246	0	14.00
15.00	01500	PHARMACY	2,239,060	524,981	0	29,073	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,960,703	928,646	0	61,116	0	16.00
17.00	01700	SOCIAL SERVICE	784,164	183,859	0	8,829	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 APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	205,880	48,272	0	3,080	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,479,850	2,691,623	0	510,907	175,742	30.00
31.00	03100	INTENSIVE CARE UNIT	2,741,930	642,887	0	136,330	51,807	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	411,908	96,578	0	17,698	5,438	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	11,060,960	2,593,408	0	757,190	190,005	50.00
51.00	05100	RECOVERY ROOM	695,180	162,995	0	43,390	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,177,445	510,535	0	94,842	29,138	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	869,286	203,817	0	40,105	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,231,419	5,212,490	0	1,031,517	165,881	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	517,052	121,231	0	11,689	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	2,117,412	496,459	0	37,614	4,548	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,288,250	1,239,910	0	85,179	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 CELL	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	1,722,916	403,963	0	30,264	0	65.00
66.00	06600	PHYSICAL THERAPY	2,763,322	647,902	0	247,063	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	743,574	174,342	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	490,991	115,120	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	221,458	51,924	0	101,344	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,211,159	1,456,299	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,503,943	1,056,017	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,583,445	5,294,980	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	492,832	115,552	0	27,102	0	90.00
90.02	09002	WOUND CLINIC	1,526,964	358,020	0	267,923	0	90.02
90.03	09003	MOBILE CLINIC	6,393	1,499	0	0	0	90.03
91.00	09100	EMERGENCY	4,398,325	1,031,253	0	279,749	190,024	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0					92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	2,710,071	635,417	0	35,082	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,858,568	435,769	0	35,068	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	159,960,506	29,885,804	0	4,085,233	812,583	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,493,158	584,558	0	153,535	0	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	258,289	60,560	0	63,100	0	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	5,949,505	1,394,951	0	65,003	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	1,339,882	314,155	0	0	0	190.06
190.07	19007 FOUNDTION	15	4	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	62,794	14,723	0	0	0	190.08
191.00	19100 RESEARCH	1,030,997	241,733	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	171,095,146	32,496,488	0	4,366,871	812,583	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150026		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/27/2016 5:47 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	2,187,975					9.00
10.00	01000	DIETARY	17,154	882,019				10.00
11.00	01100	CAFETERIA	35,965	0	762,809			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	10,473	0	20,553	0	3,285,003	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,789	0	5,823	0	0	14.00
15.00	01500	PHARMACY	14,674	0	17,570	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	30,846	0	26,971	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,456	0	9,953	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 APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	1,554	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	257,865	761,346	138,141	0	1,109,554	30.00
31.00	03100	INTENSIVE CARE UNIT	68,808	120,673	25,490	0	272,636	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	8,933	0	4,357	0	36,888	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	382,168	0	66,568	0	448,822	50.00
51.00	05100	RECOVERY ROOM	21,900	0	5,993	0	73,266	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,869	0	23,344	0	197,649	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	20,242	0	5,845	0	35,468	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	520,628	0	151,684	0	282,087	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	5,900	0	6,038	0	13,019	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	18,984	0	12,445	0	78,520	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	42,991	0	38,604	0	6,618	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 CELL	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	15,275	0	16,881	0	0	65.00
66.00	06600	PHYSICAL THERAPY	124,698	0	29,222	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	7,806	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	4,585	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	51,150	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	13,679	0	3,993	0	0	90.00
90.02	09002	WOUND CLINIC	135,226	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	2	0	0	90.03
91.00	09100	EMERGENCY	141,195	0	44,414	0	363,202	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:
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To 12/31/2015

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	17,706	0	27,350	0	134,023	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	17,699	0	13,226	0	83,228	116.00
118.00							
	SUBTOTALS (SUM OF LINES 1-117)	2,045,827	882,019	706,858	0	3,134,980	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	77,492	0	23,158	0	91,014	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	31,848	0	2,808	0	0	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	32,808	0	19,505	0	266	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007 FOUNDTION	0	0	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100 RESEARCH	0	0	10,480	0	58,743	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,187,975	882,019	762,809	0	3,285,003	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00591						5.02
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						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400	903,190					14.00
15.00	01500	2,190	2,827,548				15.00
16.00	01600	1	0	5,008,283			16.00
17.00	01700	20	0	0	991,281		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	40,697	0	477,310	766,772	0	30.00
31.00	03100	15,251	0	121,445	83,663	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	1,673	0	24,749	3,380	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	397,536	0	488,400	0	0	50.00
51.00	05100	3,516	0	42,448	0	0	51.00
52.00	05200	8,964	0	71,520	17,183	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	80	0	14,618	0	0	53.01
54.00	05400	100,706	0	996,986	0	0	54.00
55.00	05500	568	0	12,513	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	129,686	0	172,907	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	108,250	0	351,688	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	0	0	0	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	7,956	0	74,984	0	0	65.00
66.00	06600	834	0	55,705	0	0	66.00
67.00	06700	306	0	24,303	0	0	67.00
68.00	06800	164	0	13,829	0	0	68.00
69.00	06900	239	0	42,912	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	61,076	0	0	71.00
72.00	07200	0	0	130,082	0	0	72.00
73.00	07300	0	2,827,548	1,460,800	0	0	73.00
74.00	07400	0	0	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	436	0	12,364	0	0	90.00
90.02	09002	19,503	0	52,086	0	0	90.02
90.03	09003	7	0	0	0	0	90.03
91.00	09100	24,201	0	247,246	120,283	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	SOCIAL SERVICE 17.00	NONPHYSICIAN ANESTHETISTS 19.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	2,769	0	17,874	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	37,106	0	40,438	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	902,659	2,827,548	5,008,283	991,281	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	332	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	7	0	0	0	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	149	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	43	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	903,190	2,827,548	5,008,283	991,281	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 01/01/2015
To 12/31/2015

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
		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
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02 00591 OTHER ADMINISTRATIVE AND GENERAL					5.02
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
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
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	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM				258,786	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	18,409,807 30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	4,280,920 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	611,602 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	16,385,057 50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	1,048,688 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,178,489 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	0	1,189,461 53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	30,693,398 54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	688,010 55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0 56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	0	3,068,575 56.01
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 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	7,161,490 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 CELL	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	2,272,239 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	3,868,746 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	950,331 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	624,689 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	469,027 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	7,728,534 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,690,042 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	32,166,773 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	665,958 90.00
90.02 09002 WOUND CLINIC	0	0	0	0	2,359,722 90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		20.00	21.00	22.00			
90.03 09003 MOBILE CLINIC	0	0	0	0	7,901	90.03	
91.00 09100 EMERGENCY	0	0	0	258,786	7,098,678	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	3,580,292	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	2,521,102	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	258,786	156,719,531	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,423,247	190.00	
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	416,612	190.01	
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02	
190.03 19003 LIFELINE	0	0	0	0	0	190.03	
190.04 19004 COMMUNITY RELATIONS	0	0	0	0	7,462,187	190.04	
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05	
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	1,654,037	190.06	
190.07 19007 FOUNDTION	0	0	0	0	19	190.07	
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	77,517	190.08	
191.00 19100 RESEARCH	0	0	0	0	1,341,996	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	0	0	0	258,786	171,095,146	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/27/2016 5:47 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL		5.02
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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 APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	18,409,807	30.00
31.00	03100	INTENSIVE CARE UNIT	4,280,920	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 - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	611,602	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	16,385,057	50.00
51.00	05100	RECOVERY ROOM	1,048,688	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,178,489	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PAIN MANAGEMENT	1,189,461	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,693,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	688,010	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	CARDIAC CATH LAB	3,068,575	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	7,161,490	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,272,239	65.00
66.00	06600	PHYSICAL THERAPY	3,868,746	66.00
67.00	06700	OCCUPATIONAL THERAPY	950,331	67.00
68.00	06800	SPEECH PATHOLOGY	624,689	68.00
69.00	06900	ELECTROCARDIOLOGY	469,027	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,728,534	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,690,042	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,166,773	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	665,958	90.00
90.02	09002	WOUND CLINIC	2,359,722	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.03	09003	MOBILE CLINIC	0	7,901	90.03
91.00	09100	EMERGENCY	0	7,098,678	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0		92.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	3,580,292	101.00
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	2,521,102	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	0	156,719,531	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,423,247	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	416,612	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	7,462,187	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	1,654,037	190.06
190.07	19007	FOUNDTION	0	19	190.07
190.08	19008	GOSHEN GACC CLINIC	0	77,517	190.08
191.00	19100	RESEARCH	0	1,341,996	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	171,095,146	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 5:47 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	53,781	1,177	54,958	4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	77,298	6,216	83,514	5.01
5.02 00591	OTHER ADMINISTRATIVE AND GENERAL	0	367,225	1,766,239	2,133,464	5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	358,946	47,022	405,968	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,938	1,346	23,284	8.00
9.00 00900	HOUSEKEEPING	0	5,689	10,004	15,693	9.00
10.00 01000	DIETARY	0	29,492	2,831	32,323	10.00
11.00 01100	CAFETERIA	0	61,834	5,936	67,770	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	18,006	309,432	327,438	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	30,584	81,293	111,877	14.00
15.00 01500	PHARMACY	0	25,228	6,693	31,921	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	53,033	26,995	80,028	16.00
17.00 01700	SOCIAL SERVICE	0	7,661	1,550	9,211	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 APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM	0	2,672	0	2,672	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	443,335	150,689	594,024	30.00
31.00 03100	INTENSIVE CARE UNIT	0	118,299	134,883	253,182	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	15,357	8,924	24,281	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	657,045	1,411,276	2,068,321	50.00
51.00 05100	RECOVERY ROOM	0	37,651	532	38,183	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	82,298	47,817	130,115	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01 05301	PAIN MANAGEMENT	0	34,801	530	35,331	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	895,089	969,612	1,864,701	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	10,143	50,523	60,666	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 05601	CARDIAC CATH LAB	0	32,639	194,286	226,925	56.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	73,913	72,708	146,621	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 CELL	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	26,261	17,310	43,571	65.00
66.00 06600	PHYSICAL THERAPY	0	214,387	47,869	262,256	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	283	283	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	87,940	17,941	105,881	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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	23,517	15,131	38,648	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
90.02 09002 WOUND CLINIC	0	232,488	5,681	238,169	0	90.02
90.03 09003 MOBILE CLINIC	0	0	5,284	5,284	0	90.03
91.00 09100 EMERGENCY	0	242,750	49,022	291,772	2,044	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)				0		92.00
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	30,442	13,251	43,693	1,514	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	30,430	0	30,430	649	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	4,402,172	5,480,286	9,882,458	52,355	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	133,229	35,223	168,452	1,072	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	54,755	0	54,755	142	190.01
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	56,406	16,381	72,787	898	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	12	190.06
190.07 19007 FOUNDTION	0	0	0	0	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00 19100 RESEARCH	0	0	714	714	479	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	4,646,562	5,532,604	10,179,166	54,958	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 5:47 pm		
Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE 5.01	OTHER ADMINISTRATIVE AND GENERAL 5.02	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00
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
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	84,261				5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL	0	2,142,424			5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	54,682	0	461,282	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,859	0	2,671	35,845
9.00	00900	HOUSEKEEPING	0	27,316	0	693	0
10.00	01000	DIETARY	0	10,404	0	3,590	0
11.00	01100	CAFETERIA	0	8,209	0	7,527	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	40,487	0	2,192	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,573	0	3,723	0
15.00	01500	PHARMACY	0	34,611	0	3,071	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	61,225	0	6,456	0
17.00	01700	SOCIAL SERVICE	0	12,122	0	933	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 APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	3,182	0	325	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,025	177,456	0	53,968	7,752
31.00	03100	INTENSIVE CARE UNIT	2,042	42,385	0	14,401	2,285
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 - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	416	6,367	0	1,869	240
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	8,211	170,980	0	79,984	8,383
51.00	05100	RECOVERY ROOM	714	10,746	0	4,583	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,202	33,659	0	10,018	1,285
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
53.01	05301	PAIN MANAGEMENT	246	13,437	0	4,236	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,762	343,653	0	108,962	7,317
55.00	05500	RADIOLOGY-THERAPEUTIC	210	7,993	0	1,235	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	CARDIAC CATH LAB	2,907	32,731	0	3,973	201
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	5,913	81,746	0	8,998	0
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 CELL	0	0	0	0	0
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	1,261	26,633	0	3,197	0
66.00	06600	PHYSICAL THERAPY	937	42,715	0	26,098	0
67.00	06700	OCCUPATIONAL THERAPY	409	11,494	0	0	0
68.00	06800	SPEECH PATHOLOGY	232	7,590	0	0	0
69.00	06900	ELECTROCARDIOLOGY	721	3,423	0	10,705	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,027	96,012	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,187	69,622	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	24,617	349,061	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
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	208	7,618	0	2,863	0
90.02	09002	WOUND CLINIC	876	23,604	0	28,301	0
90.03	09003	MOBILE CLINIC	0	99	0	0	0
91.00	09100	EMERGENCY	4,157	67,989	0	29,551	8,382

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE 5.01	OTHER ADMINISTRATIVE AND GENERAL 5.02	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	301	41,892	0	3,706	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	680	28,730	0	3,704	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	84,261	1,970,305	0	431,533	35,845	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,539	0	16,218	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	3,993	0	6,665	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	91,967	0	6,866	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	20,712	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	971	0	0	0	190.08
191.00	19100	RESEARCH	0	15,937	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	84,261	2,142,424	0	461,282	35,845	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150026		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 5:47 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
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
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL						5.02
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	44,545					9.00
10.00	01000	DIETARY	349	46,859				10.00
11.00	01100	CAFETERIA	732	0	84,643			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	213	0	2,281	0	373,888	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	362	0	646	0	0	14.00
15.00	01500	PHARMACY	299	0	1,950	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	628	0	2,993	0	0	16.00
17.00	01700	SOCIAL SERVICE	91	0	1,104	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 APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	32	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,250	40,448	15,328	0	126,287	30.00
31.00	03100	INTENSIVE CARE UNIT	1,401	6,411	2,828	0	31,030	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	182	0	483	0	4,198	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	7,781	0	7,387	0	51,083	50.00
51.00	05100	RECOVERY ROOM	446	0	665	0	8,339	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	975	0	2,590	0	22,496	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	412	0	649	0	4,037	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,599	0	16,830	0	32,106	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	120	0	670	0	1,482	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	387	0	1,381	0	8,937	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	875	0	4,284	0	753	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 CELL	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	311	0	1,873	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,539	0	3,243	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	866	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	509	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,041	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	278	0	443	0	0	90.00
90.02	09002	WOUND CLINIC	2,753	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,875	0	4,928	0	41,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	360	0	3,035	0	15,254	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	360	0	1,468	0	9,473	116.00
118.00							
	SUBTOTALS (SUM OF LINES 1-117)	41,651	46,859	78,434	0	356,813	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,578	0	2,570	0	10,359	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	648	0	312	0	0	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	668	0	2,164	0	30	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007 FOUNDTION	0	0	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100 RESEARCH	0	0	1,163	0	6,686	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	44,545	46,859	84,643	0	373,888	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 5:47 pm		
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
		14.00	15.00	16.00	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
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL				5.02
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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	127,358			14.00
15.00	01500	PHARMACY	309			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	73,446	152,527	16.00
17.00	01700	SOCIAL SERVICE	3	0	0	23,940
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,739	0	14,524	18,517
31.00	03100	INTENSIVE CARE UNIT	2,151	0	3,695	2,021
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	236	0	753	82
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	56,052	0	14,861	0
51.00	05100	RECOVERY ROOM	496	0	1,292	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,264	0	2,176	415
53.00	05300	ANESTHESIOLOGY	0	0	0	0
53.01	05301	PAIN MANAGEMENT	11	0	445	11
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,201	0	30,336	0
55.00	05500	RADIOLOGY-THERAPEUTIC	80	0	381	0
56.00	05600	RADIOISOTOPE	0	0	0	0
56.01	05601	CARDIAC CATH LAB	18,288	0	5,261	0
57.00	05700	CT SCAN	0	0	0	0
58.00	05800	MRI	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	15,265	0	10,701	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,122	0	2,282	0
66.00	06600	PHYSICAL THERAPY	118	0	1,695	0
67.00	06700	OCCUPATIONAL THERAPY	43	0	739	0
68.00	06800	SPEECH PATHOLOGY	23	0	421	0
69.00	06900	ELECTROCARDIOLOGY	34	0	1,306	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	1,858	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,958	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73,446	44,585	0
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	61	0	376	0
90.02	09002	WOUND CLINIC	2,750	0	1,585	0
90.03	09003	MOBILE CLINIC	1	0	0	0
91.00	09100	EMERGENCY	3,413	0	7,523	2,905

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	390	0	544	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	5,233	0	1,230	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	127,283	73,446	152,527	23,940	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	47	0	0	0		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	1	0	0	0		190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0		190.02
190.03	19003	LIFELINE	0	0	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	21	0	0	0		190.04
190.05	19005	PRIVATE DUTY	0	0	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0		190.06
190.07	19007	FOUNDTION	0	0	0	0		190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0		190.08
191.00	19100	RESEARCH	6	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118-201)	127,358	73,446	152,527	23,940		0202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 5:47 pm
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		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
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02 00591	OTHER ADMINISTRATIVE AND GENERAL					5.02
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
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMEDICAL EDUCATION PROGRAM				6,319	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				1,073,561	30.00
31.00 03100	INTENSIVE CARE UNIT				365,219	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 - I PF				0	40.00
41.00 04100	SUBPROVIDER - I RF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				39,319	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				2,476,541	50.00
51.00 05100	RECOVERY ROOM				65,850	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				207,333	52.00
53.00 05300	ANESTHESIOLOGY				0	53.00
53.01 05301	PAIN MANAGEMENT				59,517	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,457,285	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				73,100	55.00
56.00 05600	RADIOISOTOPE				0	56.00
56.01 05601	CARDIAC CATH LAB				301,785	56.01
57.00 05700	CT SCAN				0	57.00
58.00 05800	MRI				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				277,341	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				0	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				81,158	65.00
66.00 06600	PHYSICAL THERAPY				340,925	66.00
67.00 06700	OCCUPATIONAL THERAPY				14,288	67.00
68.00 06800	SPEECH PATHOLOGY				9,073	68.00
69.00 06900	ELECTROCARDIOLOGY				123,111	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				98,897	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				75,767	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				491,709	73.00
74.00 07400	RENAL DIALYSIS				0	74.00
75.00 07500	ASC (NON-DISTINCT PART)				0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC				0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00
90.00 09000	CLINIC				50,691	90.00
90.02 09002	WOUND CLINIC				298,038	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
90.03 09003 MOBILE CLINIC					5,384	90.03
91.00 09100 EMERGENCY					466,877	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00 09900 CMHC					0	99.00
101.00 10100 HOME HEALTH AGENCY					110,689	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 11600 HOSPICE					81,957	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	9,645,415	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					238,835	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED					66,516	190.01
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE					0	190.02
190.03 19003 LIFELINE					0	190.03
190.04 19004 COMMUNITY RELATIONS					175,401	190.04
190.05 19005 PRIVATE DUTY					0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT					20,724	190.06
190.07 19007 FOUNDTION					0	190.07
190.08 19008 GOSHEN GACC CLINIC					971	190.08
191.00 19100 RESEARCH					24,985	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					0	192.00
193.00 19300 NONPAID WORKERS					0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	6,319	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	6,319	10,179,166

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 5:47 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		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
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL		5.02
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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
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 APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMEDICAL EDUCATION PROGRAM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	1,073,561
31.00	03100	INTENSIVE CARE UNIT	0	365,219
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - I PF	0	0
41.00	04100	SUBPROVIDER - I RF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	39,319
44.00	04400	SKILLED NURSING FACILITY	0	0
45.00	04500	NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	2,476,541
51.00	05100	RECOVERY ROOM	0	65,850
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	207,333
53.00	05300	ANESTHESIOLOGY	0	0
53.01	05301	PAIN MANAGEMENT	0	59,517
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,457,285
55.00	05500	RADIOLOGY-THERAPEUTIC	0	73,100
56.00	05600	RADIOISOTOPE	0	0
56.01	05601	CARDIAC CATH LAB	0	301,785
57.00	05700	CT SCAN	0	0
58.00	05800	MRI	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0
60.00	06000	LABORATORY	0	277,341
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	81,158
66.00	06600	PHYSICAL THERAPY	0	340,925
67.00	06700	OCCUPATIONAL THERAPY	0	14,288
68.00	06800	SPEECH PATHOLOGY	0	9,073
69.00	06900	ELECTROCARDIOLOGY	0	123,111
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	98,897
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	75,767
73.00	07300	DRUGS CHARGED TO PATIENTS	0	491,709
74.00	07400	RENAL DIALYSIS	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	50,691
90.02	09002	WOUND CLINIC	0	298,038

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.03	09003	MOBILE CLINIC	0	5,384	90.03
91.00	09100	EMERGENCY	0	466,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS	0		92.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	110,689	101.00
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	81,957	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	0	9,645,415	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	238,835	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	66,516	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	175,401	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	20,724	190.06
190.07	19007	FOUNDTION	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	971	190.08
191.00	19100	RESEARCH	0	24,985	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	6,319	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	10,179,166	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	391,211					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		6,480,171				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	4,528	1,379	64,063,180			4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE	6,508	7,281	870,844	516,573,103		5.01
5.02 00591 OTHER ADMINISTRATIVE AND GENERAL	30,918	2,068,738	10,442,877	0	-32,496,488	5.02
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	30,221	55,075	736,370	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,847	1,576	36,144	0	0	8.00
9.00 00900 HOUSEKEEPING	479	11,717	982,311	0	0	9.00
10.00 01000 DIETARY	2,483	3,316	225,331	0	0	10.00
11.00 01100 CAFETERIA	5,206	6,953	472,459	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,516	362,428	1,488,710	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,575	95,216	206,692	0	0	14.00
15.00 01500 PHARMACY	2,124	7,839	1,498,211	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,465	31,618	1,395,230	0	0	16.00
17.00 01700 SOCIAL SERVICE	645	1,815	554,804	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 APPRV	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM	225	0	125,818	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	37,326	176,498	7,276,120	49,232,610	0	30.00
31.00 03100 INTENSIVE CARE UNIT	9,960	157,985	1,616,620	12,526,545	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 - 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	1,293	10,453	247,508	2,552,715	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	55,319	1,652,985	4,076,732	50,376,459	0	50.00
51.00 05100 RECOVERY ROOM	3,170	623	449,888	4,378,369	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,929	56,007	1,326,196	7,377,034	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	2,930	621	831,020	1,507,769	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	75,361	1,135,678	13,780,215	102,835,073	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	854	59,176	306,111	1,290,686	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 CARDIAC CATH LAB	2,748	227,561	925,511	17,834,676	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	6,223	85,161	2,546,802	36,275,233	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 CELL	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	2,211	20,275	1,057,899	7,734,257	0	65.00
66.00 06600 PHYSICAL THERAPY	18,050	56,068	1,542,655	5,745,714	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	332	529,674	2,506,733	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	347,706	1,426,372	0	68.00
69.00 06900 ELECTROCARDIOLOGY	7,404	21,014	0	4,426,175	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	6,299,755	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,417,412	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	150,664,738	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00	5.01				
90.00 09000 CLINIC	1,980	17,723	228,617	1,275,321		0	90.00	
90.02 09002 WOUND CLINIC	19,574	6,654	0	5,372,422		0	90.02	
90.03 09003 MOBILE CLINIC	0	6,189	139	0		0	90.03	
91.00 09100 EMERGENCY	20,438	57,418	2,382,557	25,502,389		0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)							92.00	
99.00 09900 CMHC	0	0	0	0		0	99.00	
101.00 10100 HOME HEALTH AGENCY	2,563	15,521	1,764,810	1,843,637		0	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE							113.00	
114.00 11400 UTILIZATION REVIEW-SNF							114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		0	115.00	
116.00 11600 HOSPICE	2,562	0	756,062	4,171,009		0	116.00	
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	370,635	6,418,893	61,028,643	516,573,103		-32,496,488	118.00	
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,217	41,256	1,249,990	0		0	190.00	
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	4,610	0	165,687	0		0	190.01	
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0		0	190.02	
190.03 19003 LIFELINE	0	0	0	0		0	190.03	
190.04 19004 COMMUNITY RELATIONS	4,749	19,186	1,046,447	0		0	190.04	
190.05 19005 PRIVATE DUTY	0	0	0	0		0	190.05	
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	14,486	0		0	190.06	
190.07 19007 FOUNDATION	0	0	0	0		0	190.07	
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0		0	190.08	
191.00 19100 RESEARCH	0	836	557,927	0		0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0		0	193.00	
200.00	Cross Foot Adjustments						200.00	
201.00	Negative Cost Centers						201.00	
202.00	4,646,562	5,532,604	23,388,612	2,430,383			202.00	
203.00	Cost to be allocated (per Wkst. B, Part I)						203.00	
204.00	11.877381	0.853774	0.365087	0.004705			204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00	
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00	
205.00			0.000858	0.000163			205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

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Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	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
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00591	OTHER ADMINISTRATIVE AND GENERAL	138,598,658				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	349,257			6.00
7.00	00700	OPERATION OF PLANT	3,537,460	30,221	319,036		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	637,768	1,847	1,847	778,516	8.00
9.00	00900	HOUSEKEEPING	1,767,097	479	479	0	316,710
10.00	01000	DIETARY	673,067	2,483	2,483	0	2,483
11.00	01100	CAFETERIA	531,069	5,206	5,206	0	5,206
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,619,131	1,516	1,516	0	1,516
14.00	01400	CENTRAL SERVICES & SUPPLY	683,966	2,575	2,575	0	2,575
15.00	01500	PHARMACY	2,239,060	2,124	2,124	0	2,124
16.00	01600	MEDICAL RECORDS & LIBRARY	3,960,703	4,465	4,465	0	4,465
17.00	01700	SOCIAL SERVICE	784,164	645	645	0	645
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 APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMEDICAL EDUCATION PROGRAM	205,880	225	225	0	225
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	11,479,850	37,326	37,326	168,374	37,326
31.00	03100	INTENSIVE CARE UNIT	2,741,930	9,960	9,960	49,635	9,960
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	411,908	1,293	1,293	5,210	1,293
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	11,060,960	55,319	55,319	182,039	55,319
51.00	05100	RECOVERY ROOM	695,180	3,170	3,170	0	3,170
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,177,445	6,929	6,929	27,916	6,929
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
53.01	05301	PAIN MANAGEMENT	869,286	2,930	2,930	0	2,930
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,231,419	75,361	75,361	158,927	75,361
55.00	05500	RADIOLOGY-THERAPEUTIC	517,052	854	854	0	854
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	CARDIAC CATH LAB	2,117,412	2,748	2,748	4,357	2,748
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	5,288,250	6,223	6,223	0	6,223
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 CELL	0	0	0	0	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,722,916	2,211	2,211	0	2,211
66.00	06600	PHYSICAL THERAPY	2,763,322	18,050	18,050	0	18,050
67.00	06700	OCCUPATIONAL THERAPY	743,574	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	490,991	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	221,458	7,404	7,404	0	7,404
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	6,211,159	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,503,943	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	22,583,445	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
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	492,832	1,980	1,980	0	1,980
90.02	09002	WOUND CLINIC	1,526,964	19,574	19,574	0	19,574
90.03	09003	MOBILE CLINIC	6,393	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	6.00	7.00	8.00	9.00	
91.00	09100 EMERGENCY						91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,398,325	20,438	20,438	182,058	20,438	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	2,710,071	2,563	2,563	0	2,563	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,858,568	2,562	2,562	0	2,562	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	127,464,018	328,681	298,460	778,516	296,134	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,493,158	11,217	11,217	0	11,217	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	258,289	4,610	4,610	0	4,610	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	5,949,505	4,749	4,749	0	4,749	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	1,339,882	0	0	0	0	190.06
190.07	19007 FOUNDATION	15	0	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	62,794	0	0	0	0	190.08
191.00	19100 RESEARCH	1,030,997	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	20000 Cross Foot Adjustments						200.00
201.00	20100 Negative Cost Centers						201.00
202.00	20200 Cost to be allocated (per Wkst. B, Part I)	32,496,488	0	4,366,871	812,583	2,187,975	202.00
203.00	20300 Unit cost multiplier (Wkst. B, Part I)	0.234465	0.000000	13.687706	1.043759	6.908449	203.00
204.00	20400 Cost to be allocated (per Wkst. B, Part II)	2,142,424	0	461,282	35,845	44,545	204.00
205.00	20500 Unit cost multiplier (Wkst. B, Part II)	0.015458	0.000000	1.445862	0.046043	0.140649	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00591						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	78,062					10.00
11.00	01100	0	1,651,570				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	44,500	0	469,576		13.00
14.00	01400	0	12,608	0	0	17,162,598	14.00
15.00	01500	0	38,041	0	0	41,617	15.00
16.00	01600	0	58,396	0	0	27	16.00
17.00	01700	0	21,550	0	0	382	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	67,382	299,091	0	158,606	773,342	30.00
31.00	03100	10,680	55,189	0	38,972	289,809	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	9,433	0	5,273	31,789	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	144,128	0	64,157	7,553,961	50.00
51.00	05100	0	12,976	0	10,473	66,816	51.00
52.00	05200	0	50,543	0	28,253	170,329	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	12,655	0	5,070	1,523	53.01
54.00	05400	0	328,413	0	40,323	1,913,662	54.00
55.00	05500	0	13,072	0	1,861	10,790	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	26,945	0	11,224	2,464,346	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	83,583	0	946	2,057,012	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	0	0	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	0	36,550	0	0	151,188	65.00
66.00	06600	0	63,269	0	0	15,840	66.00
67.00	06700	0	16,901	0	0	5,814	67.00
68.00	06800	0	9,926	0	0	3,118	68.00
69.00	06900	0	0	0	0	4,538	69.00
70.00	07000	0	0	0	0	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	0	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	8,645	0	0	8,283	90.00
90.02	09002	0	0	0	0	370,602	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
90.03	09003	MOBILE CLINIC	0	5	0	0	142	90.03
91.00	09100	EMERGENCY	0	96,161	0	51,918	459,878	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	59,216	0	19,158	52,610	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	28,635	0	11,897	705,099	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	78,062	1,530,431	0	448,131	17,152,517	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,139	0	13,010	6,314	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	6,079	0	0	129	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	42,231	0	38	2,825	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	22,690	0	8,397	813	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	882,019	762,809	0	3,285,003	903,190	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.298955	0.461869	0.000000	6.995679	0.052625	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	46,859	84,643	0	373,888	127,358	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.600279	0.051250	0.000000	0.796225	0.007421	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00591						5.02
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						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	21,877,210					15.00
16.00	01600	0	516,573,103				16.00
17.00	01700	0	0	3,519			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0		21.00
22.00	02200	0	0	0	0		22.00
23.00	02300	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	49,232,610	2,722	0	0	30.00
31.00	03100	0	12,526,545	297	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	0	2,552,715	12	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	0	50,376,459	0	0	0	50.00
51.00	05100	0	4,378,369	0	0	0	51.00
52.00	05200	0	7,377,034	61	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	1,507,769	0	0	0	53.01
54.00	05400	0	102,835,073	0	0	0	54.00
55.00	05500	0	1,290,686	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	17,834,676	0	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	36,275,233	0	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	0	0	0	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	0	7,734,257	0	0	0	65.00
66.00	06600	0	5,745,714	0	0	0	66.00
67.00	06700	0	2,506,733	0	0	0	67.00
68.00	06800	0	1,426,372	0	0	0	68.00
69.00	06900	0	4,426,175	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	6,299,755	0	0	0	71.00
72.00	07200	0	13,417,412	0	0	0	72.00
73.00	07300	21,877,210	150,664,738	0	0	0	73.00
74.00	07400	0	0	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	1,275,321	0	0	0	90.00
90.02	09002	0	5,372,422	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	25,502,389	427	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	1,843,637	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	4,171,009	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,877,210	516,573,103	3,519	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	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,827,548	5,008,283	991,281	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.129246	0.009695	281.693947	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	73,446	152,527	23,940	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003357	0.000295	6.803069	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02 00591 OTHER ADMINISTRATIVE AND GENERAL					5.02
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
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
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 APPRV	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300 PARAMEDICAL EDUCATION PROGRAM			100		23.00
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
46.00 04600 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
53.01 05301 PAIN MANAGEMENT	0	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 05601 CARDIAC CATH LAB	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MRI	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		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	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet B-1

Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description			INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
			21.00	22.00	23.00			
90.00	09000	CLINIC	0	0	0		90.00	
90.02	09002	WOUND CLINIC	0	0	0		90.02	
90.03	09003	MOBILE CLINIC	0	0	0		90.03	
91.00	09100	EMERGENCY	0	0	100		91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)					92.00	
99.00	09900	CMHC	0	0	0		99.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE					113.00	
114.00	11400	UTILIZATION REVIEW-SNF					114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00	
116.00	11600	HOSPICE	0	0	0		116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	100		118.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00	
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0		190.01	
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0		190.02	
190.03	19003	LIFELINE	0	0	0		190.03	
190.04	19004	COMMUNITY RELATIONS	0	0	0		190.04	
190.05	19005	PRIVATE DUTY	0	0	0		190.05	
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0		190.06	
190.07	19007	FOUNDATION	0	0	0		190.07	
190.08	19008	GOSHEN GACC CLINIC	0	0	0		190.08	
191.00	19100	RESEARCH	0	0	0		191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00	
193.00	19300	NONPAID WORKERS	0	0	0		193.00	
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	258,786		202.00	
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	2,587.860000		203.00	
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	6,319		204.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	63.190000		205.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

Period: 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared: 5/27/2016 5:47 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	18,409,807		18,409,807	0	18,409,807	30.00
31.00	03100 INTENSIVE CARE UNIT	4,280,920		4,280,920	0	4,280,920	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 - 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	611,602		611,602	0	611,602	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	16,385,057		16,385,057	0	16,385,057	50.00
51.00	05100 RECOVERY ROOM	1,048,688		1,048,688	0	1,048,688	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,178,489		3,178,489	0	3,178,489	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	1,189,461		1,189,461	14,822	1,204,283	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	30,693,398		30,693,398	159,431	30,852,829	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	688,010		688,010	0	688,010	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	3,068,575		3,068,575	0	3,068,575	56.01
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	7,161,490		7,161,490	0	7,161,490	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 CELL	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	2,272,239	0	2,272,239	0	2,272,239	65.00
66.00	06600 PHYSICAL THERAPY	3,868,746	0	3,868,746	0	3,868,746	66.00
67.00	06700 OCCUPATIONAL THERAPY	950,331	0	950,331	0	950,331	67.00
68.00	06800 SPEECH PATHOLOGY	624,689	0	624,689	0	624,689	68.00
69.00	06900 ELECTROCARDIOLOGY	469,027		469,027	0	469,027	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	7,728,534		7,728,534	0	7,728,534	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,690,042		5,690,042	0	5,690,042	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	32,166,773		32,166,773	0	32,166,773	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	665,958		665,958	0	665,958	90.00
90.02	09002 WOUND CLINIC	2,359,722		2,359,722	16,657	2,376,379	90.02
90.03	09003 MOBILE CLINIC	7,901		7,901	0	7,901	90.03
91.00	09100 EMERGENCY	7,098,678		7,098,678	44,206	7,142,884	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,378,624		2,378,624	0	2,378,624	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0		0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	3,580,292		3,580,292	0	3,580,292	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600 HOSPICE	2,521,102		2,521,102	0	2,521,102	116.00
200.00	Subtotal (see instructions)	159,098,155	0	159,098,155	235,116	159,333,271	200.00
201.00	Less Observation Beds	2,378,624		2,378,624	0	2,378,624	201.00
202.00	Total (see instructions)	156,719,531	0	156,719,531	235,116	156,954,647	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150026		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/27/2016 5:47 pm	
			Title XVII I		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	37,865,126		37,865,126			30.00
31.00	03100	INTENSIVE CARE UNIT	12,526,545		12,526,545			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	2,552,715		2,552,715			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	17,201,477	33,174,982	50,376,459	0.325252	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,582,322	2,796,047	4,378,369	0.239516	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,377,034	0	7,377,034	0.430863	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	1,122	1,506,647	1,507,769	0.788888	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,026,909	91,808,164	102,835,073	0.298472	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	79,290	1,211,396	1,290,686	0.533058	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01	05601	CARDIAC CATH LAB	8,306,513	9,528,163	17,834,676	0.172057	0.000000	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	13,023,383	23,251,850	36,275,233	0.197421	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 CELL	0	0	0	0.000000	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	6,398,863	1,335,394	7,734,257	0.293789	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,263,247	4,482,467	5,745,714	0.673327	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,078,538	1,428,195	2,506,733	0.379111	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	170,054	1,256,318	1,426,372	0.437957	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,149,512	3,276,663	4,426,175	0.105967	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,666,684	1,633,071	6,299,755	1.226799	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,051,987	6,365,425	13,417,412	0.424079	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,652,128	117,012,610	150,664,738	0.213499	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	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	1,275,321	1,275,321	0.522189	0.000000	90.00
90.02	09002	WOUND CLINIC	0	5,372,422	5,372,422	0.439229	0.000000	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	0.000000	90.03
91.00	09100	EMERGENCY	4,712,767	20,789,622	25,502,389	0.278353	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,367,484	11,367,484	0.209248	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0			99.00
101.00	10100	HOME HEALTH AGENCY	0	1,843,637	1,843,637			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	4,171,009	4,171,009			116.00
200.00		Subtotal (see instructions)	171,686,216	344,886,887	516,573,103			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	171,686,216	344,886,887	516,573,103			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 5:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
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	0.325252		50.00
51.00	05100 RECOVERY ROOM	0.239516		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.430863		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
53.01	05301 PAIN MANAGEMENT	0.798719		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.300022		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.533058		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 CARDIAC CATH LAB	0.172057		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.197421		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 CELL	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	0.293789		65.00
66.00	06600 PHYSICAL THERAPY	0.673327		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.379111		67.00
68.00	06800 SPEECH PATHOLOGY	0.437957		68.00
69.00	06900 ELECTROCARDIOLOGY	0.105967		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.226799		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.424079		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.213499		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			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.522189		90.00
90.02	09002 WOUND CLINIC	0.442329		90.02
90.03	09003 MOBILE CLINIC	0.000000		90.03
91.00	09100 EMERGENCY	0.280087		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.209248		92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC			99.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

Period: From 01/01/2015 To 12/31/2015

Worksheet C Part I Date/Time Prepared: 5/27/2016 5:47 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		18,409,807	0	18,409,807	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,280,920	0	4,280,920	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		611,602	0	611,602	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		16,385,057	0	16,385,057	50.00	
51.00	05100 RECOVERY ROOM		1,048,688	0	1,048,688	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		3,178,489	0	3,178,489	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
53.01	05301 PAIN MANAGEMENT		1,189,461	14,822	1,204,283	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC		30,693,398	159,431	30,852,829	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		688,010	0	688,010	55.00	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
56.01	05601 CARDIAC CATH LAB		3,068,575	0	3,068,575	56.01	
57.00	05700 CT SCAN		0	0	0	57.00	
58.00	05800 MRI		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		7,161,490	0	7,161,490	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL		0	0	0	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	0	2,272,239	0	2,272,239	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,868,746	0	3,868,746	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	950,331	0	950,331	67.00	
68.00	06800 SPEECH PATHOLOGY	0	624,689	0	624,689	68.00	
69.00	06900 ELECTROCARDIOLOGY		469,027	0	469,027	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		7,728,534	0	7,728,534	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		5,690,042	0	5,690,042	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		32,166,773	0	32,166,773	73.00	
74.00	07400 RENAL DIALYSIS		0	0	0	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		665,958	0	665,958	90.00	
90.02	09002 WOUND CLINIC		2,359,722	16,657	2,376,379	90.02	
90.03	09003 MOBILE CLINIC		7,901	0	7,901	90.03	
91.00	09100 EMERGENCY		7,098,678	44,206	7,142,884	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,378,624	0	2,378,624	92.00	
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC		0	0	0	99.00	
101.00	10100 HOME HEALTH AGENCY		3,580,292	0	3,580,292	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
114.00	11400 UTILIZATION REVIEW-SNF		0	0	0	114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00	
116.00	11600 HOSPICE		2,521,102	0	2,521,102	116.00	
200.00	Subtotal (see instructions)	0	159,098,155	235,116	159,333,271	200.00	
201.00	Less Observation Beds		2,378,624	0	2,378,624	201.00	
202.00	Total (see instructions)	0	156,719,531	235,116	156,954,647	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 5:47 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	37,865,126		37,865,126		30.00
31.00	03100	INTENSIVE CARE UNIT	12,526,545		12,526,545		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	2,552,715		2,552,715		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	17,201,477	33,174,982	50,376,459	0.325252	50.00
51.00	05100	RECOVERY ROOM	1,582,322	2,796,047	4,378,369	0.239516	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,377,034	0	7,377,034	0.430863	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	1,122	1,506,647	1,507,769	0.788888	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,026,909	91,808,164	102,835,073	0.298472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	79,290	1,211,396	1,290,686	0.533058	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	CARDIAC CATH LAB	8,306,513	9,528,163	17,834,676	0.172057	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	13,023,383	23,251,850	36,275,233	0.197421	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,398,863	1,335,394	7,734,257	0.293789	65.00
66.00	06600	PHYSICAL THERAPY	1,263,247	4,482,467	5,745,714	0.673327	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,078,538	1,428,195	2,506,733	0.379111	67.00
68.00	06800	SPEECH PATHOLOGY	170,054	1,256,318	1,426,372	0.437957	68.00
69.00	06900	ELECTROCARDIOLOGY	1,149,512	3,276,663	4,426,175	0.105967	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,666,684	1,633,071	6,299,755	1.226799	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,051,987	6,365,425	13,417,412	0.424079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,652,128	117,012,610	150,664,738	0.213499	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	1,275,321	1,275,321	0.522189	90.00
90.02	09002	WOUND CLINIC	0	5,372,422	5,372,422	0.439229	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	4,712,767	20,789,622	25,502,389	0.278353	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,367,484	11,367,484	0.209248	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	1,843,637	1,843,637		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	4,171,009	4,171,009		116.00
200.00		Subtotal (see instructions)	171,686,216	344,886,887	516,573,103		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	171,686,216	344,886,887	516,573,103		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 5:47 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
53.01	05301	PAIN MANAGEMENT	0.000000		53.01
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
56.01	05601	CARDIAC CATH LAB	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
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 CELL	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 PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
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
90.02	09002	WOUND CLINIC	0.000000		90.02
90.03	09003	MOBILE CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/27/2016 5:47 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,073,561	0	1,073,561	20,247	53.02	30.00
31.00	INTENSIVE CARE UNIT	365,219		365,219	2,799	130.48	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	39,319		39,319	2,441	16.11	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 30-199)	1,478,099		1,478,099	25,487		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	7,049	373,738				
31.00	INTENSIVE CARE UNIT	1,137	148,356				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	8,186	522,094				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/27/2016 5:47 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,476,541	50,376,459	0.049161	5,085,243	249,996	50.00
51.00	05100 RECOVERY ROOM	65,850	4,378,369	0.015040	557,349	8,383	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	207,333	7,377,034	0.028105	420	12	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
53.01	05301 PAIN MANAGEMENT	59,517	1,507,769	0.039474	0	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,457,285	102,835,073	0.023895	4,186,773	100,043	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	73,100	1,290,686	0.056637	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601 CARDIAC CATH LAB	301,785	17,834,676	0.016921	2,767,083	46,822	56.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	277,341	36,275,233	0.007645	6,099,250	46,629	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 CELL	0	0	0.000000	0	0	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	81,158	7,734,257	0.010493	3,078,593	32,304	65.00
66.00	06600 PHYSICAL THERAPY	340,925	5,745,714	0.059336	651,358	38,649	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,288	2,506,733	0.005700	573,063	3,266	67.00
68.00	06800 SPEECH PATHOLOGY	9,073	1,426,372	0.006361	108,984	693	68.00
69.00	06900 ELECTROCARDIOLOGY	123,111	4,426,175	0.027814	766,699	21,325	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	98,897	6,299,755	0.015699	4,354,825	68,366	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	75,767	13,417,412	0.005647	2,501,331	14,125	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	491,709	150,664,738	0.003264	13,963,401	45,577	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	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	50,691	1,275,321	0.039748	0	0	90.00
90.02	09002 WOUND CLINIC	298,038	5,372,422	0.055476	0	0	90.02
90.03	09003 MOBILE CLINIC	5,384	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	466,877	25,502,389	0.018307	2,726,148	49,908	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	138,709	11,367,484	0.012202	0	0	92.00
200.00	Total (lines 50-199)	8,113,379	457,614,071		47,420,520	726,098	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/27/2016 5:47 pm
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Cost Center Description		Title XVIII					Hospital	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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	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
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,247	0.00	7,049	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,799	0.00	1,137	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	2,441	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	25,487		8,186	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 5:47 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	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 PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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
90.02	09002	WOUND CLINIC	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	258,786	0	258,786 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	258,786	0	258,786 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 5:47 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	50,376,459	0.000000	0.000000	5,085,243	50.00
51.00	05100 RECOVERY ROOM	0	4,378,369	0.000000	0.000000	557,349	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	7,377,034	0.000000	0.000000	420	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
53.01	05301 PAIN MANAGEMENT	0	1,507,769	0.000000	0.000000	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	102,835,073	0.000000	0.000000	4,186,773	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,290,686	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601 CARDIAC CATH LAB	0	17,834,676	0.000000	0.000000	2,767,083	56.01
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	36,275,233	0.000000	0.000000	6,099,250	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	7,734,257	0.000000	0.000000	3,078,593	65.00
66.00	06600 PHYSICAL THERAPY	0	5,745,714	0.000000	0.000000	651,358	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,506,733	0.000000	0.000000	573,063	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,426,372	0.000000	0.000000	108,984	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,426,175	0.000000	0.000000	766,699	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,299,755	0.000000	0.000000	4,354,825	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	13,417,412	0.000000	0.000000	2,501,331	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	150,664,738	0.000000	0.000000	13,963,401	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	1,275,321	0.000000	0.000000	0	90.00
90.02	09002 WOUND CLINIC	0	5,372,422	0.000000	0.000000	0	90.02
90.03	09003 MOBILE CLINIC	0	0	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	258,786	25,502,389	0.010148	0.010148	2,726,148	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,367,484	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	258,786	457,614,071			47,420,520	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 5:47 pm
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	7,548,076	0	50.00
51.00 05100 RECOVERY ROOM	0	870,164	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	0	346,301	0	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	20,240,546	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
56.01 05601 CARDIAC CATH LAB	0	2,701,943	0	56.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	4,526,535	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	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	0	984,395	0	65.00
66.00 06600 PHYSICAL THERAPY	0	1,096	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	177	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	919	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	3,949,804	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,436,546	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,864,334	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	38,165,254	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
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	815,955	0	90.00
90.02 09002 WOUND CLINIC	0	0	0	90.02
90.03 09003 MOBILE CLINIC	0	0	0	90.03
91.00 09100 EMERGENCY	27,665	3,306,133	33,551	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,202,928	0	92.00
200.00 Total (lines 50-199)	27,665	90,961,106	33,551	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 5:47 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	0.325252	7,548,076	0	0	2,455,027	50.00
51.00	05100	RECOVERY ROOM	0.239516	870,164	0	0	208,418	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.430863	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.788888	346,301	0	0	273,193	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.298472	20,240,546	0	0	6,041,236	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.533058	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0.172057	2,701,943	0	0	464,888	56.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.197421	4,526,535	1,467	0	893,633	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 CELL	0.000000	0	0	0	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	0.293789	984,395	0	0	289,204	65.00
66.00	06600	PHYSICAL THERAPY	0.673327	1,096	0	0	738	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379111	177	0	0	67	67.00
68.00	06800	SPEECH PATHOLOGY	0.437957	919	0	0	402	68.00
69.00	06900	ELECTROCARDIOLOGY	0.105967	3,949,804	0	0	418,549	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.226799	2,436,546	0	0	2,989,152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.424079	1,864,334	0	0	790,625	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213499	38,165,254	0	145,778	8,148,244	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	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.522189	815,955	0	0	426,083	90.00
90.02	09002	WOUND CLINIC	0.439229	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.278353	3,306,133	0	94	920,272	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209248	3,202,928	0	0	670,206	92.00
200.00		Subtotal (see instructions)		90,961,106	1,467	145,872	24,989,937	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		90,961,106	1,467	145,872	24,989,937	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 5:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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
53.01	05301 PAIN MANAGEMENT	0	0	53.01
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
56.01	05601 CARDIAC CATH LAB	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	290	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 CELL	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 PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	31,123	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
90.02	09002 WOUND CLINIC	0	0	90.02
90.03	09003 MOBILE CLINIC	0	0	90.03
91.00	09100 EMERGENCY	0	26	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	290	31,149	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	290	31,149	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2016 5:47 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)		20,247	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,247	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.		8,636	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,995	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)		7,049	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)		18,409,807	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)		18,409,807	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		52,944,386	28.00
29.00	Private room charges (excluding swing-bed charges)		22,190,518	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		30,753,868	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.347720	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,569.54	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		3,419.00	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)		18,409,807	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)		909.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,409,374	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)		6,409,374	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 5:47 pm
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	4,280,920	2,799	1,529.45	0	0
44.00 CORONARY CARE UNIT	0	0	0.00	0	0
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,561,251
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,970,625
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					522,094
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					753,763
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,275,857
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,694,768
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
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)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					2,616
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					909.26
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,378,624

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150026		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 5:47 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	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	1,073,561	18,409,807	0.058315	2,378,624	138,709	90.00
91.00	Nursing School cost	0	18,409,807	0.000000	2,378,624	0	91.00
92.00	Allied health cost	0	18,409,807	0.000000	2,378,624	0	92.00
93.00	All other Medical Education	0	18,409,807	0.000000	2,378,624	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2016 5:47 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)		20,247	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,247	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.		7,715	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,916	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)		659	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)		2,441	15.00
16.00	Nursery days (title V or XIX only)		1,471	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)		18,409,807	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)		18,409,807	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		38,309,528	28.00
29.00	Private room charges (excluding swing-bed charges)		15,610,982	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		22,698,546	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.480554	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,023.46	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,289.08	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)		18,409,807	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)		909.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		599,202	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)		599,202	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 5:47 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	611,602	2,441	250.55	1,471	368,559	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,280,920	2,799	1,529.45	0	0	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)					2,790,411	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,758,172	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)					2,616	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					909.26	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,378,624	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150026		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 5:47 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	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	1,073,561	18,409,807	0.058315	2,378,624	138,709	90.00
91.00	Nursing School cost	0	18,409,807	0.000000	2,378,624	0	91.00
92.00	Allied health cost	0	18,409,807	0.000000	2,378,624	0	92.00
93.00	All other Medical Education	0	18,409,807	0.000000	2,378,624	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 5:47 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		15,754,259	30.00
31.00	03100	INTENSIVE CARE UNIT		5,768,123	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	0.325252	5,085,243	1,653,985 50.00
51.00	05100	RECOVERY ROOM	0.239516	557,349	133,494 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.430863	420	181 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
53.01	05301	PAIN MANAGEMENT	0.798719	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.300022	4,186,773	1,256,124 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.533058	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	CARDIAC CATH LAB	0.172057	2,767,083	476,096 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.197421	6,099,250	1,204,120 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 CELL	0.000000	0	0 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	0.293789	3,078,593	904,457 65.00
66.00	06600	PHYSICAL THERAPY	0.673327	651,358	438,577 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379111	573,063	217,254 67.00
68.00	06800	SPEECH PATHOLOGY	0.437957	108,984	47,730 68.00
69.00	06900	ELECTROCARDIOLOGY	0.105967	766,699	81,245 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.226799	4,354,825	5,342,495 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.424079	2,501,331	1,060,762 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213499	13,963,401	2,981,172 73.00
74.00	07400	RENAL DIALYSIS	0.000000	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 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.522189	0	0 90.00
90.02	09002	WOUND CLINIC	0.442329	0	0 90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.280087	2,726,148	763,559 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209248	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		47,420,520	16,561,251 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		47,420,520	16,561,251 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 5:47 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		2,827,398	30.00
31.00	03100	INTENSIVE CARE UNIT		209,841	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		133,759	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.325252	1,071,880	348,631 50.00
51.00	05100	RECOVERY ROOM	0.239516	104,552	25,042 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.430863	716,707	308,803 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
53.01	05301	PAIN MANAGEMENT	0.788888	0	0 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.298472	2,018,279	602,400 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.533058	25,054	13,355 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	CARDIAC CATH LAB	0.172057	356,689	61,371 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.197421	974,822	192,450 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 CELL	0.000000	0	0 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	0.293789	161,947	47,578 65.00
66.00	06600	PHYSICAL THERAPY	0.673327	276,295	186,037 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379111	109,284	41,431 67.00
68.00	06800	SPEECH PATHOLOGY	0.437957	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.105967	90,845	9,627 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.226799	271,635	333,242 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.424079	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.213499	1,164,360	248,590 73.00
74.00	07400	RENAL DIALYSIS	0.000000	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	0.522189	0	0 90.00
90.02	09002	WOUND CLINIC	0.439229	0	0 90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.278353	1,335,909	371,854 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.209248	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		8,678,258	2,790,411 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		8,678,258	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 5:47 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,680,114	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,401,683	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)		796,700	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		115.83	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.63	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.91	31.00
32.00	Sum of lines 30 and 31		20.54	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.16	33.00
34.00	Disproportionate share adjustment (see instructions)		216,860	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 5:47 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000124929	0.000119355	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		955,413	764,607	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		714,596	192,196	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		906,792		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)		16,002,149		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		16,002,149		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,189,664		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
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)		27,665		58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,219,478		59.00
60.00	Primary payer payments		13,059		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,206,419		61.00
62.00	Deductibles billed to program beneficiaries		1,722,712		62.00
63.00	Coinurance billed to program beneficiaries		25,200		63.00
64.00	Allowable bad debts (see instructions)		104,907		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		68,190		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		22,439		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,526,697		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	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)		23,917		70.93
70.94	HRR adjustment amount (see instructions)		-88,328		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 5:47 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
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)		15,462,286		71.00
71.01	Sequestration adjustment (see instructions)		309,246		71.01
72.00	Interim payments		15,063,961		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		89,079		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		1,826,371		75.00
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	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	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	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2016 5:47 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	10,680,114	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,401,683	0	0	14,081,797	14,081,797	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	796,700	0	0	796,700	796,700	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	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	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	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0616	0.0616	0.0616	0.0616		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	216,860	0	0	216,860	216,860	11.00
11.01	Uncompensated care payments	36.00	906,792	0	1,670,009	192,196	1,862,205	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	16,002,149	0	1,670,009	14,332,140	16,002,149	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	16,002,149	0	1,670,009	14,332,140	16,002,149	15.00
16.00	Payment for inpatient program capital	50.00	1,189,664	0	0	1,189,664	1,189,664	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2016 5:47 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
19.00	SUBTOTAL			0	1,670,009	15,521,804	17,191,813	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	1,117,259	0	0	1,117,259	1,117,259	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	24,921	0	0	24,921	24,921	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0425	0.0425	0.0425	0.0425		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	47,484	0	0	47,484	47,484	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,189,664	0	0	1,189,664	1,189,664	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: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2016 5:47 pm
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		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 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	10,680,114	0		0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	3,401,683		14,081,797	14,081,797	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	796,700	0	796,700	796,700	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0616	0.0616	0.0616		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	216,860	0	216,860	216,860	11.00
11.01	Uncompensated care payments	36.00	906,792	1,670,009	192,196	1,862,205	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	16,002,149	1,670,009	14,332,140	16,002,149	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	16,002,149	1,670,009	14,332,140	16,002,149	15.00
16.00	Payment for inpatient program capital	50.00	1,189,664	0	1,189,664	1,189,664	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	55.00	0	0	0	0	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			1,670,009	15,521,804	17,191,813	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2016 5:47 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	1,117,259	0	1,117,259	1,117,259	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	24,921	0	24,921	24,921	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0425	0.0425	0.0425		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	47,484	0	47,484	47,484	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,189,664	0	1,189,664	1,189,664	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	23,917	0	23,917	23,917	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	-88,328	0	-88,328	-88,328	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: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/27/2016 5:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		31,439	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,956,386	2.00
3.00	PPS payments		17,072,391	3.00
4.00	Outlier payment (see instructions)		135,010	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		33,551	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		31,439	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		147,339	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)		147,339	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)		147,339	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		115,900	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		31,439	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		17,240,952	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)		3,460,552	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)		13,811,839	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		13,811,839	30.00
31.00	Primary payer payments		973	31.00
32.00	Subtotal (line 30 minus line 31)		13,810,866	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)		336,921	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		218,999	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		166,496	36.00
37.00	Subtotal (see instructions)		14,029,865	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-9	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		14,029,874	40.00
40.01	Sequestration adjustment (see instructions)		280,597	40.01
41.00	Interim payments		13,638,920	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		110,357	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2016 5:47 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		15,063,961		13,638,920	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)		15,063,961		13,638,920	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		89,079		110,357	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		15,153,040		13,749,277	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: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/27/2016 5:47 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		7,053	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		8,186	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,114	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		20,430	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		516,573,103	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		11,321,414	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		449,686	8.00
9.00	Sequestration adjustment amount (see instructions)		8,994	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		440,692	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		408,439	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		32,253	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2016 5:47 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		3,758,172		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)		3,758,172	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		3,758,172	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		3,170,998		8.00
9.00	Ancillary service charges		8,678,258	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)		11,849,256	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)		11,849,256	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		8,091,084	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)		3,758,172	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)		3,758,172	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)		3,758,172	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		3,758,172	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		3,758,172	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)		3,758,172	0	40.00
41.00	Interim payments		3,371,018	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		387,154	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

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

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet G

Date/Time Prepared:
5/27/2016 5:47 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	14,701,060	0	0	0	1.00
2.00	Temporary investments	52,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	72,922,284	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-44,224,951	0	0	0	6.00
7.00	Inventory	5,144,095	0	0	0	7.00
8.00	Prepaid expenses	4,080,562	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	52,675,050	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,884,037	0	0	0	12.00
13.00	Land improvements	2,988,795	0	0	0	13.00
14.00	Accumulated depreciation	-1,679,302	0	0	0	14.00
15.00	Buildings	102,629,248	0	0	0	15.00
16.00	Accumulated depreciation	-38,340,697	0	0	0	16.00
17.00	Leasehold improvements	113,748	0	0	0	17.00
18.00	Accumulated depreciation	-109,232	0	0	0	18.00
19.00	Fixed equipment	13,704,629	0	0	0	19.00
20.00	Accumulated depreciation	-7,722,262	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	112,863,780	0	0	0	23.00
24.00	Accumulated depreciation	-81,479,091	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	106,853,653	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	175,088,834	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	175,088,834	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	334,617,537	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,212,123	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,752,828	0	0	0	38.00
39.00	Payroll taxes payable	442,702	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,146,695	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,554,348	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	31,065,128	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	31,065,128	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	49,619,476	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	284,998,061				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)	284,998,061	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	334,617,537	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-1

Date/Time Prepared:
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		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		263,268,193		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,267,566			2.00
3.00	Total (sum of line 1 and line 2)		285,535,759		0	3.00
4.00	Additions - EQUITY TRANSFER	-537,698		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)		-537,698		0	10.00
11.00	Subtotal (line 3 plus line 10)		284,998,061		0	11.00
12.00	CHANGE FROM PRIOR	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)		284,998,061		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 - EQUITY TRANSFER		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	CHANGE FROM PRIOR		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: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	35,797,432		35,797,432	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)	35,797,432		35,797,432	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	12,175,422		12,175,422	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)	12,175,422		12,175,422	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	47,972,854		47,972,854	17.00
18.00	Ancillary services	105,507,951	302,436,094	407,944,045	18.00
19.00	Outpatient services	6,193,093	30,920,935	37,114,028	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		1,843,637	1,843,637	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	4,171,009	4,171,009	26.00
27.00	NURSERY	14,580,539	18,639,129	33,219,668	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	174,254,437	358,010,804	532,265,241	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		196,169,308		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)		196,169,308		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150026

Period:
From 01/01/2015
To 12/31/2015

Worksheet G-3

Date/Time Prepared:
5/27/2016 5:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	532,265,241	1.00
2.00	Less contractual allowances and discounts on patients' accounts	316,791,907	2.00
3.00	Net patient revenues (line 1 minus line 2)	215,473,334	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	196,169,308	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,304,026	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,819,214	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	37,891	10.00
11.00	Rebates and refunds of expenses	899,451	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	880,171	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	58,322	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	1,075,559	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER OPER/NON OPER REVENUE	-2,807,068	24.00
25.00	Total other income (sum of lines 6-24)	2,963,540	25.00
26.00	Total (line 5 plus line 25)	22,267,566	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	22,267,566	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150026

Period: From 01/01/2015

Worksheet H

HHA CCN: 157174

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:47 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		3,187	3,187	2.00
3.00	Plant Operation & Maintenance	0	0	70,649	0	70,649	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	641,063	0	69,532	6,984	89,937	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	604,284	0	0	0	604,284	6.00
7.00	Physical Therapy	262,040	0	0	0	262,040	7.00
8.00	Occupational Therapy	107,662	0	0	0	107,662	8.00
9.00	Speech Pathology	35,889	0	0	0	35,889	9.00
10.00	Medical Social Services	67,147	0	0	0	67,147	10.00
11.00	Home Health Aide	46,725	0	0	0	46,725	11.00
12.00	Supplies (see instructions)	0	0	0	31,115	31,115	12.00
13.00	Drugs	0	0	0	-358	-358	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,764,810	0	69,532	77,633	123,881	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	3,187	0	3,187		2.00
3.00	Plant Operation & Maintenance	0	70,649	0	70,649		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	807,516	0	807,516		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	604,284	0	604,284		6.00
7.00	Physical Therapy	0	262,040	0	262,040		7.00
8.00	Occupational Therapy	0	107,662	0	107,662		8.00
9.00	Speech Pathology	0	35,889	0	35,889		9.00
10.00	Medical Social Services	0	67,147	0	67,147		10.00
11.00	Home Health Aide	0	46,725	0	46,725		11.00
12.00	Supplies (see instructions)	-22,819	8,296	0	8,296		12.00
13.00	Drugs	358	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	-22,461	2,013,395	0	2,013,395		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/27/2016 5:47 pm
		HHA CCN: 157174	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	3,187		3,187		0	2.00
3.00	Plant Operation & Maintenance	70,649	0	0	70,649	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	807,516	0	3,187	70,649	0	881,352
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	604,284	0	0	0	0	604,284
7.00	Physical Therapy	262,040	0	0	0	0	262,040
8.00	Occupational Therapy	107,662	0	0	0	0	107,662
9.00	Speech Pathology	35,889	0	0	0	0	35,889
10.00	Medical Social Services	67,147	0	0	0	0	67,147
11.00	Home Health Aide	46,725	0	0	0	0	46,725
12.00	Supplies (see instructions)	8,296	0	0	0	0	8,296
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	2,013,395	0	3,187	70,649	0	2,013,395
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	881,352					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	470,466	1,074,750				6.00
7.00	Physical Therapy	204,011	466,051				7.00
8.00	Occupational Therapy	83,820	191,482				8.00
9.00	Speech Pathology	27,941	63,830				9.00
10.00	Medical Social Services	52,277	119,424				10.00
11.00	Home Health Aide	36,378	83,103				11.00
12.00	Supplies (see instructions)	6,459	14,755				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,013,395				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150026 HHA CCN: 157174	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part II Date/Time Prepared: 5/27/2016 5:47 pm PPS
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)		
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)						
	1.00	2.00						3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	2,563			0		1.00	
2.00	Capital Related - Movable Equipment		15,521		0		2.00	
3.00	Plant Operation & Maintenance	0	0	2,563	0		3.00	
4.00	Transportation (see instructions)	0	0	0	117,423		4.00	
5.00	Administrative and General	2,563	15,521	2,563	3,028	-881,352	1,132,043	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	69,314	0	604,284	6.00
7.00	Physical Therapy	0	0	0	13,428	0	262,040	7.00
8.00	Occupational Therapy	0	0	0	7,489	0	107,662	8.00
9.00	Speech Pathology	0	0	0	1,066	0	35,889	9.00
10.00	Medical Social Services	0	0	0	4,747	0	67,147	10.00
11.00	Home Health Aide	0	0	0	18,351	0	46,725	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	8,296	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,563	15,521	2,563	117,423	-881,352	1,132,043	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	3,187	70,649	0		881,352	25.00
26.00	Unit Cost Multiplier	0.000000	0.205335	27.564963	0.000000		0.778550	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150026

Period: From 01/01/2015 To 12/31/2015

Worksheet H-2 Part I

HHA CCN: 157174

Date/Time Prepared: 5/27/2016 5:47 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0	30,442	13,251	234,044	8,674	286,411	1.00	
1.00 Administrative and General	0	30,442	13,251	234,044	8,674	286,411	1.00	
2.00 Skilled Nursing Care	1,074,750	0	0	220,616	0	1,295,366	2.00	
3.00 Physical Therapy	466,051	0	0	95,667	0	561,718	3.00	
4.00 Occupational Therapy	191,482	0	0	39,306	0	230,788	4.00	
5.00 Speech Pathology	63,830	0	0	13,103	0	76,933	5.00	
6.00 Medical Social Services	119,424	0	0	24,514	0	143,938	6.00	
7.00 Home Health Aide	83,103	0	0	17,059	0	100,162	7.00	
8.00 Supplies (see instructions)	14,755	0	0	0	0	14,755	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	2,013,395	30,442	13,251	644,309	8,674	2,710,071	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00	
Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	5.02	6.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	67,153	0	35,082	0	17,706	0	1.00	
2.00 Skilled Nursing Care	303,719	0	0	0	0	0	2.00	
3.00 Physical Therapy	131,703	0	0	0	0	0	3.00	
4.00 Occupational Therapy	54,112	0	0	0	0	0	4.00	
5.00 Speech Pathology	18,038	0	0	0	0	0	5.00	
6.00 Medical Social Services	33,748	0	0	0	0	0	6.00	
7.00 Home Health Aide	23,484	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	3,460	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	635,417	0	35,082	0	17,706	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150026

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157174

To 12/31/2015

Part I
Date/Time Prepared: 5/27/2016 5:47 pm

Home Health Agency I

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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	12,151	0	0	0	0	17,874	1.00
2.00	Skilled Nursing Care	8,198	0	134,023	0	0	0	2.00
3.00	Physical Therapy	2,677	0	0	0	0	0	3.00
4.00	Occupational Therapy	1,629	0	0	0	0	0	4.00
5.00	Speech Pathology	386	0	0	0	0	0	5.00
6.00	Medical Social Services	930	0	0	0	0	0	6.00
7.00	Home Health Aide	1,379	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	2,769	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	27,350	0	134,023	2,769	0	17,874	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		INTERNS & RESIDENTS						
		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARIES & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	PARAMEDICAL EDUCATION PROGRAM	
		17.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150026

Period: From 01/01/2015

Worksheet H-2

HHA CCN: 157174

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	436,377	0	436,377				1.00
2.00 Skilled Nursing Care	1,741,306	0	1,741,306	241,692	1,982,998		2.00
3.00 Physical Therapy	696,098	0	696,098	96,619	792,717		3.00
4.00 Occupational Therapy	286,529	0	286,529	39,771	326,300		4.00
5.00 Speech Pathology	95,357	0	95,357	13,236	108,593		5.00
6.00 Medical Social Services	178,616	0	178,616	24,792	203,408		6.00
7.00 Home Health Aide	125,025	0	125,025	17,354	142,379		7.00
8.00 Supplies (see instructions)	20,984	0	20,984	2,913	23,897		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	3,580,292	0	3,580,292	436,377	3,580,292		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.138801			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150026

Period: From 01/01/2015 To 12/31/2015

Worksheet H-2 Part II Date/Time Prepared: 5/27/2016 5:47 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,563	15,521	641,063	1,843,637	0	286,411	1.00
2.00 Skilled Nursing Care	0	0	604,284	0	0	1,295,366	2.00
3.00 Physical Therapy	0	0	262,040	0	0	561,718	3.00
4.00 Occupational Therapy	0	0	107,662	0	0	230,788	4.00
5.00 Speech Pathology	0	0	35,889	0	0	76,933	5.00
6.00 Medical Social Services	0	0	67,147	0	0	143,938	6.00
7.00 Home Health Aide	0	0	46,725	0	0	100,162	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	14,755	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,563	15,521	1,764,810	1,843,637		2,710,071	20.00
21.00 Total cost to be allocated	30,442	13,251	644,309	8,674		635,417	21.00
22.00 Unit cost multiplier	11.877487	0.853747	0.365087	0.004705		0.234465	22.00
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	2,563	2,563	0	2,563	0	26,313	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	17,749	2.00
3.00 Physical Therapy	0	0	0	0	0	5,795	3.00
4.00 Occupational Therapy	0	0	0	0	0	3,526	4.00
5.00 Speech Pathology	0	0	0	0	0	835	5.00
6.00 Medical Social Services	0	0	0	0	0	2,013	6.00
7.00 Home Health Aide	0	0	0	0	0	2,985	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,563	2,563	0	2,563	0	59,216	20.00
21.00 Total cost to be allocated	0	35,082	0	17,706	0	27,350	21.00
22.00 Unit cost multiplier	0.000000	13.687866	0.000000	6.908311	0.000000	0.461868	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150026
HHA CCN: 157174

Period: From 01/01/2015 To 12/31/2015

Worksheet H-2 Part II
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Cost Center Description	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	12.00	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	0	0	0	1,843,637	0	1.00
2.00 Skilled Nursing Care	0	19,158	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	52,610	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	19,158	52,610	0	1,843,637	0	20.00
21.00 Total cost to be allocated	0	134,023	2,769	0	17,874	0	21.00
22.00 Unit cost multiplier	0.000000	6.995668	0.052633	0.000000	0.009695	0.000000	22.00

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)		
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
			21.00	22.00			
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/27/2016 5:47 pm
			HHA CCN: 157174	Title XVIII	Home Health Agency I

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,982,998		1,982,998	6,551	302.70	1.00
2.00	Physical Therapy	3.00	792,717	0	792,717	2,281	347.53	2.00
3.00	Occupational Therapy	4.00	326,300	0	326,300	1,002	325.65	3.00
4.00	Speech Pathology	5.00	108,593	0	108,593	140	775.66	4.00
5.00	Medical Social Services	6.00	203,408		203,408	185	1,099.50	5.00
6.00	Home Health Aide	7.00	142,379		142,379	984	144.69	6.00
7.00	Total (sum of lines 1-6)		3,556,395	0	3,556,395	11,143		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation								
8.00	Skilled Nursing Care		22140	0	3,620			8.00
8.01	Skilled Nursing Care		99915	0	0			8.01
9.00	Physical Therapy		22140	0	1,415			9.00
9.01	Physical Therapy		99915	0	0			9.01
10.00	Occupational Therapy		22140	0	612			10.00
10.01	Occupational Therapy		99915	0	0			10.01
11.00	Speech Pathology		22140	0	95			11.00
11.01	Speech Pathology		99915	0	0			11.01
12.00	Medical Social Services		22140	0	126			12.00
12.01	Medical Social Services		99915	0	0			12.01
13.00	Home Health Aide		22140	0	712			13.00
13.01	Home Health Aide		99915	0	0			13.01
14.00	Total (sum of lines 8-13)			0	6,580			14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	23,897	0	23,897	367,509	0.065024	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost Center Description	Part A	Part B		Part A	Part B	Part B	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance					Not Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00		

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	3,620		0	1,095,774		1.00
2.00	Physical Therapy	0	1,415		0	491,755		2.00
3.00	Occupational Therapy	0	612		0	199,298		3.00
4.00	Speech Pathology	0	95		0	73,688		4.00
5.00	Medical Social Services	0	126		0	138,537		5.00
6.00	Home Health Aide	0	712		0	103,019		6.00
7.00	Total (sum of lines 1-6)	0	6,580		0	2,102,071		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I
				HHA CCN: 157174		Date/Time Prepared: 5/27/2016 5:47 pm
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Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0	0	0	0	15.00
16.00	Cost of Drugs		0	0		0	0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,095,774						1.00
2.00	Physical Therapy	491,755						2.00
3.00	Occupational Therapy	199,298						3.00
4.00	Speech Pathology	73,688						4.00
5.00	Medical Social Services	138,537						5.00
6.00	Home Health Aide	103,019						6.00
7.00	Total (sum of lines 1-6)	2,102,071						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150026 HHA CCN: 157174	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/27/2016 5:47 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.673327	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.379111	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.437957	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	1.226799	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.213499	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150026 HHA CCN: 157174	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2016 5:47 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	5,157,600	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	5,157,600	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	5,157,600	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	1,056,566
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	10,478
13.00	Total PPS Reimbursement - LUPA Episodes		0	37,391
14.00	Total PPS Reimbursement - PEP Episodes		0	9,121
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	916
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	1,157
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	1,115,629
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	1,115,629
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	1,115,629
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	1,115,629
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	1,115,629
31.01	Sequestration adjustment (see instructions)		0	22,291
32.00	Interim payments (see instructions)		0	1,093,338
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	0

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

Provider CCN: 150026
HHA CCN: 157174

Period:
From 01/01/2015
To 12/31/2015

Worksheet H-5
Date/Time Prepared:
5/27/2016 5:47 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,093,338	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,093,338	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,093,338	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150026

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151527

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:47 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	21,089	166,028	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	756,063	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	221,502	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	29,920	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	589,305	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	756,063	0	0	21,089	1,006,755	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150026

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151527

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:47 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	187,117	0	187,117	0	187,117	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	756,063	0	756,063	0	756,063	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	221,502	-221,502	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	29,920	-29,920	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	589,305	0	589,305	0	589,305	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,783,907	-251,422	1,532,485	0	1,532,485	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150026

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151527

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:47 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	474,520	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	474,520	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150026

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151527

To 12/31/2015

Date/Time Prepared: 5/27/2016 5:47 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		95,518	186,025	756,063	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	95,518	186,025	756,063	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150026	Period: From 01/01/2015	Worksheet K-3
		Hospice CCN: 151527	To 12/31/2015	Date/Time Prepared: 5/27/2016 5:47 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 150026 Hospice CCN: 151527	Period: From 01/01/2015 To 12/31/2015	Worksheet K-3 Date/Time Prepared: 5/27/2016 5:47 pm
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		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	21,089	21,089	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	21,089	21,089	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150026
 Hospice CCN: 151527

Period:
 From 01/01/2015
 To 12/31/2015

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/27/2016 5:47 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	187,117	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	756,063	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	589,305	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,532,485	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet K-4 Part I Date/Time Prepared: 5/27/2016 5:47 pm		
		Hospice CCN: 151527		Hospice I		
		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	187,117	187,117		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	756,063	105,155	861,218	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	589,305	81,962	671,267	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,532,485		1,532,485	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-4
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	2,562					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	2,562			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	2,562	0	2,562	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-4
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-187,117	1,345,368	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	756,063	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	589,305	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		187,117	39.00
40.00	Unit Cost Multiplier		0.139082	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151527

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/ACCOUNTS RECEIVABLE	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
1.00	Administrative and General		30,430	0	276,028	19,625	1.00
2.00	Inpatient - General Care	861,218	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	671,267	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,532,485	30,430	0	276,028	19,625	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:

Worksheet K-5

Hospice CCN: 151527

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description		Subtotal	Hospice I				
			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
1.00	Administrative and General	326,083	76,455	0	35,068	0	1.00
2.00	Inpatient - General Care	861,218	201,925	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	671,267	157,389	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,858,568	435,769	0	35,068	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:

Worksheet K-5

Hospice CCN: 151527

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description		Hospice I					
		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	17,699	0	13,226	0	83,228	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	17,699	0	13,226	0	83,228	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period: From 01/01/2015

Worksheet K-5

Hospice CCN: 151527

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
1.00	Administrative and General	37,106	0	40,438	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	37,106	0	40,438	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:

Worksheet K-5

Hospice CCN: 151527

From 01/01/2015
To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 5:47 pm

Hospice I

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL EDUCATION PROGRAM	Subtotal (col s. 4A-23)	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		APPRV	APPRV			
	20.00	21.00	22.00	23.00	24.00	
1.00 Administrative and General	0	0	0	0	629,303	1.00
2.00 Inpatient - General Care	0	0	0	0	1,063,143	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	828,656	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	2,521,102	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150026	Period: From 01/01/2015	Worksheet K-5
		Hospice CCN: 151527	To 12/31/2015	Part I Date/Time Prepared: 5/27/2016 5:47 pm

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	1,063,143	353,652	1,416,795		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	828,656	275,651	1,104,307		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	2,521,102	0.332648	2,521,102		34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	2,562	0	100	4,171,009	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	2,562	0	100	4,171,009		34.00
35.00 Total cost to be allocated	30,430	0	276,028	19,625		35.00
36.00 Unit Cost Multiplier (see instructions)	11.877440	0.000000	2,760.280000	0.004705		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) 5.02	MAINTENANCE & REPAIRS (SQUARE FEET) 6.00	OPERATION OF PLANT (SQUARE FEET) 7.00	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8.00	HOUSEKEEPING (SQUARE FEET) 9.00	
1.00 Administrative and General	326,083	2,562	2,562	0	2,562	1.00
2.00 Inpatient - General Care	861,218	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	671,267	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,858,568	2,562	2,562	0	2,562	34.00
35.00 Total cost to be allocated	435,769	0	35,068	0	17,699	35.00
36.00 Unit Cost Multiplier (see instructions)	0.234465	0.000000	13.687744	0.000000	6.908275	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description		Hospice I					
		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	28,365	0	11,897	705,099	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	28,365	0	11,897	705,099	34.00
35.00	Total cost to be allocated	0	13,226	0	83,228	37,106	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.466279	0.000000	6.995713	0.052625	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description		Hospice I					
		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	4,171,009	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	4,171,009	0	0	0	34.00
35.00	Total cost to be allocated	0	40,438	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.009695	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

Period:
From 01/01/2015
To 12/31/2015

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 5:47 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMEDICAL EDUCATION PROGRAM (ASSIGNED TIME)	Hospice I	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00	23.00			
1.00 Administrative and General	0	0	0	0		1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	0	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	0	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0	0		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	0	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00 Total cost to be allocated	0	0	0	0		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150026	Period: From 01/01/2015	Worksheet K-5		
		Hospice CCN: 151527	To 12/31/2015	Part III Date/Time Prepared: 5/27/2016 5:47 pm		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.673327	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.379111	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.437957	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.213499	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.197421	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.226799	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.533058	0	0	9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150026

Period:

Worksheet K-6

Hospice CCN: 151527

From 01/01/2015
To 12/31/2015

Date/Time Prepared:
5/27/2016 5:47 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,521,102	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				18,871	2.00
3.00	Average cost per diem (line 1 divided by line 2)				133.60	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	16,743				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,236,865				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			2,128		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			284,301		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150026	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/27/2016 5:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,117,259	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		24,921	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)		56.79	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.63	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.91	8.00
9.00	Sum of lines 7 and 8		20.54	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.25	10.00
11.00	Disproportionate share adjustment (see instructions)		47,484	11.00
12.00	Total prospective capital payments (see instructions)		1,189,664	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