

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: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/26/2016 8:33 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/26/2016 Time: 8:33 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> 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. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> 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 BALL MEMORIAL HOSPITAL (150089) 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.

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

 CHIEF FINANCIAL OFFICER
 Title

 05/26/2016
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,651,000	530,337	-32,256	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-28,371	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	1,622,629	530,337	-32,256	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089		Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/20/2016 10:46 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2401 UNIVERSITY AVENUE		PO Box:						1.00		
2.00	City: MUNCI E		State: IN		Zip Code: 47303-3428		County: DELAWARE		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	V	XVIII	XIX		
		6.00	7.00	8.00							
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		BALL MEMORIAL HOSPITAL	150089	11300	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		BMH PHYSICAL REHAB	15T089	11300	5	07/01/1986	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	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)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		9,417	2,097	11	51	8,794	403		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.		106	45	0	0	33			25.00	

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		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	Y		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			12.00	12.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		40.80	41.14		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)		49.84	51.18		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)		40.73	42.26		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).		49.84	51.18		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)		9.11	8.92		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)				Y	63.00	
				Unweighted FTEs Nonprovi der Site	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)			2.75	15.74	0.148729	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted 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)	FAMILY MEDICINE	1350	3.29	20.96	0.135670	65.00
65.01		INTERNAL MEDICINE	1400	4.25	13.76	0.235980	65.01

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	1.69	8.65	0.163443		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	10.47	17.37	0.376078	
67.01		INT MEDICINE	1400	5.23	18.11	0.224079	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				Y	N 0	
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.				N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.				N		81.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.				N		87.00
				V	XIX		
				1.00	2.00		
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	
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	
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
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	

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		V 1.00	XIX 2.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
Rural Providers						
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N	110.00
					1.00	2.00
					3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00		
118.01	List amounts of malpractice premiums and paid losses:	694,531	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/20/2016 10:46 am			
		1.00	2.00				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059		140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS		Contractor's Number: 08101			
142.00	Street: 340 W. 10TH STREET	PO Box:					
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202		143.00		
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00		
		1.00	2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y			145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00		
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00		
		Part A	Part B	Title V	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	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	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							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
				Beginning	Ending		
				1.00	2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/03/2015	12/31/2015		170.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/20/2016 10:46 am	
				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)			Y	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/20/2016 10:46 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	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)		Y		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	C	03/25/2016	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
			Part A		Part B
			Description	Y/N	Date
			0	1.00	2.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/04/2016	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/20/2016 10:46 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

		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)		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)	04/04/2016	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.	MANAGER, GOVERNMENT PROGRAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2016 10:46 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	254	92,710	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)		254	92,710	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 NEONATAL INTENSIVE CARE UNIT	32.00	23	8,395	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		313	114,245	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	18	6,570		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		331				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		8	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2016 10:46 am

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)	28,615	3,701	63,102			1.00
2.00 HMO and other (see instructions)	7,252	14,196				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	109	121				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)	28,615	3,701	63,102			7.00
8.00 INTENSIVE CARE UNIT	7,810	200	10,677			8.00
9.00 NEONATAL INTENSIVE CARE UNIT	0	427	3,813			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,846	2,638			13.00
14.00 Total (see instructions)	36,425	6,174	80,230	61.49	1,719.01	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,755	63	4,026	0.00	22.15	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	316			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				61.49	1,741.16	27.00
28.00 Observation Bed Days		0	4,861			28.00
29.00 Ambulance Trips	1,440					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	403	1,138			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: 150089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/20/2016 10:46 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	7,041	669	17,279	1.00
2.00 HMO and other (see instructions)			1,281	3,032		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				8		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 NEONATAL INTENSIVE CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	7,041	669	17,279	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	213	6	325	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						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: 150089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2016 10:46 am

	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	98,998,019	-655,723	98,342,296	3,261,614.63	30.15
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		508,445	0	508,445	5,704.00	89.14
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	3,546,765	3,546,765	136,877.00	25.91
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,339,715	82,268	5,421,983	182,000.35	29.79
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		1,044,425	0	1,044,425	13,913.45	75.07
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		5,044,685	0	5,044,685	54,612.19	92.37
14.00	Home office salaries & wage-related costs		22,111,349	0	22,111,349	563,577.00	39.23
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		37,209,845	0	37,209,845		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		2,283,489	0	2,283,489		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		149,785	0	149,785		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		897,894	0	897,894		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	27,486	0	27,486	1,886.08	14.57
27.00	Administrative & General	5.00	7,527,969	-28,679	7,499,290	197,495.67	37.97
28.00	Administrative & General under contract (see inst.)		29,527	0	29,527	178.94	165.01
29.00	Maintenance & Repairs	6.00	2,789,811	-6,381	2,783,430	133,579.03	20.84
30.00	Operation of Plant	7.00	994,642	-5,956	988,686	46,192.86	21.40
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	2,220,829	-15,889	2,204,940	188,154.47	11.72
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,197,645	-815,067	1,382,578	94,991.58	14.55
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	804,126	804,126	65,047.00	12.36
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	5,026,940	-31,402	4,995,538	158,604.99	31.50
39.00	Central Services and Supply	14.00	-3,495	3,495	0	0.00	0.00
40.00	Pharmacy	15.00	4,571,513	-41,250	4,530,263	132,742.58	34.13

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/20/2016 10:46 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150089

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

Worksheet S-3
Part III
Date/Time Prepared:
5/20/2016 10:46 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	98,519,101	-4,202,488	94,316,613	3,119,212.57	30.24	1.00
2.00	Excluded area salaries (see instructions)	5,339,715	82,268	5,421,983	182,000.35	29.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	93,179,386	-4,284,756	88,894,630	2,937,212.22	30.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	28,200,459	0	28,200,459	632,102.64	44.61	4.00
5.00	Subtotal wage-related costs (see inst.)	37,209,845	0	37,209,845	0.00	41.86	5.00
6.00	Total (sum of lines 3 thru 5)	158,589,690	-4,284,756	154,304,934	3,569,314.86	43.23	6.00
7.00	Total overhead cost (see instructions)	25,382,867	-137,003	25,245,864	1,018,873.20	24.78	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/20/2016 10:46 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			4,162,247 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			14,003,357 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			939 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)			13,823,071 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			416,955 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			69,558 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)			798,533 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			8,479 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			7,027,547 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			30,010 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			200,317 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			40,541,013 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: 150089

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

Worksheet S-3
Part V
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/20/2016 10:46 am	
				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)			0.162291	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			31,315,400	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			188,216,392	6.00
7.00	Medicaid cost (line 1 times line 6)			30,545,826	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
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)			15,561,858	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			128,050,140	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			20,781,385	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)			5,219,527	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)			5,219,527	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	78,233,430	19,958,367	98,191,797	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	12,696,582	3,239,063	15,935,645	21.00
22.00	Partial payment by patients approved for charity care	98	8,463	8,561	22.00
23.00	Cost of charity care (line 21 minus line 22)	12,696,484	3,230,600	15,927,084	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?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			14,860,308	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,192,746	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			13,667,562	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,218,122	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			18,145,206	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			23,364,733	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		8,564,060	8,564,060	15,327,130	23,891,190	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	27,486	18,119,290	18,146,776	97,965	18,244,741	4.00
5.01	01160	COMMUNICATIONS	454,807	130,536	585,343	-6,542	578,801	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04	00570	ADMINITTING	990,563	113,110	1,103,673	-20,270	1,083,403	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	6,082,599	43,828,856	49,911,455	-91,317	49,820,138	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,789,811	10,943,682	13,733,493	-6,548,738	7,184,755	6.00
7.00	00700	OPERATION OF PLANT	994,642	4,549,351	5,543,993	197,765	5,741,758	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,153,236	1,153,236	8.00
9.00	00900	HOUSEKEEPING	2,220,829	956,582	3,177,411	-678,325	2,499,086	9.00
10.00	01000	DIETARY	2,197,645	1,703,722	3,901,367	-1,608,662	2,292,705	10.00
11.00	01100	CAFETERIA	0	0	0	1,545,835	1,545,835	11.00
13.00	01300	NURSING ADMINISTRATION	5,026,940	986,196	6,013,136	-60,006	5,953,130	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-3,495	960,615	957,120	9,836,367	10,793,487	14.00
15.00	01500	PHARMACY	4,571,513	26,628,654	31,200,167	-25,247,592	5,952,575	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,546,765	3,546,765	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,250,092	3,230,338	7,480,430	-3,963,686	3,516,744	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,319,405	7,226,296	26,545,701	-3,877,063	22,668,638	30.00
31.00	03100	INTENSIVE CARE UNIT	6,358,315	1,952,330	8,310,645	-1,210,286	7,100,359	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	1,880,260	438,591	2,318,851	-203,298	2,115,553	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,286,123	830,389	2,116,512	-99,309	2,017,203	41.00
43.00	04300	NURSERY	0	0	0	625,399	625,399	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,821,935	19,539,026	24,360,961	-17,699,882	6,661,079	50.00
51.00	05100	RECOVERY ROOM	1,272,459	424,258	1,696,717	-227,916	1,468,801	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,900,805	673,586	2,574,391	-488,608	2,085,783	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,181,440	9,690,357	16,871,797	-6,420,572	10,451,225	54.00
57.00	03280	EKG AND EEG	127,487	67,667	195,154	-5,943	189,211	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,543,239	9,505,937	11,049,176	-8,873,204	2,175,972	59.00
60.00	06000	LABORATORY	0	10,398,802	10,398,802	-31,627	10,367,175	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,336,638	1,336,638	-1,677	1,334,961	63.00
65.00	06500	RESPIRATORY THERAPY	3,348,044	763,263	4,111,307	-473,452	3,637,855	65.00
65.01	06501	SLEEP LAB	505,506	514,532	1,020,038	-435,866	584,172	65.01
66.00	06600	PHYSICAL THERAPY	4,090,160	913,288	5,003,448	-603,857	4,399,591	66.00
67.00	06700	OCCUPATIONAL THERAPY	660,258	75,146	735,404	31,737	767,141	67.00
68.00	06800	SPEECH PATHOLOGY	333,540	36,313	369,853	19,491	389,344	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	984,902	1,032,659	2,017,561	-312,203	1,705,358	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,442,334	7,442,334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,949,003	14,949,003	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	26,389,771	26,389,771	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,506,601	7,055,762	8,562,363	-125,841	8,436,522	73.01
74.00	07400	RENAL DIALYSIS	0	982,509	982,509	-31,097	951,412	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	456,185	120,790	576,975	-12,761	564,214	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	438,468	883,213	1,321,681	-274,316	1,047,365	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	307,056	162,404	469,460	-109,963	359,497	90.02
90.03	09003	ONCOLOGY CLINIC	591,542	347,556	939,098	-47,192	891,906	90.03
91.00	09100	EMERGENCY	5,054,292	4,998,226	10,052,518	-1,684,414	8,368,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,372,973	235,725	1,608,698	-117,602	1,491,096	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,073,615	513,119	1,586,734	-170,995	1,415,739	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,018,042	201,433,374	297,451,416	-601,284	296,850,132	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135,692	583,894	719,586	-1,612	717,974	190.00
191.00	19100	RESEARCH	363,667	87,912	451,579	-1,635	449,944	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	203,612	14,118	217,730	19,860	237,590	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A

Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
194.0207952 PAVILLION PHARMACY	660,239	4,851,152	5,511,391	17,189	5,528,580	194.02
194.0307953 VENDING	0	0	0	0	0	194.03
194.0407954 CARELINE	0	0	0	0	0	194.04
194.0507955 WELLNESS CENTER	41,498	62,394	103,892	-41,782	62,110	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	42,422	42,422	-18,356	24,066	194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958 RENTAL PROPERTY	0	0	0	580,588	580,588	194.08
194.0907959 ADVERTISING	0	0	0	0	0	194.09
194.1007960 INTEGRAL TAC	0	0	0	0	0	194.10
194.1107961 IU HEALTH HOSPICE	0	3,300	3,300	-971	2,329	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	99,081	99,081	-2,158	96,923	194.15
194.1607966 JAY COUNTY HOSPITAL	204,218	7,394	211,612	-651	210,961	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	1,192,492	96,278	1,288,770	63,188	1,351,958	194.22
194.2307973 CANCER CENTER BOUTIQUE	11,714	79,427	91,141	-519	90,622	194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	15,604	15,604	-10,708	4,896	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	143,614	11,181	154,795	-1,115	153,680	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	23,231	2,347	25,578	-34	25,544	194.30
194.3107981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983 LAB CORP	0	0	0	0	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985 LEASED SPACE	0	0	0	0	0	194.35
200.00 TOTAL (SUM OF LINES 118-199)	98,998,019	207,389,878	306,387,897	0	306,387,897	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,008,152	22,883,038	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,958,534	16,286,207	4.00
5.01	01160	COMMUNICATIONS	-91,775	487,026	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.04	00570	ADMITTING	-32,547	1,050,856	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	818,012	50,638,150	5.06
6.00	00600	MAINTENANCE & REPAIRS	-336,478	6,848,277	6.00
7.00	00700	OPERATION OF PLANT	-85,438	5,656,320	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,153,236	8.00
9.00	00900	HOUSEKEEPING	-96,141	2,402,945	9.00
10.00	01000	DIETARY	-338,403	1,954,302	10.00
11.00	01100	CAFETERIA	-1,216,273	329,562	11.00
13.00	01300	NURSING ADMINISTRATION	-108,310	5,844,820	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,793,487	14.00
15.00	01500	PHARMACY	-468,412	5,484,163	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,546,765	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-139,111	3,377,633	22.00
23.00	02300	PARAMED ED PRGM	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-655,258	22,013,380	30.00
31.00	03100	INTENSIVE CARE UNIT	-4,446	7,095,913	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	-75,000	2,040,553	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-33,121	1,984,082	41.00
43.00	04300	NURSERY	0	625,399	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-268,989	6,392,090	50.00
51.00	05100	RECOVERY ROOM	-3,750	1,465,051	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-52,375	2,033,408	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-796,710	9,654,515	54.00
57.00	03280	EKG AND EEG	-114,950	74,261	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-32,820	2,143,152	59.00
60.00	06000	LABORATORY	-48,260	10,318,915	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	-34,136	1,300,825	63.00
65.00	06500	RESPIRATORY THERAPY	-3,590	3,634,265	65.00
65.01	06501	SLEEP LAB	-79,812	504,360	65.01
66.00	06600	PHYSICAL THERAPY	-1,127,109	3,272,482	66.00
67.00	06700	OCCUPATIONAL THERAPY	-74,825	692,316	67.00
68.00	06800	SPEECH PATHOLOGY	-65,843	323,501	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-26,966	1,678,392	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,442,334	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,949,003	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,389,771	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	-1,037,634	7,398,888	73.01
74.00	07400	RENAL DIALYSIS	0	951,412	74.00
76.00	03020	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-24,304	539,910	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,047,365	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.02	09002	PAIN CLINIC	-2,435	357,062	90.02
90.03	09003	ONCOLOGY CLINIC	-52,519	839,387	90.03
91.00	09100	EMERGENCY	-826,882	7,541,222	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,491,096	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-7,760	1,407,979	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,511,056	286,339,076	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	717,974	190.00
191.00	19100	RESEARCH	0	449,944	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	BSU PHARMACY	-256,650	-19,060	194.01
194.02	07952	PAVILLION PHARMACY	0	5,528,580	194.02
194.03	07953	VENDING	0	0	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150089

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

Worksheet A
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.04	07954	CARELINE	0	0	194.04
194.05	07955	WELLNESS CENTER	0	62,110	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	-76,872	-52,806	194.06
194.07	07957	PERINATAL CLINIC	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	580,588	194.08
194.09	07959	ADVERTISING	0	0	194.09
194.10	07960	INTEGRA LTAC	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	-4,836	-2,507	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	-96,923	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	210,961	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	-913,980	437,978	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	90,622	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	4,896	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	14,451,080	14,604,760	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	-29,039	-3,495	194.30
194.31	07981	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	194.32
194.33	07983	LAB CORP	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	194.34
194.35	07985	LEASED SPACE	0	0	194.35
200.00		TOTAL (SUM OF LINES 118-199)	2,561,724	308,949,621	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,670,048	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
0			0	10,670,048	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,442,334	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	680,856	2.00
3.00	PHARMACY	15.00	0	1,611	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
0			0	8,124,801	

RECLASSIFICATIONS

Provider CCN: 150089

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

Worksheet A-6

Date/Time Prepared:
5/20/2016 10:46 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,949,003	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	300	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	0		0	14,949,303	
D - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	26,389,771	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	145,713	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,765	3.00
4.00	PHARMACY	15.00	0	536,112	4.00
5.00	PAVILLION PHARMACY	194.02	0	3,358	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	0		0	27,078,719	
E - INTERN & RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,546,765	0	1.00
	0		3,546,765	0	
F - CAFETERIA					
1.00	CAFETERIA	11.00	804,126	741,709	1.00
	0		804,126	741,709	
G - PHARMACY ADMIN COSTS					
1.00	BSU PHARMACY	194.01	17,958	2,491	1.00
2.00	PAVILLION PHARMACY	194.02	17,958	2,491	2.00
	0		35,916	4,982	
H - AUTO & BUILDING INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	372,276	1.00
	0		0	372,276	
I - REHAB ADMIN COSTS					
1.00	OCCUPATIONAL THERAPY	67.00	53,107	3,387	1.00
2.00	SPEECH PATHOLOGY	68.00	26,828	1,637	2.00
3.00	THERAPIES TO OTHER ENTITIES	194.22	63,342	2,970	3.00
	0		143,277	7,994	
J - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,153,236	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
0			0	1,153,236		
L - MISC PROPERTIES						
1.00	RENTAL PROPERTY	194.08	0	580,588		1.00
0			0	580,588		
M - OP ONCOLOGY INFUSION						
1.00	ONCOLOGY CLINIC	90.03	181,104	15,244		1.00
0			181,104	15,244		
N - NEGATIVE SALARY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	3,495	0		1.00
	TOTALS		3,495	0		
P - LEGAL FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,230		1.00
	TOTALS		0	4,230		
Q - NURSERY						
1.00	NURSERY	43.00	550,469	74,930		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
0			550,469	74,930		
S - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	201,503		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	16		2.00
3.00	AMBULANCE SERVICES	95.00	0	622		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
32.00	0.00	0	0		32.00	
33.00	0.00	0	0		33.00	
34.00	0.00	0	0		34.00	
35.00	0.00	0	0		35.00	
36.00	0.00	0	0		36.00	
37.00	0.00	0	0		37.00	
38.00	0.00	0	0		38.00	
39.00	0.00	0	0		39.00	
40.00	0.00	0	0		40.00	
41.00	0.00	0	0		41.00	
42.00	0.00	0	0		42.00	
43.00	0.00	0	0		43.00	
0			202,141			
T - CORPORATE TELEPHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	8,754	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	
0			8,754			
U - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	14,804,414	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
0			14,804,414			
V - LEASE EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,168,242	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	

RECLASSIFICATIONS

Provider CCN: 150089

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

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Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00		0.00	0	0	8.00
			0	1,168,242	
W - PTO USED AS STD					
1.00	COMMUNICATIONS	5.01	0	4,585	1.00
2.00	ADMINISTRATIVE	5.04	0	6,882	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	17,212	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	6,381	4.00
5.00	OPERATION OF PLANT	7.00	0	5,956	5.00
6.00	HOUSEKEEPING	9.00	0	15,889	6.00
7.00	DIETARY	10.00	0	10,941	7.00
8.00	NURSING ADMINISTRATION	13.00	0	31,402	8.00
9.00	PHARMACY	15.00	0	41,250	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	194,193	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	60,067	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	21,945	12.00
13.00	SUBPROVIDER - IRF	41.00	0	1,695	13.00
14.00	OPERATING ROOM	50.00	0	27,182	14.00
15.00	RECOVERY ROOM	51.00	0	28,014	15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	32,294	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	19,645	17.00
18.00	EKG AND EEG	57.00	0	49	18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	3,068	19.00
20.00	RESPIRATORY THERAPY	65.00	0	15,978	20.00
21.00	PHYSICAL THERAPY	66.00	0	47,752	21.00
22.00	SPEECH PATHOLOGY	68.00	0	7,358	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	1,367	23.00
24.00	CARDIAC REHABILITATION	76.97	0	2,907	24.00
25.00	HYPERBARIC OXYGEN THERAPY	76.98	0	4,460	25.00
26.00	PAIN CLINIC	90.02	0	1,631	26.00
27.00	ONCOLOGY CLINIC	90.03	0	3,908	27.00
28.00	EMERGENCY	91.00	0	23,224	28.00
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,688	29.00
30.00	AMBULANCE SERVICES	95.00	0	5,695	30.00
31.00	THERAPIES TO OTHER ENTITIES	194.22	0	9,600	31.00
			0	659,218	
X - WASTE DISPOSAL					
1.00	OPERATION OF PLANT	7.00	0	291,644	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
			0	291,644	
Y - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	410,398	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	7,677	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
			0	418,075	
500.00	Grand Total: Increases		5,265,152	81,330,548	500.00

RECLASSIFICATIONS

Provider CCN: 150089

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

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	808	14	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,386	0	2.00
3.00	COMMUNICATIONS	5.01	0	77	0	3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,003	0	4.00
5.00	MAINTENANCE & REPAIRS	5.06	0	4,201	0	5.00
6.00	OPERATION OF PLANT	6.00	0	26,715	0	6.00
7.00	HOUSEKEEPING	7.00	0	666	0	7.00
8.00	DIETARY	9.00	0	169,151	0	8.00
9.00	NURSING ADMINISTRATION	10.00	0	10,386	0	9.00
10.00	PHARMACY	13.00	0	648	0	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	15.00	0	124,335	0	11.00
12.00	ADULTS & PEDIATRICS	22.00	0	674	0	12.00
13.00	INTENSIVE CARE UNIT	30.00	0	1,803,301	0	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	31.00	0	825,049	0	14.00
15.00	SUBPROVIDER - IRF	32.00	0	149,279	0	15.00
16.00	OPERATING ROOM	41.00	0	49,054	0	16.00
17.00	RECOVERY ROOM	50.00	0	3,776,416	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	51.00	0	164,334	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	52.00	0	234,117	0	19.00
20.00	EKG AND EEG	54.00	0	801,844	0	20.00
21.00	CARDIAC CATHETERIZATION	57.00	0	3,706	0	21.00
22.00	RESPIRATORY THERAPY	59.00	0	616,467	0	22.00
23.00	SLEEP LAB	65.00	0	342,466	0	23.00
24.00	PHYSICAL THERAPY	65.01	0	39,963	0	24.00
25.00	OCCUPATIONAL THERAPY	66.00	0	31,036	0	25.00
26.00	SPEECH PATHOLOGY	67.00	0	22,411	0	26.00
27.00	ELECTROCARDIOLOGY	68.00	0	1,453	0	27.00
28.00	HOSPITAL BASED RETAIL PHARMACIES	69.00	0	42,104	0	28.00
29.00	RENAL DIALYSIS	73.01	0	1,052	0	29.00
30.00	CARDIAC REHABILITATION	74.00	0	22,545	0	30.00
31.00	HYPERBARIC OXYGEN THERAPY	76.97	0	11,736	0	31.00
32.00	PAIN CLINIC	76.98	0	96,973	0	32.00
33.00	ONCOLOGY CLINIC	90.02	0	58,271	0	33.00
34.00	EMERGENCY	90.03	0	201,970	0	34.00
35.00	OBSERVATION BEDS (DISTINCT PART)	91.00	0	913,046	0	35.00
36.00	AMBULANCE SERVICES	92.01	0	63,906	0	36.00
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	95.00	0	37,906	0	37.00
38.00	RESEARCH	190.00	0	1,327	0	38.00
39.00	PAVILLION PHARMACY	191.00	0	137	0	39.00
40.00	WELLNESS CENTER	194.02	0	5,096	0	40.00
41.00	JAY COUNTY HOSPITAL	194.05	0	474	0	41.00
42.00	THERAPIES TO OTHER ENTITIES	194.16	0	29	0	42.00
43.00	CANCER CENTER BOUTIQUE	194.22	0	155	0	43.00
44.00	CARDINAL BEHAVIORAL HEALTH	194.23	0	402	0	44.00
45.00		194.25	0	9,973	0	45.00
				10,670,048		
B - BILLABLE SUPPLIES						
1.00	MAINTENANCE & REPAIRS	6.00	0	255	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	261,051	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	350,672	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	53,446	0	4.00
5.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	10,520	0	5.00
6.00	SUBPROVIDER - IRF	41.00	0	458	0	6.00
7.00	OPERATING ROOM	50.00	0	2,695,239	0	7.00
8.00	RECOVERY ROOM	51.00	0	1,032	0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	93,281	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,821,269	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	2,721,883	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	2,066	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	5,312	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	63,072	0	14.00
15.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	1,933	0	15.00
16.00	RENAL DIALYSIS	74.00	0	20	0	16.00
17.00	HYPERBARIC OXYGEN THERAPY	76.98	0	14,659	0	17.00
18.00	PAIN CLINIC	90.02	0	294	0	18.00
19.00	EMERGENCY	91.00	0	27,181	0	19.00

RECLASSIFICATIONS

Provider CCN: 150089

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

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
20.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,115	0	20.00
21.00	AMBULANCE SERVICES	95.00	0	35	0	21.00
22.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	8	0	22.00
	0		0	8,124,801		
C - IMPLANTABLE DEVICES						
1.00	ADULTS & PEDIATRICS	30.00	0	150	0	1.00
2.00	SUBPROVIDER - IRF	41.00	0	120	0	2.00
3.00	OPERATING ROOM	50.00	0	9,745,361	0	3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,506	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	445,758	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	4,727,878	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	39	0	7.00
8.00	SPEECH PATHOLOGY	68.00	0	1,643	0	8.00
9.00	HYPERBARIC OXYGEN THERAPY	76.98	0	15,585	0	9.00
10.00	EMERGENCY	91.00	0	11,120	0	10.00
11.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	143	0	11.00
	0		0	14,949,303		
D - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	97,431	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	57	0	2.00
3.00	DIETARY	10.00	0	3,502	0	3.00
4.00	PHARMACY	15.00	0	25,597,760	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	158,667	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	38,793	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	10,256	0	7.00
8.00	SUBPROVIDER - IRF	41.00	0	3,031	0	8.00
9.00	OPERATING ROOM	50.00	0	193,010	0	9.00
10.00	RECOVERY ROOM	51.00	0	25,148	0	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,637	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	550,837	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	61,850	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	7,073	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	190	0	15.00
16.00	OCCUPATIONAL THERAPY	67.00	0	8	0	16.00
17.00	SPEECH PATHOLOGY	68.00	0	4	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	1,986	0	18.00
19.00	RENAL DIALYSIS	74.00	0	4,559	0	19.00
20.00	CARDIAC REHABILITATION	76.97	0	20	0	20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	0	107,411	0	21.00
22.00	PAIN CLINIC	90.02	0	43,819	0	22.00
23.00	ONCOLOGY CLINIC	90.03	0	19,654	0	23.00
24.00	EMERGENCY	91.00	0	123,717	0	24.00
25.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,967	0	25.00
26.00	AMBULANCE SERVICES	95.00	0	8,942	0	26.00
27.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	715	0	27.00
28.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	675	0	28.00
	0		0	27,078,719		
E - INTERN & RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,546,765	0	0	1.00
	0		3,546,765	0		
F - CAFETERIA						
1.00	DIETARY	10.00	804,126	741,709	0	1.00
	0		804,126	741,709		
G - PHARMACY ADMIN COSTS						
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	35,916	4,982	0	1.00
2.00		0.00	0	0	0	2.00
	0		35,916	4,982		
H - AUTO & BUILDING INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	372,276	12	1.00
	0		0	372,276		
I - REHAB ADMIN COSTS						
1.00	PHYSICAL THERAPY	66.00	143,277	7,994	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	0		143,277	7,994		

RECLASSIFICATIONS

Provider CCN: 150089

Period:
From 01/01/2015
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
J - LAUNDRY							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	73	14	1.00	
2.00	ADM I T T I N G	5.04	0	2,897	0	2.00	
3.00	OTHER ADM I N I STRATI VE AND GENERAL	5.06	0	122	0	3.00	
4.00	OPERATI ON OF PLANT	7.00	0	2	0	4.00	
5.00	HOUSEKEEPI NG	9.00	0	266,240	0	5.00	
6.00	DI ETARY	10.00	0	11,635	0	6.00	
7.00	NURSI NG ADM I N I STRATI ON	13.00	0	50	0	7.00	
8.00	PHARMACY	15.00	0	47	0	8.00	
9.00	ADULTS & PEDI ATRI CS	30.00	0	396,155	0	9.00	
10.00	INTENSI VE CARE UNI T	31.00	0	96,562	0	10.00	
11.00	NEONATAL INTENSI VE CARE UNI T	32.00	0	10,561	0	11.00	
12.00	SUBPROVI DER - I RF	41.00	0	23,257	0	12.00	
13.00	OPERATI NG ROOM	50.00	0	89,247	0	13.00	
14.00	RECOVERY ROOM	51.00	0	20,809	0	14.00	
15.00	DELI VERY ROOM & LABOR ROOM	52.00	0	23,286	0	15.00	
16.00	RADI OLOGY-DI AGNOSTI C	54.00	0	39,825	0	16.00	
17.00	EKG AND EEG	57.00	0	55	0	17.00	
18.00	CARDI AC CATHETERI ZATI ON	59.00	0	8,490	0	18.00	
19.00	RESPI RATORY THERAPY	65.00	0	352	0	19.00	
20.00	SLEEP LAB	65.01	0	14,597	0	20.00	
21.00	PHYSI CAL THERAPY	66.00	0	22,269	0	21.00	
22.00	ELECTROCARDI OLOGY	69.00	0	7,567	0	22.00	
23.00	HOSPI TAL BASED RETAI L PHARMACI ES	73.01	0	19	0	23.00	
24.00	RENAL DI ALYSI S	74.00	0	2,392	0	24.00	
25.00	HYPERBARI C OXYGEN THERAPY	76.98	0	6	0	25.00	
26.00	PAI N CLI NI C	90.02	0	3,152	0	26.00	
27.00	EMERGENCY	91.00	0	77,024	0	27.00	
28.00	OBSERVATI ON BEDS (DI STI NCT PART)	92.01	0	26,730	0	28.00	
29.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	20	0	29.00	
30.00	WELLNESS CENTER	194.05	0	9,783	0	30.00	
31.00	CARDI NAL BEHAVI ORAL HEALTH O	194.25	0	12	0	31.00	
				1,153,236			
L - MISC PROPERTIES							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	580,588	14	1.00	
				580,588			
M - OP ONCOLOGY INFUSION							
1.00	ADULTS & PEDI ATRI CS	30.00	181,104	15,244	0	1.00	
			181,104	15,244			
N - NEGATI VE SALARY							
1.00	CENTRAL SERVI CES & SUPPLY	14.00	0	3,495	0	1.00	
				3,495			
P - LEGAL FEES							
1.00	PHYSI CAL THERAPY	66.00	0	4,230	0	1.00	
				4,230			
Q - NURSERY							
1.00	ADULTS & PEDI ATRI CS	30.00	517,038	71,039	0	1.00	
2.00	NEONATAL INTENSI VE CARE UNI T	32.00	1,982	250	0	2.00	
3.00	DELI VERY ROOM & LABOR ROOM	52.00	31,449	3,641	0	3.00	
			550,469	74,930			
S - EMPLOYEE BENEFITS							
1.00	COMMUNI CATI ON	5.01	0	1,008	0	1.00	
2.00	ADM I T T I N G	5.04	0	1,949	0	2.00	
3.00	OTHER ADM I N I STRATI VE AND GENERAL	5.06	0	12,106	0	3.00	
4.00	MAI NTENANCE & REPAI RS	6.00	0	7,831	0	4.00	
5.00	OPERATI ON OF PLANT	7.00	0	1,886	0	5.00	
6.00	HOUSEKEEPI NG	9.00	0	4,440	0	6.00	
7.00	DI ETARY	10.00	0	4,678	0	7.00	
8.00	NURSI NG ADM I N I STRATI ON	13.00	0	11,739	0	8.00	
9.00	PHARMACY	15.00	0	11,677	0	9.00	
10.00	I & R SERVI CES-OTHER PRGM COSTS APPRVD	22.00	0	9,537	0	10.00	
11.00	ADULTS & PEDI ATRI CS	30.00	0	34,126	0	11.00	
12.00	INTENSI VE CARE UNI T	31.00	0	11,873	0	12.00	
13.00	NEONATAL INTENSI VE CARE UNI T	32.00	0	3,960	0	13.00	
14.00	SUBPROVI DER - I RF	41.00	0	2,699	0	14.00	
15.00	OPERATI NG ROOM	50.00	0	9,573	0	15.00	

RECLASSIFICATIONS

Provider CCN: 150089

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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			
16.00	RECOVERY ROOM	51.00	0	2,675	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,356	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	17,993	0	18.00	
19.00	EKG AND EEG	57.00	0	322	0	19.00	
20.00	CARDIAC CATHETERIZATION	59.00	0	4,085	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	2,681	0	21.00	
22.00	SLEEP LAB	65.01	0	1,021	0	22.00	
23.00	PHYSICAL THERAPY	66.00	0	10,459	0	23.00	
24.00	OCCUPATIONAL THERAPY	67.00	0	1,671	0	24.00	
25.00	SPEECH PATHOLOGY	68.00	0	717	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	1,905	0	26.00	
27.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	3,450	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	1,005	0	28.00	
29.00	HYPERBARIC OXYGEN THERAPY	76.98	0	967	0	29.00	
30.00	PAIN CLINIC	90.02	0	686	0	30.00	
31.00	ONCOLOGY CLINIC	90.03	0	1,618	0	31.00	
32.00	EMERGENCY	91.00	0	8,090	0	32.00	
33.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,794	0	33.00	
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	265	0	34.00	
35.00	RESEARCH	191.00	0	985	0	35.00	
36.00	BSU PHARMACY	194.01	0	589	0	36.00	
37.00	PAVILLION PHARMACY	194.02	0	1,522	0	37.00	
38.00	WELLNESS CENTER	194.05	0	105	0	38.00	
39.00	JAY COUNTY HOSPITAL	194.16	0	622	0	39.00	
40.00	THERAPIES TO OTHER ENTITIES	194.22	0	2,969	0	40.00	
41.00	CANCER CENTER BOUTIQUE	194.23	0	33	0	41.00	
42.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	440	0	42.00	
43.00	CARDINAL HEALTH ALLIANCE	194.30	0	34	0	43.00	
0			0	202,141			
T - CORPORATE TELEPHONE							
1.00	COMMUNICATIONS	5.01	0	2,235	0	1.00	
2.00	DIETARY	10.00	0	107	0	2.00	
3.00	RECOVERY ROOM	51.00	0	6,200	0	3.00	
4.00	EMERGENCY	91.00	0	212	0	4.00	
0			0	8,754			
U - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,721	9	1.00	
2.00	COMMUNICATIONS	5.01	0	3,222	0	2.00	
3.00	ADMINISTRATIVE	5.04	0	14,421	0	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	542,165	0	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	6,514,995	0	5.00	
6.00	OPERATION OF PLANT	7.00	0	501,723	0	6.00	
7.00	HOUSEKEEPING	9.00	0	9,341	0	7.00	
8.00	DIETARY	10.00	0	32,519	0	8.00	
9.00	NURSING ADMINISTRATION	13.00	0	47,569	0	9.00	
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	576,411	0	10.00	
11.00	PHARMACY	15.00	0	51,496	0	11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APRVD	22.00	0	377,014	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	349,567	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	184,863	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	32.00	0	16,490	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	20,690	0	16.00	
17.00	OPERATING ROOM	50.00	0	1,190,132	0	17.00	
18.00	RECOVERY ROOM	51.00	0	7,718	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	84,335	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,327,703	0	20.00	
21.00	EKG AND EEG	57.00	0	1,860	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	732,551	0	22.00	
23.00	LABORATORY	60.00	0	25,178	0	23.00	
24.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	1,677	0	24.00	
25.00	RESPIRATORY THERAPY	65.00	0	118,814	0	25.00	
26.00	SLEEP LAB	65.01	0	138,472	0	26.00	
27.00	PHYSICAL THERAPY	66.00	0	8,875	0	27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	667	0	28.00	
29.00	SPEECH PATHOLOGY	68.00	0	5,157	0	29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	195,569	0	30.00	
31.00	RENAL DIALYSIS	74.00	0	1,581	0	31.00	
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	35,952	0	32.00	

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
33.00	PAIN CLINIC	90.02	0	3,741	0	33.00	
34.00	ONCOLOGY CLINIC	90.03	0	6,047	0	34.00	
35.00	EMERGENCY	91.00	0	524,024	0	35.00	
36.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	16,947	0	36.00	
37.00	AMBULANCE SERVICES	95.00	0	97,609	0	37.00	
38.00	RESEARCH	191.00	0	513	0	38.00	
39.00	WELLNESS CENTER	194.05	0	31,420	0	39.00	
40.00	IU HEALTH HOSPICE	194.11	0	423	0	40.00	
41.00	MARKETING/PUBLIC RELATIONS	194.15	0	2,158	0	41.00	
42.00	CANCER CENTER BOUTIQUE	194.23	0	84	0	42.00	
	O		0	14,804,414			
V - LEASE EXPENSE							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	29,315	10	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	411,101	0	2.00	
3.00	LABORATORY	60.00	0	6,449	0	3.00	
4.00	SLEEP LAB	65.01	0	236,242	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	369,523	0	5.00	
6.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	76,035	0	6.00	
7.00	ONCOLOGY CLINIC	90.03	0	14,251	0	7.00	
8.00	AMBULANCE SERVICES	95.00	0	25,326	0	8.00	
	O		0	1,168,242			
W - PTO USED AS STD							
1.00	COMMUNICATIONS	5.01	4,585	0	0	1.00	
2.00	ADMINISTRATIVE	5.04	6,882	0	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	17,212	0	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	6,381	0	0	4.00	
5.00	OPERATION OF PLANT	7.00	5,956	0	0	5.00	
6.00	HOUSEKEEPING	9.00	15,889	0	0	6.00	
7.00	DIETARY	10.00	10,941	0	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	31,402	0	0	8.00	
9.00	PHARMACY	15.00	41,250	0	0	9.00	
10.00	ADULTS & PEDIATRICS	30.00	194,193	0	0	10.00	
11.00	INTENSIVE CARE UNIT	31.00	60,067	0	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	32.00	21,945	0	0	12.00	
13.00	SUBPROVIDER - IRF	41.00	1,695	0	0	13.00	
14.00	OPERATING ROOM	50.00	27,182	0	0	14.00	
15.00	RECOVERY ROOM	51.00	28,014	0	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	32,294	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	19,645	0	0	17.00	
18.00	EKG AND EEG	57.00	49	0	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	3,068	0	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	15,978	0	0	20.00	
21.00	PHYSICAL THERAPY	66.00	47,752	0	0	21.00	
22.00	SPEECH PATHOLOGY	68.00	7,358	0	0	22.00	
23.00	ELECTROCARDIOLOGY	69.00	1,367	0	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	2,907	0	0	24.00	
25.00	HYPERBARIC OXYGEN THERAPY	76.98	4,460	0	0	25.00	
26.00	PAIN CLINIC	90.02	1,631	0	0	26.00	
27.00	ONCOLOGY CLINIC	90.03	3,908	0	0	27.00	
28.00	EMERGENCY	91.00	23,224	0	0	28.00	
29.00	OBSERVATION BEDS (DISTINCT PART)	92.01	6,688	0	0	29.00	
30.00	AMBULANCE SERVICES	95.00	5,695	0	0	30.00	
31.00	THERAPIES TO OTHER ENTITIES	194.22	9,600	0	0	31.00	
	O		659,218	0			
X - WASTE DISPOSAL							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	46,671	14	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	6,562	0	2.00	
3.00	HOUSEKEEPING	9.00	0	229,153	0	3.00	
4.00	OPERATING ROOM	50.00	0	622	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	341	0	5.00	
6.00	SLEEP LAB	65.01	0	1,339	0	6.00	
7.00	PHYSICAL THERAPY	66.00	0	311	0	7.00	
8.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	2,454	0	8.00	
9.00	HYPERBARIC OXYGEN THERAPY	76.98	0	344	0	9.00	
10.00	PHYSICIAN PRACTICE CLINICS	194.06	0	3,847	0	10.00	
	O		0	291,644			

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
Y - UTILITIES						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	389,662	14	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	381	0	2.00
3.00	OPERATING ROOM	50.00	0	282	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,901	0	4.00
5.00	SLEEP LAB	65.01	0	4,232	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	342	0	6.00
7.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,419	0	7.00
8.00	AMBULANCE SERVICES	95.00	0	1,799	0	8.00
9.00	PHYSICIAN PRACTICE CLINICS	194.06	0	14,509	0	9.00
10.00	I.U. HEALTH HOSPICE	194.11	0	548	0	10.00
	0		0	418,075		
500.00	Grand Total: Decreases		5,920,875	80,674,825		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0	0	0	1.00
2.00	Land Improvements	4,397,723	0	0	0	2.00
3.00	Buildings and Fixtures	270,890,272	3,480	0	3,480	3.00
4.00	Building Improvements	5,113,492	2,875,132	0	2,875,132	4.00
5.00	Fixed Equipment	15,455,265	216,867	0	216,867	5.00
6.00	Movable Equipment	144,544,752	6,809,906	0	6,809,906	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	443,325,914	9,905,385	0	9,905,385	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	443,325,914	9,905,385	0	9,905,385	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0			1.00
2.00	Land Improvements	4,397,723	0			2.00
3.00	Buildings and Fixtures	268,794,475	0			3.00
4.00	Building Improvements	7,973,276	0			4.00
5.00	Fixed Equipment	15,402,160	0			5.00
6.00	Movable Equipment	146,860,925	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	446,352,969	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	446,352,969	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

Period:
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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	NEW CAP REL COSTS-BLDG & FIXT	3,902,786	563,838	2,664,802	0	0	1.00
3.00	Total (sum of lines 1-2)	3,902,786	563,838	2,664,802	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,432,634	8,564,060			1.00	
3.00	Total (sum of lines 1-2)	1,432,634	8,564,060			3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150089

Period:
From 01/01/2015
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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	NEW CAP REL COSTS-BLDG & FIXT	446,352,969	0	446,352,969	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	446,352,969	0	446,352,969	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	20,922,700	-2,272,842	1.00
3.00	Total (sum of lines 1-2)	0	0	0	20,922,700	-2,272,842	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,658,599	372,276	0	1,202,305	22,883,038	1.00
3.00	Total (sum of lines 1-2)	2,658,599	372,276	0	1,202,305	22,883,038	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150089

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		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-6,203	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,641,248			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	34,595,525			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,216,273	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.00 MI SCCELLANEOUS INCOME	B	-4,004,922	NEW CAP REL COSTS-BLDG & FI XT	1.00	10	33.00
34.00 MI SCCELLANEOUS INCOME	B	-66,392	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	34.00
35.00 MI SCCELLANEOUS INCOME	B	-91,775	COMMUNICATIONS	5.01	0	35.00
37.00 MI SCCELLANEOUS INCOME	B	-32,547	ADMITTING	5.04	0	37.00
38.00 MI SCCELLANEOUS INCOME	B	-1,745,779	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	38.00
39.00 MI SCCELLANEOUS INCOME	B	-336,478	MAINTENANCE & REPAIRS	6.00	0	39.00
40.00 MI SCCELLANEOUS INCOME	B	-85,438	OPERATION OF PLANT	7.00	0	40.00
41.00 MI SCCELLANEOUS INCOME	B	-96,141	HOUSEKEEPING	9.00	0	41.00
42.00 MI SCCELLANEOUS INCOME	B	-338,403	DIETARY	10.00	0	42.00
43.00 MI SCCELLANEOUS INCOME	B	-108,040	NURSING ADMINISTRATION	13.00	0	43.00
44.00 MI SCCELLANEOUS INCOME	B	-468,412	PHARMACY	15.00	0	44.00
45.00 MI SCCELLANEOUS INCOME	B	-139,111	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.00
45.01 MI SCCELLANEOUS INCOME	B	-649,529	ADULTS & PEDIATRICS	30.00	0	45.01
45.02 MI SCCELLANEOUS INCOME	B	-266,179	OPERATING ROOM	50.00	0	45.02
45.03 MI SCCELLANEOUS INCOME	B	-796,710	RADIOLOGY-DIAGNOSTIC	54.00	0	45.03
45.04 MI SCCELLANEOUS INCOME	B	-114,950	EKG AND EEG	57.00	0	45.04
45.05 MI SCCELLANEOUS INCOME	B	-2,590	RESPIRATORY THERAPY	65.00	0	45.05
45.06 MI SCCELLANEOUS INCOME	B	-77,218	SLEEP LAB	65.01	0	45.06
45.07 MI SCCELLANEOUS INCOME	B	-1,123,725	PHYSICAL THERAPY	66.00	0	45.07
45.08 MI SCCELLANEOUS INCOME	B	-74,825	OCCUPATIONAL THERAPY	67.00	0	45.08
45.09 MI SCCELLANEOUS INCOME	B	-65,843	SPEECH PATHOLOGY	68.00	0	45.09
45.10 MI SCCELLANEOUS INCOME	B	-26,966	ELECTROCARDIOLOGY	69.00	0	45.10
45.11 MI SCCELLANEOUS INCOME	B	-1,037,634	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	45.11
45.12 MI SCCELLANEOUS INCOME	B	-24,304	CARDIAC REHABILITATION	76.97	0	45.12
45.13 MI SCCELLANEOUS INCOME	B	-52,519	ONCOLOGY CLINIC	90.03	0	45.13
45.14 EMPLOYEE BENEFITS OFFSET	A	-18,201,785	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.14
45.15 BLACKFORD HOSPITAL OPERATING EXPENSE	A	14,451,080	BLACKFORD COMMUNITY HOSPITAL	194.26	0	45.15
45.16 TV DEPRECIATION	A	-1,178	NEW CAP REL COSTS-BLDG & FI XT	1.00	9	45.16
45.17 CORPORATE TELEPHONE	A	-8,754	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.17
45.18 PTO ACCRUAL	A	-372,453	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.18
45.19 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-1,294	ADULTS & PEDIATRICS	30.00	0	45.19
45.20 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-15,958	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.20
45.21 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-270	NURSING ADMINISTRATION	13.00	0	45.21
45.22 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-383	OPERATING ROOM	50.00	0	45.22
45.23 MI SCCELLANEOUS INCOME	B	-52,375	DELIVERY ROOM & LABOR ROOM	52.00	0	45.23
45.24 MI SCCELLANEOUS INCOME	B	-32,820	CARDIAC CATHETERIZATION	59.00	0	45.24
45.25 HAF FEES	A	-12,362,445	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.25
45.26 NON-ALLOWABLE MARKETING	A	-150,625	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.26
45.27 NON-ALLOWABLE MARKETING	A	-52	OPERATING ROOM	50.00	0	45.27
45.28 NON-ALLOWABLE MARKETING	A	-124	SLEEP LAB	65.01	0	45.28
45.29 NON-ALLOWABLE MARKETING	A	-3,384	PHYSICAL THERAPY	66.00	0	45.29
45.30 CARRYFORWARD LOSS ON EXTINGUISHMENT	A	787,473	NEW CAP REL COSTS-BLDG & FI XT	1.00	14	45.30
45.31 MI SCCELLANEOUS INCOME	B	-256,650	BSU PHARMACY	194.01	0	45.31
45.32 MI SCCELLANEOUS INCOME	B	-76,872	PHYSICIAN PRACTICE CLINICS	194.06	0	45.32
45.33 MI SCCELLANEOUS INCOME	B	-4,836	IU HEALTH HOSPICE	194.11	0	45.33
45.34 MI SCCELLANEOUS INCOME	B	-96,923	MARKETING/PUBLIC RELATIONS	194.15	0	45.34
45.35 MI SCCELLANEOUS INCOME	B	-913,980	THERAPIES TO OTHER ENTITIES	194.22	0	45.35
45.36 MI SCCELLANEOUS INCOME	B	-29,039	CARDINAL HEALTH ALLIANCE	194.30	0	45.36
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		2,561,724				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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 150089

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

Worksheet A-8

Date/Time Prepared:
5/20/2016 10:46 am

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

(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: 150089

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

Worksheet A-8-1

Date/Time Prepared: 5/20/2016 10:46 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	5,601,058	3,384,380 1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	16,671,419	361,776 2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	40,432,108	24,362,904 3.00
4.00	13.00	NURSING ADMINISTRATION	RELATED PARTY	373,231	373,231 4.00
4.01	22.00	I&R SERVICES-OTHER PRGM COST	RELATED PARTY	1,759,919	1,759,919 4.01
4.02	41.00	SUBPROVIDER - IRF	RELATED PARTY	604,036	604,036 4.02
4.03	50.00	OPERATING ROOM	RELATED PARTY	475,183	475,183 4.03
4.04	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	1,294,739	1,294,739 4.04
4.05	60.00	LABORATORY	RELATED PARTY	10,242,628	10,242,628 4.05
4.06	65.01	SLEEP LAB	RELATED PARTY	233,690	233,690 4.06
4.07	66.00	PHYSICAL THERAPY	RELATED PARTY	290,695	290,695 4.07
4.08	69.00	ELECTROCARDIOLOGY	RELATED PARTY	7,200	7,200 4.08
4.09	73.01	HOSPITAL BASED RETAIL PHARMA	RELATED PARTY	172,821	172,821 4.09
4.10	91.00	EMERGENCY	RELATED PARTY	2,593,291	2,593,291 4.10
4.11	95.00	AMBULANCE SERVICES	RELATED PARTY	127,130	127,130 4.11
5.00	0		0	80,879,148	46,283,623 5.00

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

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

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

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

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

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

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

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

Provider CCN: 150089

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

Worksheet A-8-1

Date/Time Prepared:
5/20/2016 10:46 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,216,678	9	1.00
2.00	16,309,643	0	2.00
3.00	16,069,204	0	3.00
4.00	0	0	4.00
4.01	0	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
5.00	34,595,525		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150089

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

Worksheet A-8-2

Date/Time Prepared:
5/20/2016 10:46 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,015,268	595,178	420,090	171,400	6,163	1.00
2.00	30.00	ADULTS & PEDIATRICS	10,368	0	10,368	171,400	72	2.00
3.00	31.00	INTENSIVE CARE UNIT	4,446	4,446	0	0	0	3.00
4.00	32.00	NEONATAL INTENSIVE CARE UNIT	75,000	75,000	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	123,188	0	123,188	171,400	1,093	5.00
6.00	50.00	OPERATING ROOM	7,183	0	7,183	204,100	49	6.00
7.00	51.00	RECOVERY ROOM	3,750	3,750	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,253,389	0	1,253,389	231,100	17,535	8.00
9.00	59.00	CARDIAC CATHETERIZATION	387,221	0	387,221	231,100	8,857	9.00
10.00	60.00	LABORATORY	130,995	0	130,995	219,500	784	10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	92,493	0	92,493	219,500	553	11.00
12.00	65.00	RESPIRATORY THERAPY	1,000	1,000	0	0	0	12.00
13.00	65.01	SLEEP LAB	5,437	0	5,437	171,400	36	13.00
14.00	69.00	ELECTROCARDIOLOGY	7,200	0	7,200	171,400	228	14.00
15.00	90.02	PAIN CLINIC	2,435	2,435	0	0	0	15.00
16.00	91.00	EMERGENCY	2,593,291	0	2,593,291	171,400	21,436	16.00
17.00	95.00	AMBULANCE SERVICES	15,588	1,757	13,831	171,400	95	17.00
200.00			5,728,252	683,566	5,044,686		56,901	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	507,855	25,393	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,933	297	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	32.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	90,067	4,503	0	0	0	5.00
6.00	50.00	OPERATING ROOM	4,808	240	0	0	0	6.00
7.00	51.00	RECOVERY ROOM	0	0	0	0	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	1,948,240	97,412	0	0	0	8.00
9.00	59.00	CARDIAC CATHETERIZATION	984,064	49,203	0	0	0	9.00
10.00	60.00	LABORATORY	82,735	4,137	0	0	0	10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	58,357	2,918	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	12.00
13.00	65.01	SLEEP LAB	2,967	148	0	0	0	13.00
14.00	69.00	ELECTROCARDIOLOGY	18,788	939	0	0	0	14.00
15.00	90.02	PAIN CLINIC	0	0	0	0	0	15.00
16.00	91.00	EMERGENCY	1,766,409	88,320	0	0	0	16.00
17.00	95.00	AMBULANCE SERVICES	7,828	391	0	0	0	17.00
200.00			5,478,051	273,901	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	507,855	0	595,178		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	5,933	4,435	4,435		2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	4,446		3.00
4.00	32.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	75,000		4.00
5.00	41.00	SUBPROVIDER - IRF	0	90,067	33,121	33,121		5.00
6.00	50.00	OPERATING ROOM	0	4,808	2,375	2,375		6.00
7.00	51.00	RECOVERY ROOM	0	0	0	3,750		7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,948,240	0	0		8.00
9.00	59.00	CARDIAC CATHETERIZATION	0	984,064	0	0		9.00
10.00	60.00	LABORATORY	0	82,735	48,260	48,260		10.00
11.00	63.00	BLOOD STORING, PROCESSING, & TRANS.	0	58,357	34,136	34,136		11.00
12.00	65.00	RESPIRATORY THERAPY	0	0	0	1,000		12.00
13.00	65.01	SLEEP LAB	0	2,967	2,470	2,470		13.00
14.00	69.00	ELECTROCARDIOLOGY	0	18,788	0	0		14.00
15.00	90.02	PAIN CLINIC	0	0	0	2,435		15.00
16.00	91.00	EMERGENCY	0	1,766,409	826,882	826,882		16.00
17.00	95.00	AMBULANCE SERVICES	0	7,828	6,003	7,760		17.00
200.00			0	5,478,051	957,682	1,641,248		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

Worksheet B
Part I
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00		5.01	5.02
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	22,883,038	22,883,038				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	16,286,207	78,923	16,365,130			4.00
5.01 01160	COMMUNICATIONS	487,026	19,385	74,942	581,353		5.01
5.02 00550	DATA PROCESSING	0	323,237	0	37,608	360,845	5.02
5.04 00570	ADMITTING	1,050,856	57,183	163,740	18,926	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	16,984	0	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	50,638,150	481,679	1,009,620	27,660	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	6,848,277	11,549,351	463,319	14,315	0	6.00
7.00 00700	OPERATION OF PLANT	5,656,320	731,092	164,573	2,184	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,153,236	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,402,945	190,003	367,025	2,669	0	9.00
10.00 01000	DIETARY	1,954,302	172,042	230,138	2,669	0	10.00
11.00 01100	CAFETERIA	329,562	147,960	133,852	4,367	0	11.00
13.00 01300	NURSING ADMINISTRATION	5,844,820	284,688	831,537	21,594	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,793,487	207,434	0	8,735	0	14.00
15.00 01500	PHARMACY	5,484,163	89,107	754,089	12,374	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	27,175	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,546,765	0	547,004	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,377,633	245,802	160,450	30,329	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	22,013,380	1,799,681	3,067,335	72,304	39,758	30.00
31.00 03100	INTENSIVE CARE UNIT	7,095,913	360,066	1,048,381	19,411	12,967	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	2,040,553	66,578	308,998	0	4,123	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	1,984,082	132,962	213,801	4,853	2,215	41.00
43.00 04300	NURSERY	625,399	52,124	91,629	6,551	1,451	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	6,392,090	458,956	798,115	22,080	32,710	50.00
51.00 05100	RECOVERY ROOM	1,465,051	109,683	207,145	6,309	4,096	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,033,408	165,015	305,790	10,191	6,066	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,654,515	794,525	1,192,124	57,019	47,470	54.00
57.00 03280	EKG AND EEG	74,261	0	21,213	0	1,140	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,143,152	181,683	256,371	9,463	17,730	59.00
60.00 06000	LABORATORY	10,318,915	41,383	0	11,404	31,333	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,300,825	0	0	0	1,528	63.00
65.00 06500	RESPIRATORY THERAPY	3,634,265	60,186	554,642	4,367	5,115	65.00
65.01 06501	SLEEP LAB	504,360	0	84,145	4,853	1,907	65.01
66.00 06600	PHYSICAL THERAPY	3,272,482	40,102	649,034	2,912	3,564	66.00
67.00 06700	OCCUPATIONAL THERAPY	692,316	31,109	118,744	1,941	1,185	67.00
68.00 06800	SPEECH PATHOLOGY	323,501	7,441	58,761	1,213	662	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	1,678,392	238,646	163,715	18,198	9,176	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,442,334	0	0	0	10,223	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	14,949,003	0	0	0	23,842	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	26,389,771	0	0	0	43,917	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	7,398,888	0	244,804	728	1,898	73.01
74.00 07400	RENAL DIALYSIS	951,412	37,760	0	1,456	682	74.00
76.00 03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	539,910	0	75,451	971	791	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,047,365	2,743	72,243	2,912	3,032	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	357,062	290,421	50,840	0	421	90.02
90.03 09003	ONCOLOGY CLINIC	839,387	12,889	127,961	0	5,450	90.03
91.00 09100	EMERGENCY	7,541,222	333,357	837,451	14,558	42,908	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,491,096	123,723	227,426	0	1,867	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	1,407,979	29,439	177,762	0	1,618	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	286,339,076	19,948,358	15,854,170	501,283	360,845	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	717,974	0	22,587	0	0	190.00
191.00 19100	RESEARCH	449,944	31,898	60,535	3,397	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

Period:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	194.00
194.01 07951 BSU PHARMACY	-19,060		0	36,882	0	0	194.01
194.02 07952 PAVILLION PHARMACY	5,528,580	32,869		112,890	1,213	0	194.02
194.03 07953 VENDING	0	0		0	0	0	194.03
194.04 07954 CARELINE	0	0		0	0	0	194.04
194.05 07955 WELLNESS CENTER	62,110	107,910		6,908	1,941	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	-52,806	294,613		0	21,837	0	194.06
194.07 07957 PERINATAL CLINIC	0	0		0	0	0	194.07
194.08 07958 RENTAL PROPERTY	580,588	1,686,711		0	9,463	0	194.08
194.09 07959 ADVERTISING	0	0		0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	224,994		0	6,551	0	194.10
194.11 07961 IU HEALTH HOSPICE	-2,507	47,077		0	4,610	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0		0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0		0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0		0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	58,309		0	8,250	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	210,961	0		33,993	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0		0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0		0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0		0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0		0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0		0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	437,978	0		207,443	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	90,622	11,025		1,950	728	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	324,713		0	15,286	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	4,896	114,561		0	6,794	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	14,604,760	0		23,905	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0		0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0		0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0		0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	-3,495	0		3,867	0	0	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0		0	0	0	194.32
194.33 07983 LAB CORP	0	0		0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0		0	0	0	194.34
194.35 07985 LEASED SPACE	0	0		0	0	0	194.35
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers		0		0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	308,949,621	22,883,038		16,365,130	581,353	360,845	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

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Cost Center Description		ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNICATIONS						5.01
5.02	00550 DATA PROCESSING						5.02
5.04	00570 ADMITTING	1,290,705					5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	16,984				5.05
5.06	00591 OTHER ADMINISTRATIVE AND GENERAL	0	0	52,157,109	52,157,109		5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	18,875,262	3,833,754	22,709,016	6.00
7.00	00700 OPERATION OF PLANT	0	0	6,554,169	1,331,217	1,600,494	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	1,153,236	234,234	0	8.00
9.00	00900 HOUSEKEEPING	0	0	2,962,642	601,742	415,952	9.00
10.00	01000 DIETARY	0	0	2,359,151	479,167	376,632	10.00
11.00	01100 CAFETERIA	0	0	615,741	125,063	323,912	11.00
13.00	01300 NURSING ADMINISTRATION	0	0	6,982,639	1,418,244	623,234	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	11,009,656	2,236,171	454,111	14.00
15.00	01500 PHARMACY	0	0	6,339,733	1,287,663	195,072	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	27,175	5,520	0	16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,093,769	831,485	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,814,214	774,705	538,106	22.00
23.00	02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	142,018	1,910	27,136,386	5,511,656	3,939,832	30.00
31.00	03100 INTENSIVE CARE UNIT	46,317	623	8,583,678	1,743,431	788,250	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	14,726	198	2,435,176	494,609	145,752	32.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	7,911	106	2,345,930	476,482	291,079	41.00
43.00	04300 NURSERY	5,183	70	782,407	158,915	114,109	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	116,842	1,571	7,822,364	1,588,800	1,004,739	50.00
51.00	05100 RECOVERY ROOM	14,630	197	1,807,111	367,042	240,115	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	21,669	291	2,542,430	516,393	361,249	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	171,323	1,929	11,918,905	2,420,849	1,739,362	54.00
57.00	03280 EKG AND EEG	4,073	55	100,742	20,462	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	63,331	852	2,672,582	542,828	397,737	59.00
60.00	06000 LABORATORY	111,922	1,505	10,516,462	2,135,999	90,596	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORAGE, PROCESSING, & TRANS.	5,457	73	1,307,883	265,644	0	63.00
65.00	06500 RESPIRATORY THERAPY	18,272	246	4,277,093	868,720	131,757	65.00
65.01	06501 SLEEP LAB	6,811	92	602,168	122,306	0	65.01
66.00	06600 PHYSICAL THERAPY	12,731	171	3,980,996	808,580	87,791	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,234	57	849,586	172,559	68,103	67.00
68.00	06800 SPEECH PATHOLOGY	2,364	32	393,974	80,020	16,289	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	32,777	441	2,141,345	434,929	522,440	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	36,516	491	7,489,564	1,521,205	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	85,165	1,145	15,059,155	3,058,665	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	156,875	2,110	26,592,673	5,401,238	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	6,779	91	7,653,188	1,554,439	0	73.01
74.00	07400 RENAL DIALYSIS	2,436	33	993,779	201,846	82,664	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	2,824	38	619,985	125,925	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	10,831	146	1,139,272	231,398	6,006	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	1,504	20	700,268	142,231	635,784	90.02
90.03	09003 ONCOLOGY CLINIC	19,466	262	1,005,415	204,210	28,216	90.03
91.00	09100 EMERGENCY	153,269	2,061	8,924,826	1,812,721	729,779	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	6,670	90	1,850,872	375,931	270,852	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	5,779	78	1,622,655	329,577	64,448	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,290,705	16,984	282,813,366	46,848,575	16,284,462	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	740,561	150,415	0	190.00
191.00	19100 RESEARCH	0	0	545,774	110,852	69,831	191.00
194.00	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	17,822	3,620	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	5,675,552	1,152,761	71,955	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

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Cost Center Description	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A.05	5.06	6.00	
	194.04 07954 CARELINE	0	0	0	0	0
194.05 07955 WELLNESS CENTER	0	0	178,869	36,330	236,234	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	263,644	53,549	644,963	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	2,276,762	462,433	3,692,522	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	231,545	47,029	492,553	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	49,180	9,989	103,060	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	66,559	13,519	127,650	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	244,954	49,753	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	645,421	131,091	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	104,325	21,189	24,136	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	339,999	69,057	710,855	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	126,251	25,643	250,795	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	14,628,665	2,971,228	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	372	76	0	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,290,705	16,984	308,949,621	52,157,109	22,709,016	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150089

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

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	9,485,880				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,387,470			8.00
9.00	00900	HOUSEKEEPING	186,923	236	4,167,495		9.00
10.00	01000	DIETARY	169,253	98	2,811	3,387,112	10.00
11.00	01100	CAFETERIA	145,562	105	29,719	0	11.00
13.00	01300	NURSING ADMINISTRATION	280,073	92	13,253	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	204,071	0	12,450	0	14.00
15.00	01500	PHARMACY	87,663	1,490	14,056	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	241,818	38	2,811	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,770,506	633,511	2,310,456	2,598,144	30.00
31.00	03100	INTENSIVE CARE UNIT	354,229	144,004	202,411	257,604	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	65,499	12,883	22,490	0	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	130,807	43,625	102,009	142,282	41.00
43.00	04300	NURSERY	51,279	31,479	50,603	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	451,516	117,604	162,250	0	50.00
51.00	05100	RECOVERY ROOM	107,904	39,517	9,639	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	162,340	53,472	154,218	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	781,645	88,871	150,603	0	54.00
57.00	03280	EKG AND EEG	0	97	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	178,737	19,637	74,298	0	59.00
60.00	06000	LABORATORY	40,712	518	73,093	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	59,210	357	11,647	0	65.00
65.01	06501	SLEEP LAB	0	65	0	0	65.01
66.00	06600	PHYSICAL THERAPY	39,452	7,953	47,791	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	30,604	0	2,811	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,320	0	2,811	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	234,778	16,370	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	54	5,623	0	73.01
74.00	07400	RENAL DIALYSIS	37,148	4,215	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	24,097	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,699	5	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	285,713	141	2,811	0	90.02
90.03	09003	ONCOLOGY CLINIC	12,680	5,180	0	0	90.03
91.00	09100	EMERGENCY	327,953	90,532	346,990	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	121,717	55,519	28,113	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	28,962	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,598,773	1,367,668	3,859,864	2,998,030	1,207,798
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	48	0	0	190.00
191.00	19100	RESEARCH	31,381	0	64,257	0	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	47,390	59,958	194.00
194.01	07951	BSU PHARMACY	0	36	0	0	194.01
194.02	07952	PAVILLION PHARMACY	32,336	0	0	0	194.02
194.03	07953	VENDING	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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To 12/31/2015

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.05	07955 WELLNESS CENTER	106,160	19,681	8,032	0	999	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	289,837	0	53,012	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	1,659,369	0	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	221,347	0	54,217	170,074	0	194.10
194.11	07961 IU HEALTH HOSPICE	46,314	0	11,245	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	57,364	0	3,213	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	12	0	0	8,624	194.22
194.23	07973 CANCER CENTER BOUTIQUE	10,846	0	0	0	535	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	319,449	0	66,265	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	112,704	25	0	159,050	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	580	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,485,880	1,387,470	4,167,495	3,387,112	1,240,102	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES		
	13.00	14.00	15.00	16.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 01160 COMMUNICATIONS						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION	9,385,539					13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	13,916,459				14.00	
15.00 01500 PHARMACY	0	50,702	8,033,297			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	32,695		16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,983,947	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	275	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	4,028,943	735,392	31,599	3,646	2,086,378	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,377,460	336,446	7,812	1,189	493,203	31.00	
32.00 02060 NEONATAL INTENSIVE CARE UNIT	361,074	60,874	1,987	378	56,783	32.00	
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	267,504	20,004	613	203	0	41.00	
43.00 04300 NURSERY	135,741	0	0	133	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	477,401	1,540,736	13,401	3,000	246,602	50.00	
51.00 05100 RECOVERY ROOM	284,531	67,014	5,239	376	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	354,709	95,482	2,246	556	19,469	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	199,235	335,245	14,652	3,957	111,944	54.00	
57.00 03280 EKG AND EEG	0	1,511	0	105	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	186,664	251,388	2,731	1,626	0	59.00	
60.00 06000 LABORATORY	0	0	0	2,873	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	506,665	0	140	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	139,654	0	469	46,238	65.00	
65.01 06501 SLEEP LAB	0	16,296	0	175	0	65.01	
66.00 06600 PHYSICAL THERAPY	0	12,656	0	327	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	9,139	2	109	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	593	0	61	0	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	0	17,170	49	841	146,825	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,034,902	0	937	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	6,096,024	0	2,186	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	5,554,834	4,027	0	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	429	1,379,171	174	0	73.01	
74.00 07400 RENAL DIALYSIS	0	9,194	959	63	0	74.00	
76.00 03020 CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	8,434	4,786	1	73	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	81,954	46,737	0	278	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.02 09002 PAIN CLINIC	36,123	23,762	815	39	0	90.02	
90.03 09003 ONCOLOGY CLINIC	158,974	82,361	4,041	500	66,518	90.03	
91.00 09100 EMERGENCY	1,087,678	372,330	25,566	3,935	349,623	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	275,938	26,060	1,424	171	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	15,458	171	148	0	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)						118.00
	9,322,363	13,909,285	7,047,313	32,695	3,623,583		
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	541	0	0	0	190.00	
191.00 19100 RESEARCH	63,176	56	0	0	1,071,581	191.00	
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00	
194.01 07951 BSU PHARMACY	0	0	0	0	0	194.01	

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS SERVICES-SALAR Y & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
194.0207952 PAVILLION PHARMACY	0	2,078	985,907	0	0	0 194.02
194.0307953 VENDING	0	0	0	0	0	0 194.03
194.0407954 CARELINE	0	0	0	0	0	0 194.04
194.0507955 WELLNESS CENTER	0	193	0	0	0	0 194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	288,783	0 194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	0 194.07
194.0807958 RENTAL PROPERTY	0	0	0	0	0	0 194.08
194.0907959 ADVERTISING	0	0	0	0	0	0 194.09
194.1007960 INTEGRAL TAC	0	0	0	0	0	0 194.10
194.1107961 IU HEALTH HOSPICE	0	0	0	0	0	0 194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0 194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	0 194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0 194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0 194.15
194.1607966 JAY COUNTY HOSPITAL	0	12	0	0	0	0 194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0 194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0 194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0 194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	0 194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	0 194.21
194.2207972 THERAPIES TO OTHER ENTITIES	0	63	0	0	0	0 194.22
194.2307973 CANCER CENTER BOUTIQUE	0	164	0	0	0	0 194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0 194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	4,067	77	0	0	0 194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	0 194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0 194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0 194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0 194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0 194.30
194.3107981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	0 194.32
194.3307983 LAB CORP	0	0	0	0	0	0 194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	0 194.34
194.3507985 LEASED SPACE	0	0	0	0	0	0 194.35
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	9,385,539	13,916,459	8,033,297	32,695	4,983,947	0 202.00

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	5,381,108					22.00
23.00 02300 PARAMED PRGM		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,252,640	0	53,340,854	-4,339,018	49,001,836	30.00
31.00 03100 INTENSIVE CARE UNIT	532,505	0	14,910,390	-1,025,708	13,884,682	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	61,308	0	3,743,009	-118,091	3,624,918	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	3,840,293	0	3,840,293	41.00
43.00 04300 NURSERY	0	0	1,332,273	0	1,332,273	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	266,253	0	13,775,816	-512,855	13,262,961	50.00
51.00 05100 RECOVERY ROOM	0	0	2,947,716	0	2,947,716	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	21,020	0	4,309,207	-40,489	4,268,718	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	120,865	0	17,984,825	-232,809	17,752,016	54.00
57.00 03280 EKG AND EEG	0	0	126,797	0	126,797	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	4,349,249	0	4,349,249	59.00
60.00 06000 LABORATORY	0	0	12,860,253	0	12,860,253	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	2,080,332	0	2,080,332	63.00
65.00 06500 RESPIRATORY THERAPY	49,922	0	5,634,128	-96,160	5,537,968	65.00
65.01 06501 SLEEP LAB	0	0	748,894	0	748,894	65.01
66.00 06600 PHYSICAL THERAPY	0	0	5,040,538	0	5,040,538	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,142,830	0	1,142,830	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	506,205	0	506,205	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	158,525	0	3,694,694	-305,350	3,389,344	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,046,608	0	12,046,608	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	24,216,030	0	24,216,030	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	37,552,772	0	37,552,772	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	10,610,202	0	10,610,202	73.01
74.00 07400 RENAL DIALYSIS	0	0	1,329,868	0	1,329,868	74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	791,845	0	791,845	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	1,515,207	0	1,515,207	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	0	0	1,834,956	0	1,834,956	90.02
90.03 09003 ONCOLOGY CLINIC	71,818	0	1,650,642	-138,336	1,512,306	90.03
91.00 09100 EMERGENCY	377,483	0	14,526,945	-727,106	13,799,839	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	3,029,000	0	3,029,000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	2,086,507	0	2,086,507	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,912,339	0	263,558,885	-7,535,922	256,022,963	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	896,078	0	896,078	190.00
191.00 19100 RESEARCH	1,156,973	0	3,119,732	-2,228,554	891,178	191.00

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00					
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	107,348	0	107,348	194.00
194.01 07951 BSU PHARMACY	0	0	24,011	0	24,011	194.01
194.02 07952 PAVILLION PHARMACY	0	0	7,929,258	0	7,929,258	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	586,498	0	586,498	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	311,796	0	1,905,584	-600,579	1,305,005	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	8,091,086	0	8,091,086	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	1,216,765	0	1,216,765	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	219,788	0	219,788	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	268,305	0	268,305	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	294,719	0	294,719	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	785,211	0	785,211	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	161,195	0	161,195	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	1,505,625	0	1,505,625	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	678,612	0	678,612	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	17,599,893	0	17,599,893	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	1,028	0	1,028	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,381,108	0	308,949,621	-10,365,055	298,584,566	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	78,923	78,923	78,923		4.00
5.01 01160	COMMUNICATIONS	0	19,385	19,385	362	19,747	5.01
5.02 00550	DATA PROCESSING	0	323,237	323,237	0	1,277	5.02
5.04 00570	ADMINISTRATIVE	0	57,183	57,183	790	643	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	577	5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL	0	481,679	481,679	4,871	940	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	11,549,351	11,549,351	2,235	486	6.00
7.00 00700	OPERATION OF PLANT	0	731,092	731,092	794	74	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	190,003	190,003	1,771	91	9.00
10.00 01000	DIETARY	0	172,042	172,042	1,110	91	10.00
11.00 01100	CAFETERIA	0	147,960	147,960	646	148	11.00
13.00 01300	NURSING ADMINISTRATION	0	284,688	284,688	4,011	734	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	207,434	207,434	0	297	14.00
15.00 01500	PHARMACY	0	89,107	89,107	3,638	420	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	923	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,639	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	245,802	245,802	774	1,030	22.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	1,799,681	1,799,681	14,772	2,457	30.00
31.00 03100	INTENSIVE CARE UNIT	0	360,066	360,066	5,057	659	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT	0	66,578	66,578	1,491	0	32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	132,962	132,962	1,031	165	41.00
43.00 04300	NURSERY	0	52,124	52,124	442	223	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	458,956	458,956	3,850	750	50.00
51.00 05100	RECOVERY ROOM	0	109,683	109,683	999	214	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	165,015	165,015	1,475	346	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	794,525	794,525	5,751	1,937	54.00
57.00 03280	EKG AND EEG	0	0	0	102	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	181,683	181,683	1,237	321	59.00
60.00 06000	LABORATORY	0	41,383	41,383	0	387	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	60,186	60,186	2,676	148	65.00
65.01 06501	SLEEP LAB	0	0	0	406	165	65.01
66.00 06600	PHYSICAL THERAPY	0	40,102	40,102	3,131	99	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	31,109	31,109	573	66	67.00
68.00 06800	SPEECH PATHOLOGY	0	7,441	7,441	283	41	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	238,646	238,646	790	618	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	1,181	25	73.01
74.00 07400	RENAL DIALYSIS	0	37,760	37,760	0	49	74.00
76.00 03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	364	33	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	2,743	2,743	349	99	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.02 09002	PAIN CLINIC	0	290,421	290,421	245	0	90.02
90.03 09003	ONCOLOGY CLINIC	0	12,889	12,889	617	0	90.03
91.00 09100	EMERGENCY	0	333,357	333,357	4,040	494	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	123,723	123,723	1,097	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	29,439	29,439	858	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	19,948,358	19,948,358	76,458	17,027	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	109	0	190.00
191.00 19100	RESEARCH	0	31,898	31,898	292	115	191.00
194.00 07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
194.01 07951 BSU PHARMACY	0	0	0	0	178	0	194.01
194.02 07952 PAVILLION PHARMACY	0	32,869	32,869	32,869	545	41	194.02
194.03 07953 VENDING	0	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	107,910	107,910	107,910	33	66	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	294,613	294,613	294,613	0	742	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,686,711	1,686,711	1,686,711	0	321	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	224,994	224,994	224,994	0	223	194.10
194.11 07961 IU HEALTH HOSPICE	0	47,077	47,077	47,077	0	157	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	58,309	58,309	58,309	0	280	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	164	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	1,001	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	11,025	11,025	11,025	9	25	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	324,713	324,713	324,713	0	519	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	114,561	114,561	114,561	0	231	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	115	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	19	0	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0			201.00
202.00 TOTAL (sum lines 118-201)	0	22,883,038	22,883,038	22,883,038	78,923	19,747	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/20/2016 10:46 am
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Cost Center Description		DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.04	5.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	324,514				5.02
5.04	00570	ADMINITTING	0	58,616			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	577		5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	487,490	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	35,825	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	12,440	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,189	8.00
9.00	00900	HOUSEKEEPING	0	0	0	5,623	9.00
10.00	01000	DIETARY	0	0	0	4,478	10.00
11.00	01100	CAFETERIA	0	0	0	1,169	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	13,253	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	20,896	14.00
15.00	01500	PHARMACY	0	0	0	12,033	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	52	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	7,770	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	7,239	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,765	6,424	0	51,603	30.00
31.00	03100	INTENSIVE CARE UNIT	11,664	2,095	0	16,292	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,709	666	0	4,622	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,992	358	0	4,453	41.00
43.00	04300	NURSERY	1,305	234	0	1,485	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	29,425	5,285	0	14,847	50.00
51.00	05100	RECOVERY ROOM	3,684	662	0	3,430	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,457	980	0	4,826	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,618	7,982	577	22,622	54.00
57.00	03280	EKG AND EEG	1,026	184	0	191	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,949	2,865	0	5,073	59.00
60.00	06000	LABORATORY	28,186	5,062	0	19,960	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,374	247	0	2,482	63.00
65.00	06500	RESPIRATORY THERAPY	4,602	826	0	8,118	65.00
65.01	06501	SLEEP LAB	1,715	308	0	1,143	65.01
66.00	06600	PHYSICAL THERAPY	3,206	576	0	7,556	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,066	192	0	1,613	67.00
68.00	06800	SPEECH PATHOLOGY	595	107	0	748	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	8,254	1,483	0	4,064	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,196	1,652	0	14,215	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,447	3,852	0	28,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,506	7,096	0	50,473	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,707	307	0	14,526	73.01
74.00	07400	RENAL DIALYSIS	613	110	0	1,886	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	711	128	0	1,177	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,728	490	0	2,162	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	379	68	0	1,329	90.02
90.03	09003	ONCOLOGY CLINIC	4,902	881	0	1,908	90.03
91.00	09100	EMERGENCY	38,598	6,933	0	16,939	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,680	302	0	3,513	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,455	261	0	3,080	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	324,514	58,616	577	437,885	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,406	190.00
191.00	19100	RESEARCH	0	0	0	1,036	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	34	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	10,772	194.02
194.03	07953	VENDING	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.02	5.04	5.05	5.06	6.00	
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	0	339	120,545	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	500	329,110	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	0	4,321	1,884,210	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	0	439	251,339	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	93	52,589	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	126	65,137	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	465	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	1,225	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	0	198	12,316	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	645	362,733	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	240	127,975	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	27,765	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	1	0	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	324,514	58,616	577	487,490	11,587,897	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/20/2016 10:46 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	1,561,096				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,189			8.00	
9.00	00900	HOUSEKEEPING	30,762	0	440,501		9.00	
10.00	01000	DIETARY	27,854	0	297	398,059	10.00	
11.00	01100	CAFETERIA	23,955	0	3,141	0	342,304	11.00
13.00	01300	NURSING ADMINISTRATION	46,092	0	1,401	0	18,771	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	33,584	0	1,316	0	0	14.00
15.00	01500	PHARMACY	14,427	2	1,486	0	15,711	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	16,201	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	39,796	0	297	0	2,523	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	291,373	1,000	244,212	305,339	83,295	30.00
31.00	03100	INTENSIVE CARE UNIT	58,296	227	21,395	30,274	24,337	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	10,779	20	2,377	0	6,679	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	21,527	69	10,782	16,721	5,453	41.00
43.00	04300	NURSERY	8,439	50	5,349	0	2,100	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,306	186	17,150	0	22,400	50.00
51.00	05100	RECOVERY ROOM	17,758	62	1,019	0	5,308	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,716	84	16,301	0	7,073	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	128,636	140	15,919	0	27,242	54.00
57.00	03280	EKG AND EEG	0	0	0	0	1,071	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,415	31	7,853	0	5,802	59.00
60.00	06000	LABORATORY	6,700	1	7,726	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,744	1	1,231	0	13,542	65.00
65.01	06501	SLEEP LAB	0	0	0	0	2,176	65.01
66.00	06600	PHYSICAL THERAPY	6,493	13	5,052	0	15,179	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,037	0	297	0	2,737	67.00
68.00	06800	SPEECH PATHOLOGY	1,205	0	297	0	1,418	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	38,637	26	0	0	5,913	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	594	0	4,727	73.01
74.00	07400	RENAL DIALYSIS	6,113	7	0	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	2,547	0	2,358	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	444	0	0	0	1,893	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	47,020	0	297	0	2,006	90.02
90.03	09003	ONCOLOGY CLINIC	2,087	8	0	0	2,962	90.03
91.00	09100	EMERGENCY	53,971	143	36,677	0	21,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	20,031	88	2,971	0	6,184	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,766	0	0	0	6,925	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,085,963	2,158	407,984	352,334	333,386	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,246	190.00
191.00	19100	RESEARCH	5,164	0	6,792	0	1,615	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	5,009	7,046	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	699	194.01
194.02	07952	PAVILLION PHARMACY	5,322	0	0	0	2,393	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

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Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	7.00	8.00	9.00	10.00	11.00	
194.05 07955 WELLNESS CENTER	17,471	31	849	0	276	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	47,699	0	5,603	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	273,083	0	0	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	36,427	0	5,731	19,987	0	194.10
194.11 07961 IU HEALTH HOSPICE	7,622	0	1,189	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	9,440	0	340	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	2,381	194.22
194.23 07973 CANCER CENTER BOUTIQUE	1,785	0	0	0	148	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	52,572	0	7,004	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	18,548	0	0	18,692	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	160	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,561,096	2,189	440,501	398,059	342,304	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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From 01/01/2015
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES
	13.00	14.00	15.00	16.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	686,972					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	495,250				14.00
15.00 01500 PHARMACY	0	1,804	238,169			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	975		16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	26,610	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	10	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	294,897	26,170	937	174		30.00
31.00 03100 INTENSIVE CARE UNIT	100,823	11,973	232	57		31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	26,429	2,166	59	18		32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	19,580	712	18	10		41.00
43.00 04300 NURSERY	9,936	0	0	6		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	34,943	54,830	397	143		50.00
51.00 05100 RECOVERY ROOM	20,826	2,385	155	18		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	25,963	3,398	67	26		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	14,583	11,930	434	-393		54.00
57.00 03280 EKG AND EEG	0	54	0	5		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	13,663	8,946	81	77		59.00
60.00 06000 LABORATORY	0	0	0	137		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	18,031	0	7		63.00
65.00 06500 RESPIRATORY THERAPY	0	4,970	0	22		65.00
65.01 06501 SLEEP LAB	0	580	0	8		65.01
66.00 06600 PHYSICAL THERAPY	0	450	0	16		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	325	0	5		67.00
68.00 06800 SPEECH PATHOLOGY	0	21	0	3		68.00
68.01 06801 AUDIOLOGY	0	0	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	611	1	40		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	108,003	0	45		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	216,947	0	104		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	164,685	192		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	15	40,892	8		73.01
74.00 07400 RENAL DIALYSIS	0	327	28	3		74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	617	170	0	3		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	5,999	1,663	0	13		76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0		90.00
90.02 09002 PAIN CLINIC	2,644	846	24	2		90.02
90.03 09003 ONCOLOGY CLINIC	11,636	2,931	120	24		90.03
91.00 09100 EMERGENCY	79,612	13,250	758	187		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	20,197	927	42	8		92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	550	5	7		95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	682,348	494,995	208,935	975	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19	0	0		190.00
191.00 19100 RESEARCH	4,624	2	0	0		191.00
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01 07951 BSU PHARMACY	0	0	0	0		194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	INTERNS &	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	
	13.00	14.00	15.00	16.00	21.00	
194.02 07952 PAVILLION PHARMACY	0	74	29,232	0		194.02
194.03 07953 VENDING	0	0	0	0		194.03
194.04 07954 CARELINE	0	0	0	0		194.04
194.05 07955 WELLNESS CENTER	0	7	0	0		194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0		194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0		194.07
194.08 07958 RENTAL PROPERTY	0	0	0	0		194.08
194.09 07959 ADVERTISING	0	0	0	0		194.09
194.10 07960 INTEGRAL TAC	0	0	0	0		194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0		194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0		194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0		194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0		194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0		194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0		194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0		194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0		194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0		194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0		194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0		194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	2	0	0		194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	6	0	0		194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0		194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	145	2	0		194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0		194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0		194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0		194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0		194.32
194.33 07983 LAB CORP	0	0	0	0		194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0		194.34
194.35 07985 LEASED SPACE	0	0	0	0		194.35
200.00 Cross Foot Adjustments					26,610	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	686,972	495,250	238,169	975	26,610	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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From 01/01/2015
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.04 00570	ADMITTING					5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00591	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	572,054				22.00
23.00 02300	PARAMED PRGM		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		5,168,508	0	5,168,508	30.00
31.00 03100	INTENSIVE CARE UNIT		1,045,673	0	1,045,673	31.00
32.00 02060	NEONATAL INTENSIVE CARE UNIT		199,967	0	199,967	32.00
40.00 04000	SUBPROVIDER - I PF		0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF		364,364	0	364,364	41.00
43.00 04300	NURSERY		139,920	0	139,920	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		1,230,163	0	1,230,163	50.00
51.00 05100	RECOVERY ROOM		288,728	0	288,728	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		442,064	0	442,064	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		1,962,060	0	1,962,060	54.00
57.00 03280	EKG AND EEG		2,633	0	2,633	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION		475,952	0	475,952	59.00
60.00 06000	LABORATORY		155,771	0	155,771	60.00
60.01 06001	BLOOD LABORATORY		0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.		22,141	0	22,141	63.00
65.00 06500	RESPIRATORY THERAPY		173,299	0	173,299	65.00
65.01 06501	SLEEP LAB		6,501	0	6,501	65.01
66.00 06600	PHYSICAL THERAPY		126,671	0	126,671	66.00
67.00 06700	OCCUPATIONAL THERAPY		77,771	0	77,771	67.00
68.00 06800	SPEECH PATHOLOGY		20,471	0	20,471	68.00
68.01 06801	AUDIOLOGY		0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY		565,672	0	565,672	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		133,111	0	133,111	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT		270,932	0	270,932	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		261,952	0	261,952	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES		63,982	0	63,982	73.01
74.00 07400	RENAL DIALYSIS		89,077	0	89,077	74.00
76.00 03020	CARDIOPULMONARY		0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION		8,108	0	8,108	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY		21,648	0	21,648	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC		0	0	0	90.00
90.02 09002	PAIN CLINIC		669,707	0	669,707	90.02
90.03 09003	ONCOLOGY CLINIC		55,363	0	55,363	90.03
91.00 09100	EMERGENCY		978,749	0	978,749	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)		318,973	0	318,973	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES		80,232	0	80,232	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	15,420,163	0	15,420,163
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		2,780	0	2,780	190.00
191.00 19100	RESEARCH		87,171	0	87,171	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150089

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

Worksheet B
Part II
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS			12,055	0	12,055	194.00
194.01 07951 BSU PHARMACY			911	0	911	194.01
194.02 07952 PAVILLION PHARMACY			117,965	0	117,965	194.02
194.03 07953 VENDING			0	0	0	194.03
194.04 07954 CARELINE			0	0	0	194.04
194.05 07955 WELLNESS CENTER			247,527	0	247,527	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS			678,267	0	678,267	194.06
194.07 07957 PERINATAL CLINIC			0	0	0	194.07
194.08 07958 RENTAL PROPERTY			3,848,646	0	3,848,646	194.08
194.09 07959 ADVERTISING			0	0	0	194.09
194.10 07960 INTEGRAL TAC			539,140	0	539,140	194.10
194.11 07961 IU HEALTH HOSPICE			108,727	0	108,727	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS			0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL			0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY			0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS			133,632	0	133,632	194.15
194.16 07966 JAY COUNTY HOSPITAL			629	0	629	194.16
194.17 07967 CARDINAL HEALTH CHOICE			0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES			0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS			0	0	0	194.19
194.20 07970 MEALS ON WHEELS			0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL			0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES			4,609	0	4,609	194.22
194.23 07973 CANCER CENTER BOUTIQUE			25,512	0	25,512	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY			748,186	0	748,186	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH			280,394	0	280,394	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL			27,880	0	27,880	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES			0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP			0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI			0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE			180	0	180	194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS			0	0	0	194.31
194.32 07982 RENAL DIALYSIS			0	0	0	194.32
194.33 07983 LAB CORP			0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT			0	0	0	194.34
194.35 07985 LEASED SPACE			0	0	0	194.35
200.00 Cross Foot Adjustments	572,054	0	598,664	0	598,664	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	572,054	0	22,883,038	0	22,883,038	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATIONS (PHONE LI NES)	DATA PROCESSING (GROSS CHARGES)	ADMI TTING (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5.01	5.02	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,768,346				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,099	98,314,810			4.00
5.01	01160	COMMUNI CATIONS	1,498	450,222	2,396		5.01
5.02	00550	DATA PROCESSING	24,979	0	155	1,577,558,560	5.02
5.04	00570	ADMI TTING	4,419	983,681	78	0	1,577,558,560
5.05	00580	CASHI ERING/ACCOUNTS RECEI VABLE	0	0	70	0	0
5.06	00591	OTHER ADMI NI STRATI VE AND GENERAL	37,223	6,065,387	114	0	0
6.00	00600	MAI NTENANCE & REPAI RS	892,506	2,783,430	59	0	0
7.00	00700	OPERATI ON OF PLANT	56,497	988,686	9	0	0
8.00	00800	LAUNDRY & LI NEN SERVI CE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	14,683	2,204,940	11	0	0
10.00	01000	DI ETARY	13,295	1,382,578	11	0	0
11.00	01100	CAFETERIA	11,434	804,126	18	0	0
13.00	01300	NURSI NG ADMI NI STRATI ON	22,000	4,995,538	89	0	0
14.00	01400	CENTRAL SERVI CES & SUPPLY	16,030	0	36	0	0
15.00	01500	PHARMACY	6,886	4,530,263	51	0	0
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	0	112	0	0
21.00	02100	I & R SERVI CES-SALARY & FRINGES APPRVD	0	3,286,176	0	0	0
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRVD	18,995	963,916	125	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	139,075	18,427,070	298	173,615,579	173,615,579
31.00	03100	INTENSIVE CARE UNIT	27,825	6,298,248	80	56,622,388	56,622,388
32.00	02060	NEONATAL INTENSIVE CARE UNIT	5,145	1,856,333	0	18,002,879	18,002,879
40.00	04000	SUBPROVI DER - I PF	0	0	0	0	0
41.00	04100	SUBPROVI DER - I RF	10,275	1,284,428	20	9,671,681	9,671,681
43.00	04300	NURSERY	4,028	550,469	27	6,336,039	6,336,039
ANCI LLARY SERVICE COST CENTERS							
50.00	05000	OPERATI NG ROOM	35,467	4,794,753	91	142,838,167	142,838,167
51.00	05100	RECOVERY ROOM	8,476	1,244,445	26	17,884,943	17,884,943
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,752	1,837,062	42	26,490,196	26,490,196
54.00	05400	RADI OLOGY-DI AGNOSTIC	61,399	7,161,795	235	209,119,170	209,119,170
57.00	03280	EKG AND EEG	0	127,438	0	4,979,781	4,979,781
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDI AC CATHETERIZATI ON	14,040	1,540,171	39	77,422,270	77,422,270
60.00	06000	LABORATORY	3,198	0	47	136,823,355	136,823,355
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,671,416	6,671,416
65.00	06500	RESPI RATORY THERAPY	4,651	3,332,066	18	22,337,642	22,337,642
65.01	06501	SLEEP LAB	0	505,506	20	8,326,613	8,326,613
66.00	06600	PHYSI CAL THERAPY	3,099	3,899,131	12	15,563,875	15,563,875
67.00	06700	OCCUPATI ONAL THERAPY	2,404	713,365	8	5,176,214	5,176,214
68.00	06800	SPEECH PATHOLOGY	575	353,010	5	2,889,392	2,889,392
68.01	06801	AUDI OLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDI OLOGY	18,442	983,535	75	40,070,066	40,070,066
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	44,641,163	44,641,163
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	104,113,533	104,113,533
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	191,778,436	191,778,436
73.01	07301	HOSPI TAL BASED RETAI L PHARMACI ES	0	1,470,685	3	8,287,042	8,287,042
74.00	07400	RENAL DI ALYSI S	2,918	0	6	2,977,541	2,977,541
76.00	03020	CARDI OPULMONARY	0	0	0	0	0
76.97	07697	CARDI AC REHABI LI TATI ON	0	453,278	4	3,452,427	3,452,427
76.98	07698	HYPERBARI C OXYGEN THERAPY	212	434,008	12	13,241,143	13,241,143
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLI NIC	0	0	0	0	0
90.02	09002	PAI N CLI NIC	22,443	305,425	0	1,838,777	1,838,777
90.03	09003	ONCOLOGY CLI NIC	996	768,738	0	23,797,425	23,797,425
91.00	09100	EMERGENCY	25,761	5,031,068	60	187,370,378	187,370,378
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)					
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART)	9,561	1,366,285	0	8,153,841	8,153,841
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVI CES	2,275	1,067,920	0	7,065,188	7,065,188
SPECIAL PURPOSE COST CENTERS							
113.00	11300	I NTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LI NES 1-117)	1,541,561	95,245,175	2,066	1,577,558,560	1,577,558,560
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	135,692	0	0	0
191.00	19100	RESEARCH	2,465	363,667	14	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONE LINES)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)						
	1.00		4.00	5.01	5.02	5.04	
194.00 07986 OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	0 194.00
194.01 07951 BSU PHARMACY	0		221,570	0	0	0	0 194.01
194.02 07952 PAVILLION PHARMACY	2,540		678,197	5	0	0	0 194.02
194.03 07953 VENDING	0		0	0	0	0	0 194.03
194.04 07954 CARELINE	0		0	0	0	0	0 194.04
194.05 07955 WELLNESS CENTER	8,339		41,498	8	0	0	0 194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	22,767		0	90	0	0	0 194.06
194.07 07957 PERINATAL CLINIC	0		0	0	0	0	0 194.07
194.08 07958 RENTAL PROPERTY	130,345		0	39	0	0	0 194.08
194.09 07959 ADVERTISING	0		0	0	0	0	0 194.09
194.10 07960 INTEGRAL TAC	17,387		0	27	0	0	0 194.10
194.11 07961 IU HEALTH HOSPICE	3,638		0	19	0	0	0 194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0		0	0	0	0	0 194.12
194.13 07963 EXECUTIVE PHYSICAL	0		0	0	0	0	0 194.13
194.14 07964 NEW CASTLE ONCOLOGY	0		0	0	0	0	0 194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	4,506		0	34	0	0	0 194.15
194.16 07966 JAY COUNTY HOSPITAL	0		204,218	0	0	0	0 194.16
194.17 07967 CARDINAL HEALTH CHOICE	0		0	0	0	0	0 194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0		0	0	0	0	0 194.18
194.19 07969 HEALTH CARE CONNECTIONS	0		0	0	0	0	0 194.19
194.20 07970 MEALS ON WHEELS	0		0	0	0	0	0 194.20
194.21 07971 ST MARY'S SCHOOL	0		0	0	0	0	0 194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0		1,246,234	0	0	0	0 194.22
194.23 07973 CANCER CENTER BOUTIQUE	852		11,714	3	0	0	0 194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	25,093		0	63	0	0	0 194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	8,853		0	28	0	0	0 194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0		143,614	0	0	0	0 194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0		0	0	0	0	0 194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0		0	0	0	0	0 194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0		0	0	0	0	0 194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0		23,231	0	0	0	0 194.30
194.31 07981 OTHER NONREIMBURSABLE COST CENTERS	0		0	0	0	0	0 194.31
194.32 07982 RENAL DIALYSIS	0		0	0	0	0	0 194.32
194.33 07983 LAB CORP	0		0	0	0	0	0 194.33
194.34 07984 H.O. MATERIALS MGMT	0		0	0	0	0	0 194.34
194.35 07985 LEASED SPACE	0		0	0	0	0	0 194.35
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	22,883,038		16,365,130	581,353	360,845	1,290,705	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.940362		0.166456	242.634808	0.000229	0.000818	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			78,923	19,747	324,514	58,616	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000803	8.241653	0.000206	0.000037	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared: 5/20/2016 10:46 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
			5.05	5A.06	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,577,558,560					5.05
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL	0	-52,157,109	256,792,512			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	18,875,262	801,622		6.00
7.00	00700	OPERATION OF PLANT	0	0	6,554,169	56,497	745,125	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,153,236	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	2,962,642	14,683	14,683	9.00
10.00	01000	DIETARY	0	0	2,359,151	13,295	13,295	10.00
11.00	01100	CAFETERIA	0	0	615,741	11,434	11,434	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,982,639	22,000	22,000	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	11,009,656	16,030	16,030	14.00
15.00	01500	PHARMACY	0	0	6,339,733	6,886	6,886	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	27,175	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,093,769	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	3,814,214	18,995	18,995	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	173,615,579	0	27,136,386	139,075	139,075	30.00
31.00	03100	INTENSIVE CARE UNIT	56,622,388	0	8,583,678	27,825	27,825	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	18,002,879	0	2,435,176	5,145	5,145	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	9,671,681	0	2,345,930	10,275	10,275	41.00
43.00	04300	NURSERY	6,336,039	0	782,407	4,028	4,028	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	142,838,167	0	7,822,364	35,467	35,467	50.00
51.00	05100	RECOVERY ROOM	17,884,943	0	1,807,111	8,476	8,476	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,490,196	0	2,542,430	12,752	12,752	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	209,119,170	0	11,918,905	61,399	61,399	54.00
57.00	03280	EKG AND EEG	4,979,781	0	100,742	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,422,270	0	2,672,582	14,040	14,040	59.00
60.00	06000	LABORATORY	136,823,355	0	10,516,462	3,198	3,198	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,671,416	0	1,307,883	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	22,337,642	0	4,277,093	4,651	4,651	65.00
65.01	06501	SLEEP LAB	8,326,613	0	602,168	0	0	65.01
66.00	06600	PHYSICAL THERAPY	15,563,875	0	3,980,996	3,099	3,099	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,176,214	0	849,586	2,404	2,404	67.00
68.00	06800	SPEECH PATHOLOGY	2,889,392	0	393,974	575	575	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	40,070,066	0	2,141,345	18,442	18,442	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	44,641,163	0	7,489,564	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	104,113,533	0	15,059,155	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	191,778,436	0	26,592,673	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	8,287,042	0	7,653,188	0	0	73.01
74.00	07400	RENAL DIALYSIS	2,977,541	0	993,779	2,918	2,918	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	3,452,427	0	619,985	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	13,241,143	0	1,139,272	212	212	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	1,838,777	0	700,268	22,443	22,443	90.02
90.03	09003	ONCOLOGY CLINIC	23,797,425	0	1,005,415	996	996	90.03
91.00	09100	EMERGENCY	187,370,378	0	8,924,826	25,761	25,761	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	8,153,841	0	1,850,872	9,561	9,561	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,065,188	0	1,622,655	2,275	2,275	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,577,558,560	-52,157,109	230,656,257	574,837	518,340	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	740,561	0	0	190.00
191.00	19100	RESEARCH	0	0	545,774	2,465	2,465	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	17,822	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
	5.05	5A.06	5.06	6.00	7.00	
194.0207952 PAVILLION PHARMACY	0	0	5,675,552	2,540	2,540	194.02
194.0307953 VENDING	0	0	0	0	0	194.03
194.0407954 CARELINE	0	0	0	0	0	194.04
194.0507955 WELLNESS CENTER	0	0	178,869	8,339	8,339	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	263,644	22,767	22,767	194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958 RENTAL PROPERTY	0	0	2,276,762	130,345	130,345	194.08
194.0907959 ADVERTISING	0	0	0	0	0	194.09
194.1007960 INTEGRAL TAC	0	0	231,545	17,387	17,387	194.10
194.1107961 IU HEALTH HOSPIECE	0	0	49,180	3,638	3,638	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	66,559	4,506	4,506	194.15
194.1607966 JAY COUNTY HOSPITAL	0	0	244,954	0	0	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	0	0	645,421	0	0	194.22
194.2307973 CANCER CENTER BOUTIQUE	0	0	104,325	852	852	194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	339,999	25,093	25,093	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	0	126,251	8,853	8,853	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	0	14,628,665	0	0	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	372	0	0	194.30
194.3107981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983 LAB CORP	0	0	0	0	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	16,984		52,157,109	22,709,016	9,485,880	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000011		0.203110	28.328833	12.730589	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	577		487,490	11,587,897	1,561,096	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000		0.001898	14.455563	2.095079	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00591	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,519,175				8.00	
9.00	00900	HOUSEKEEPING	258	10,377			9.00	
10.00	01000	DIETARY	107	7	276,527		10.00	
11.00	01100	CAFETERIA	115	74	0	139,048	11.00	
13.00	01300	NURSING ADMINISTRATION	101	33	0	7,625	58,979	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31	0	0	0	14.00
15.00	01500	PHARMACY	1,631	35	0	6,382	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,581	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42	7	0	1,025	0	22.00
23.00	02300	PARAMEDICAL PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	693,647	5,753	212,115	33,836	25,318	30.00
31.00	03100	INTENSIVE CARE UNIT	157,674	504	21,031	9,886	8,656	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	14,106	56	0	2,713	2,269	32.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	47,766	254	11,616	2,215	1,681	41.00
43.00	04300	NURSERY	34,467	126	0	853	853	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	128,768	404	0	9,099	3,000	50.00
51.00	05100	RECOVERY ROOM	43,268	24	0	2,156	1,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,548	384	0	2,873	2,229	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,307	375	0	11,066	1,252	54.00
57.00	03280	EKG AND EEG	106	0	0	435	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,501	185	0	2,357	1,173	59.00
60.00	06000	LABORATORY	567	182	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	391	29	0	5,501	0	65.00
65.01	06501	SLEEP LAB	71	0	0	884	0	65.01
66.00	06600	PHYSICAL THERAPY	8,708	119	0	6,166	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7	0	1,112	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	7	0	576	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	17,924	0	0	2,402	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	59	14	0	1,920	0	73.01
74.00	07400	RENAL DIALYSIS	4,615	0	0	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	60	0	958	53	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	6	0	0	769	515	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	154	7	0	815	227	90.02
90.03	09003	ONCOLOGY CLINIC	5,672	0	0	1,203	999	90.03
91.00	09100	EMERGENCY	99,126	864	0	8,693	6,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	60,789	70	0	2,512	1,734	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	2,813	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,497,494	9,611	244,762	135,426	58,582	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	53	0	0	506	0	190.00
191.00	19100	RESEARCH	0	160	0	656	397	191.00
194.00	07986	OTHER NONREIMBURSABLE COST CENTERS	0	118	4,895	0	0	194.00
194.01	07951	BSU PHARMACY	39	0	0	284	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1

Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
	8.00	9.00	10.00	11.00	13.00	
194.0207952 PAVILLION PHARMACY	0	0	0	972	0	194.02
194.0307953 VENDING	0	0	0	0	0	194.03
194.0407954 CARELINE	0	0	0	0	0	194.04
194.0507955 WELLNESS CENTER	21,549	20	0	112	0	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	132	0	0	0	194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958 RENTAL PROPERTY	0	0	0	0	0	194.08
194.0907959 ADVERTISING	0	0	0	0	0	194.09
194.1007960 INTEGRAL TAC	0	135	13,885	0	0	194.10
194.1107961 IU HEALTH HOSPICE	0	28	0	0	0	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	8	0	0	0	194.15
194.1607966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	13	0	0	967	0	194.22
194.2307973 CANCER CENTER BOUTIQUE	0	0	0	60	0	194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	165	0	0	0	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	27	0	12,985	0	0	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	0	65	0	194.30
194.3107981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983 LAB CORP	0	0	0	0	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,387,470	4,167,495	3,387,112	1,240,102	9,385,539	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.913305	401.608846	12.248757	8.918517	159.133573	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,189	440,501	398,059	342,304	686,972	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.001441	42.449745	1.439494	2.461769	11.647739	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (TIME STUDY)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00591 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	34,126,653					14.00
15.00 01500 PHARMACY	124,335	38,164,395				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,577,558,560			16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,144		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	674	0	0	0	6,144	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,803,364	150,120	173,615,579	2,572	2,572	30.00
31.00 03100 INTENSIVE CARE UNIT	825,049	37,111	56,622,388	608	608	31.00
32.00 02060 NEONATAL INTENSIVE CARE UNIT	149,279	9,442	18,002,879	70	70	32.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	49,054	2,913	9,671,681	0	0	41.00
43.00 04300 NURSERY	0	0	6,336,039	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,778,268	63,665	142,838,167	304	304	50.00
51.00 05100 RECOVERY ROOM	164,334	24,889	17,884,943	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	234,145	10,672	26,490,196	24	24	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	822,104	69,609	209,119,170	138	138	54.00
57.00 03280 EKG AND EEG	3,706	0	4,979,781	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	616,467	12,975	77,422,270	0	0	59.00
60.00 06000 LABORATORY	0	0	136,823,355	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	1,242,469	0	6,671,416	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	342,466	0	22,337,642	57	57	65.00
65.01 06501 SLEEP LAB	39,963	0	8,326,613	0	0	65.01
66.00 06600 PHYSICAL THERAPY	31,035	2	15,563,875	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	22,411	8	5,176,214	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	1,453	0	2,889,392	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	42,104	234	40,070,066	181	181	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,442,334	0	44,641,163	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14,949,003	0	104,113,533	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	26,389,771	191,778,436	0	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1,052	6,552,129	8,287,042	0	0	73.01
74.00 07400 RENAL DIALYSIS	22,546	4,557	2,977,541	0	0	74.00
76.00 03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	11,736	5	3,452,427	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	114,610	2	13,241,143	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.02 09002 PAIN CLINIC	58,271	3,871	1,838,777	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	201,970	19,196	23,797,425	82	82	90.03
91.00 09100 EMERGENCY	913,046	121,460	187,370,378	431	431	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	63,906	6,763	8,153,841	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	37,906	813	7,065,188	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	34,109,060	33,480,207	1,577,558,560	4,467	4,467	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,327	0	0	0	0	190.00
191.00 19100 RESEARCH	137	0	0	1,321	1,321	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (TIME STUDY)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
				14.00	15.00	
194.0007986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.0107951 BSU PHARMACY	0	0	0	0	0	0 194.01
194.0207952 PAVILLION PHARMACY	5,096	4,683,820	0	0	0	0 194.02
194.0307953 VENDING	0	0	0	0	0	0 194.03
194.0407954 CARELINE	0	0	0	0	0	0 194.04
194.0507955 WELLNESS CENTER	474	0	0	0	0	0 194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	0	356	356	194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	0 194.07
194.0807958 RENTAL PROPERTY	0	0	0	0	0	0 194.08
194.0907959 ADVERTISING	0	0	0	0	0	0 194.09
194.1007960 INTEGRAL TAC	0	0	0	0	0	0 194.10
194.1107961 IU HEALTH HOSPICE	0	0	0	0	0	0 194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0 194.12
194.1307963 EXECUTIVE PHYSICAL	0	0	0	0	0	0 194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0 194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0 194.15
194.1607966 JAY COUNTY HOSPITAL	29	0	0	0	0	0 194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0 194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0 194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0 194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	0 194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	0 194.21
194.2207972 THERAPIES TO OTHER ENTITIES	155	0	0	0	0	0 194.22
194.2307973 CANCER CENTER BOUTIQUE	402	0	0	0	0	0 194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0 194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	9,973	368	0	0	0	0 194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	0 194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0 194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0 194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0 194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0 194.30
194.3107981 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	0 194.32
194.3307983 LAB CORP	0	0	0	0	0	0 194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	0 194.34
194.3507985 LEASED SPACE	0	0	0	0	0	0 194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	13,916,459	8,033,297	32,695	4,983,947	5,381,108	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.407789	0.210492	0.000021	811.189290	875.831380	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	495,250	238,169	975	26,610	572,054	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.014512	0.006241	0.000001	4.331055	93.107747	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

Worksheet B-1
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Cost Center Description		PARAMED PRGM (100% RADIOLOGY)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINISTRATION		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00591 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED PRGM	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT	0	32.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
57.00	03280 EKG AND EEG	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
65.01	06501 SLEEP LAB	0	65.01
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	73.01
74.00	07400 RENAL DIALYSIS	0	74.00
76.00	03020 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.02	09002 PAIN CLINIC	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	90.03
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
194.00	07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	0	194.01
194.02	07952 PAVILLION PHARMACY	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150089

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

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Date/Time Prepared:
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Cost Center Description		PARAMED ED PRGM (100% RADIOLOGY)	
		23.00	
194.03	07953 VENDING	0	194.03
194.04	07954 CARELINE	0	194.04
194.05	07955 WELLNESS CENTER	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	0	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRA LTAC	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	194.19
194.20	07970 MEALS ON WHEELS	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31	07981 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32	07982 RENAL DIALYSIS	0	194.32
194.33	07983 LAB CORP	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	194.34
194.35	07985 LEASED SPACE	0	194.35
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XVII		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		49,001,836	4,435	49,006,271	30.00	
31.00	03100 INTENSIVE CARE UNIT		13,884,682	0	13,884,682	31.00	
32.00	02060 NEONATAL INTENSIVE CARE UNIT		3,624,918	0	3,624,918	32.00	
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF		3,840,293	33,121	3,873,414	41.00	
43.00	04300 NURSERY		1,332,273	0	1,332,273	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		13,262,961	2,375	13,265,336	50.00	
51.00	05100 RECOVERY ROOM		2,947,716	0	2,947,716	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,268,718	0	4,268,718	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,752,016	0	17,752,016	54.00	
57.00	03280 EKG AND EEG		126,797	0	126,797	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		4,349,249	0	4,349,249	59.00	
60.00	06000 LABORATORY		12,860,253	48,260	12,908,513	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		2,080,332	34,136	2,114,468	63.00	
65.00	06500 RESPIRATORY THERAPY	0	5,537,968	0	5,537,968	65.00	
65.01	06501 SLEEP LAB	0	748,894	2,470	751,364	65.01	
66.00	06600 PHYSICAL THERAPY	0	5,040,538	0	5,040,538	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	1,142,830	0	1,142,830	67.00	
68.00	06800 SPEECH PATHOLOGY	0	506,205	0	506,205	68.00	
68.01	06801 AUDIOLOGY	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY		3,389,344	0	3,389,344	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,046,608	0	12,046,608	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		24,216,030	0	24,216,030	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		37,552,772	0	37,552,772	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES		10,610,202	0	10,610,202	73.01	
74.00	07400 RENAL DIALYSIS		1,329,868	0	1,329,868	74.00	
76.00	03020 CARDIOPULMONARY		0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION		791,845	0	791,845	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,515,207	0	1,515,207	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		0	0	0	90.00	
90.02	09002 PAIN CLINIC		1,834,956	0	1,834,956	90.02	
90.03	09003 ONCOLOGY CLINIC		1,512,306	0	1,512,306	90.03	
91.00	09100 EMERGENCY		13,799,839	826,882	14,626,721	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,505,121	0	3,505,121	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		3,029,000	0	3,029,000	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		2,086,507	6,003	2,092,510	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
200.00	Subtotal (see instructions)	0	259,528,084	957,682	260,485,766	200.00	
201.00	Less Observation Beds		3,505,121	0	3,505,121	201.00	
202.00	Total (see instructions)	0	256,022,963	957,682	256,980,645	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIIII			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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	161,009,373		161,009,373		30.00
31.00	03100	INTENSIVE CARE UNIT	56,622,388		56,622,388		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	18,002,879		18,002,879		32.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	9,671,681		9,671,681		41.00
43.00	04300	NURSERY	6,336,039		6,336,039		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	92,802,279	50,035,888	142,838,167	0.092853	50.00
51.00	05100	RECOVERY ROOM	9,887,888	7,997,055	17,884,943	0.164816	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,114,824	4,375,372	26,490,196	0.161143	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,143,965	151,975,205	209,119,170	0.084889	54.00
57.00	03280	EKG AND EEG	2,877,495	2,102,286	4,979,781	0.025462	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,759,063	41,663,207	77,422,270	0.056176	59.00
60.00	06000	LABORATORY	78,249,453	58,573,902	136,823,355	0.093992	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,328,546	2,342,870	6,671,416	0.311828	63.00
65.00	06500	RESPIRATORY THERAPY	19,969,868	2,367,774	22,337,642	0.247921	65.00
65.01	06501	SLEEP LAB	17,848	8,308,765	8,326,613	0.089940	65.01
66.00	06600	PHYSICAL THERAPY	7,731,566	7,832,309	15,563,875	0.323861	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,738,422	437,792	5,176,214	0.220785	67.00
68.00	06800	SPEECH PATHOLOGY	2,621,668	267,724	2,889,392	0.175194	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	29,291,392	10,778,674	40,070,066	0.084585	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,261,581	22,379,582	44,641,163	0.269854	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	73,496,670	30,616,863	104,113,533	0.232593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,026,443	96,751,993	191,778,436	0.195813	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,287,042	8,287,042	1.280336	73.01
74.00	07400	RENAL DIALYSIS	2,614,103	363,438	2,977,541	0.446633	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	959,762	2,492,665	3,452,427	0.229359	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	67,494	13,173,649	13,241,143	0.114432	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.02	09002	PAIN CLINIC	2,052	1,836,725	1,838,777	0.997922	90.02
90.03	09003	ONCOLOGY CLINIC	112,960	23,684,465	23,797,425	0.063549	90.03
91.00	09100	EMERGENCY	52,799,713	134,570,665	187,370,378	0.073650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,541,711	11,064,495	12,606,206	0.278047	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,894,712	6,259,129	8,153,841	0.371481	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	14,303	7,050,885	7,065,188	0.295322	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	869,968,141	707,590,419	1,577,558,560		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	869,968,141	707,590,419	1,577,558,560		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/20/2016 10:46 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS		11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.092870		50.00
51.00	05100 RECOVERY ROOM	0.164816		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.161143		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.084889		54.00
57.00	03280 EKG AND EEG	0.025462		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056176		59.00
60.00	06000 LABORATORY	0.094344		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.316944		63.00
65.00	06500 RESPIRATORY THERAPY	0.247921		65.00
65.01	06501 SLEEP LAB	0.090236		65.01
66.00	06600 PHYSICAL THERAPY	0.323861		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220785		67.00
68.00	06800 SPEECH PATHOLOGY	0.175194		68.00
68.01	06801 AUDIOLOGY	0.000000		68.01
69.00	06900 ELECTROCARDIOLOGY	0.084585		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269854		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.232593		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195813		73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.280336		73.01
74.00	07400 RENAL DIALYSIS	0.446633		74.00
76.00	03020 CARDIOPULMONARY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.229359		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.114432		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.02	09002 PAIN CLINIC	0.997922		90.02
90.03	09003 ONCOLOGY CLINIC	0.063549		90.03
91.00	09100 EMERGENCY	0.078063		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.278047		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.371481		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.296172		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		49,001,836	4,435	49,006,271	30.00
31.00	03100 INTENSIVE CARE UNIT		13,884,682	0	13,884,682	31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT		3,624,918	0	3,624,918	32.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		3,840,293	33,121	3,873,414	41.00
43.00	04300 NURSERY		1,332,273	0	1,332,273	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		13,262,961	2,375	13,265,336	50.00
51.00	05100 RECOVERY ROOM		2,947,716	0	2,947,716	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		4,268,718	0	4,268,718	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		17,752,016	0	17,752,016	54.00
57.00	03280 EKG AND EEG		126,797	0	126,797	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,349,249	0	4,349,249	59.00
60.00	06000 LABORATORY		12,860,253	48,260	12,908,513	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.		2,080,332	34,136	2,114,468	63.00
65.00	06500 RESPIRATORY THERAPY	0	5,537,968	0	5,537,968	65.00
65.01	06501 SLEEP LAB	0	748,894	2,470	751,364	65.01
66.00	06600 PHYSICAL THERAPY	0	5,040,538	0	5,040,538	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,142,830	0	1,142,830	67.00
68.00	06800 SPEECH PATHOLOGY	0	506,205	0	506,205	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY		3,389,344	0	3,389,344	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		12,046,608	0	12,046,608	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		24,216,030	0	24,216,030	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		37,552,772	0	37,552,772	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES		10,610,202	0	10,610,202	73.01
74.00	07400 RENAL DIALYSIS		1,329,868	0	1,329,868	74.00
76.00	03020 CARDIOPULMONARY		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION		791,845	0	791,845	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY		1,515,207	0	1,515,207	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.02	09002 PAIN CLINIC		1,834,956	0	1,834,956	90.02
90.03	09003 ONCOLOGY CLINIC		1,512,306	0	1,512,306	90.03
91.00	09100 EMERGENCY		13,799,839	826,882	14,626,721	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,505,121	0	3,505,121	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		3,029,000	0	3,029,000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		2,086,507	6,003	2,092,510	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		259,528,084	957,682	260,485,766	200.00
201.00	Less Observation Beds		3,505,121		3,505,121	201.00
202.00	Total (see instructions)		256,022,963	957,682	256,980,645	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150089

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	161,009,373		161,009,373		30.00
31.00	03100	INTENSIVE CARE UNIT	56,622,388		56,622,388		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	18,002,879		18,002,879		32.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	9,671,681		9,671,681		41.00
43.00	04300	NURSERY	6,336,039		6,336,039		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	92,802,279	50,035,888	142,838,167	0.092853	50.00
51.00	05100	RECOVERY ROOM	9,887,888	7,997,055	17,884,943	0.164816	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,114,824	4,375,372	26,490,196	0.161143	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	57,143,965	151,975,205	209,119,170	0.084889	54.00
57.00	03280	EKG AND EEG	2,877,495	2,102,286	4,979,781	0.025462	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	35,759,063	41,663,207	77,422,270	0.056176	59.00
60.00	06000	LABORATORY	78,249,453	58,573,902	136,823,355	0.093992	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	4,328,546	2,342,870	6,671,416	0.311828	63.00
65.00	06500	RESPIRATORY THERAPY	19,969,868	2,367,774	22,337,642	0.247921	65.00
65.01	06501	SLEEP LAB	17,848	8,308,765	8,326,613	0.089940	65.01
66.00	06600	PHYSICAL THERAPY	7,731,566	7,832,309	15,563,875	0.323861	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,738,422	437,792	5,176,214	0.220785	67.00
68.00	06800	SPEECH PATHOLOGY	2,621,668	267,724	2,889,392	0.175194	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	29,291,392	10,778,674	40,070,066	0.084585	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,261,581	22,379,582	44,641,163	0.269854	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	73,496,670	30,616,863	104,113,533	0.232593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,026,443	96,751,993	191,778,436	0.195813	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,287,042	8,287,042	1.280336	73.01
74.00	07400	RENAL DIALYSIS	2,614,103	363,438	2,977,541	0.446633	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	959,762	2,492,665	3,452,427	0.229359	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	67,494	13,173,649	13,241,143	0.114432	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.02	09002	PAIN CLINIC	2,052	1,836,725	1,838,777	0.997922	90.02
90.03	09003	ONCOLOGY CLINIC	112,960	23,684,465	23,797,425	0.063549	90.03
91.00	09100	EMERGENCY	52,799,713	134,570,665	187,370,378	0.073650	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,541,711	11,064,495	12,606,206	0.278047	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,894,712	6,259,129	8,153,841	0.371481	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	14,303	7,050,885	7,065,188	0.295322	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	869,968,141	707,590,419	1,577,558,560		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	869,968,141	707,590,419	1,577,558,560		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/20/2016 10:46 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		32.00
40.00	04000	SUBPROVIDER - I PF		40.00
41.00	04100	SUBPROVIDER - I RF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
57.00	03280	EKG AND EEG	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
65.01	06501	SLEEP LAB	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
68.01	06801	AUDIOLOGY	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03020	CARDIOPULMONARY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.02	09002	PAIN CLINIC	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	0.000000	90.03
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/20/2016 10:46 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,168,508	0	5,168,508	67,963	76.05	30.00
31.00	INTENSIVE CARE UNIT	1,045,673		1,045,673	10,677	97.94	31.00
32.00	NEONATAL INTENSIVE CARE UNIT	199,967		199,967	3,813	52.44	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	364,364	0	364,364	4,026	90.50	41.00
43.00	NURSERY	139,920		139,920	2,638	53.04	43.00
200.00	Total (Lines 30-199)	6,918,432		6,918,432	89,117		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	28,615	2,176,171				
31.00	INTENSIVE CARE UNIT	7,810	764,911				
32.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,755	249,328				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	39,180	3,190,410				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150089

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

Worksheet D
Part II
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XVIII		
					Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,230,163	142,838,167	0.008612	43,848,178	377,621	50.00
51.00	05100 RECOVERY ROOM	288,728	17,884,943	0.016144	4,598,038	74,231	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	442,064	26,490,196	0.016688	222,747	3,717	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,962,060	209,119,170	0.009382	29,290,564	274,804	54.00
57.00	03280 EKG AND EEG	2,633	4,979,781	0.000529	1,575,780	834	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	475,952	77,422,270	0.006147	15,902,518	97,753	59.00
60.00	06000 LABORATORY	155,771	136,823,355	0.001138	37,956,431	43,194	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	22,141	6,671,416	0.003319	2,303,130	7,644	63.00
65.00	06500 RESPIRATORY THERAPY	173,299	22,337,642	0.007758	10,886,479	84,457	65.00
65.01	06501 SLEEP LAB	6,501	8,326,613	0.000781	9,785	8	65.01
66.00	06600 PHYSICAL THERAPY	126,671	15,563,875	0.008139	3,103,528	25,260	66.00
67.00	06700 OCCUPATIONAL THERAPY	77,771	5,176,214	0.015025	974,494	14,642	67.00
68.00	06800 SPEECH PATHOLOGY	20,471	2,889,392	0.007085	974,713	6,906	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	565,672	40,070,066	0.014117	16,970,875	239,578	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	133,111	44,641,163	0.002982	10,847,838	32,348	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	270,932	104,113,533	0.002602	35,825,205	93,217	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	261,952	191,778,436	0.001366	44,722,331	61,091	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	63,982	8,287,042	0.007721	0	0	73.01
74.00	07400 RENAL DIALYSIS	89,077	2,977,541	0.029916	1,743,271	52,152	74.00
76.00	03020 CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	8,108	3,452,427	0.002348	471,211	1,106	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	21,648	13,241,143	0.001635	55,261	90	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.02	09002 PAIN CLINIC	669,707	1,838,777	0.364213	1,063	387	90.02
90.03	09003 ONCOLOGY CLINIC	55,363	23,797,425	0.002326	85,007	198	90.03
91.00	09100 EMERGENCY	978,749	187,370,378	0.005224	25,994,850	135,797	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	369,671	12,606,206	0.029325	782,746	22,954	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	318,973	8,153,841	0.039119	915,471	35,812	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	8,791,170	1,318,851,012		290,061,514	1,685,801	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/20/2016 10:46 am
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Cost Center Description	Title XVIII				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	67,963	0.00	28,615	0	30.00
31.00	03100	INTENSIVE CARE UNIT	10,677	0.00	7,810	0	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT	3,813	0.00	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	4,026	0.00	2,755	0	41.00
43.00	04300	NURSERY	2,638	0.00	0	0	43.00
200.00		Total (lines 30-199)	89,117		39,180	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	03280	EKG AND EEG	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.02	09002	PAIN CLINIC	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	142,838,167	0.000000	0.000000	43,848,178	50.00
51.00	05100	RECOVERY ROOM	0	17,884,943	0.000000	0.000000	4,598,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,490,196	0.000000	0.000000	222,747	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	209,119,170	0.000000	0.000000	29,290,564	54.00
57.00	03280	EKG AND EEG	0	4,979,781	0.000000	0.000000	1,575,780	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	77,422,270	0.000000	0.000000	15,902,518	59.00
60.00	06000	LABORATORY	0	136,823,355	0.000000	0.000000	37,956,431	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	6,671,416	0.000000	0.000000	2,303,130	63.00
65.00	06500	RESPIRATORY THERAPY	0	22,337,642	0.000000	0.000000	10,886,479	65.00
65.01	06501	SLEEP LAB	0	8,326,613	0.000000	0.000000	9,785	65.01
66.00	06600	PHYSICAL THERAPY	0	15,563,875	0.000000	0.000000	3,103,528	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,176,214	0.000000	0.000000	974,494	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,889,392	0.000000	0.000000	974,713	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	40,070,066	0.000000	0.000000	16,970,875	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,641,163	0.000000	0.000000	10,847,838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	104,113,533	0.000000	0.000000	35,825,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	191,778,436	0.000000	0.000000	44,722,331	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,287,042	0.000000	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0	2,977,541	0.000000	0.000000	1,743,271	74.00
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	3,452,427	0.000000	0.000000	471,211	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	13,241,143	0.000000	0.000000	55,261	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0	1,838,777	0.000000	0.000000	1,063	90.02
90.03	09003	ONCOLOGY CLINIC	0	23,797,425	0.000000	0.000000	85,007	90.03
91.00	09100	EMERGENCY	0	187,370,378	0.000000	0.000000	25,994,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,606,206	0.000000	0.000000	782,746	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	8,153,841	0.000000	0.000000	915,471	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	1,318,851,012			290,061,514	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/20/2016 10:46 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	16,010,599	0	50.00
51.00	05100 RECOVERY ROOM	0	2,761,871	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	60,022	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	56,570,361	0	54.00
57.00	03280 EKG AND EEG	0	719,521	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	16,750,754	0	59.00
60.00	06000 LABORATORY	0	10,202,996	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1,088,868	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	618,664	0	65.00
65.01	06501 SLEEP LAB	0	2,790,633	0	65.01
66.00	06600 PHYSICAL THERAPY	0	5,940	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	64,228	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	10,601	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	6,876,276	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,898,822	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	16,223,472	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	43,998,774	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	239,804	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	1,255,582	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	5,751,836	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	589,328	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	10,675,243	0	90.03
91.00	09100 EMERGENCY	0	29,039,704	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,421,645	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	3,379,183	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	240,004,727	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/20/2016 10:46 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.092853	16,010,599	0	0	1,486,632	50.00	
51.00 05100 RECOVERY ROOM	0.164816	2,761,871	0	0	455,201	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.161143	60,022	0	0	9,672	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.084889	56,570,361	0	0	4,802,201	54.00	
57.00 03280 EKG AND EEG	0.025462	719,521	0	0	18,320	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.056176	16,750,754	0	0	940,990	59.00	
60.00 06000 LABORATORY	0.093992	10,202,996	40,904	0	959,000	60.00	
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.311828	1,088,868	0	0	339,540	63.00	
65.00 06500 RESPIRATORY THERAPY	0.247921	618,664	0	0	153,380	65.00	
65.01 06501 SLEEP LAB	0.089940	2,790,633	0	0	250,990	65.01	
66.00 06600 PHYSICAL THERAPY	0.323861	5,940	0	0	1,924	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.220785	64,228	0	0	14,181	67.00	
68.00 06800 SPEECH PATHOLOGY	0.175194	10,601	0	0	1,857	68.00	
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	0.084585	6,876,276	0	0	581,630	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269854	10,898,822	165	0	2,941,091	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.232593	16,223,472	0	0	3,773,466	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.195813	43,998,774	0	200,244	8,615,532	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.280336	0	0	0	0	73.01	
74.00 07400 RENAL DIALYSIS	0.446633	239,804	0	0	107,104	74.00	
76.00 03020 CARDIOPULMONARY	0.000000	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0.229359	1,255,582	0	0	287,979	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.114432	5,751,836	0	0	658,194	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.02 09002 PAIN CLINIC	0.997922	589,328	0	0	588,103	90.02	
90.03 09003 ONCOLOGY CLINIC	0.063549	10,675,243	0	0	678,401	90.03	
91.00 09100 EMERGENCY	0.073650	29,039,704	0	0	2,138,774	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.278047	3,421,645	6,977	0	951,378	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.371481	3,379,183	0	0	1,255,302	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.295322	0	0	0	0	95.00	
200.00		Subtotal (see instructions)	240,004,727	48,046	200,244	32,010,842	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 +/- line 201)	240,004,727	48,046	200,244	32,010,842	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/20/2016 10:46 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 03280 EKG AND EEG	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	3,845	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	45	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	39,210		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,940	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	5,830	39,210		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	5,830	39,210		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150089		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/20/2016 10:46 am	
		Component CCN: 15T089		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,230,163	142,838,167	0.008612	59,002	508
51.00	05100	RECOVERY ROOM	288,728	17,884,943	0.016144	4,977	80
52.00	05200	DELIVERY ROOM & LABOR ROOM	442,064	26,490,196	0.016688	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,962,060	209,119,170	0.009382	400,723	3,760
57.00	03280	EKG AND EEG	2,633	4,979,781	0.000529	14,112	7
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0
59.00	05900	CARDIAC CATHETERIZATION	475,952	77,422,270	0.006147	0	0
60.00	06000	LABORATORY	155,771	136,823,355	0.001138	906,522	1,032
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	22,141	6,671,416	0.003319	36,550	121
65.00	06500	RESPIRATORY THERAPY	173,299	22,337,642	0.007758	181,021	1,404
65.01	06501	SLEEP LAB	6,501	8,326,613	0.000781	0	0
66.00	06600	PHYSICAL THERAPY	126,671	15,563,875	0.008139	1,673,168	13,618
67.00	06700	OCCUPATIONAL THERAPY	77,771	5,176,214	0.015025	1,982,530	29,788
68.00	06800	SPEECH PATHOLOGY	20,471	2,889,392	0.007085	644,311	4,565
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	565,672	40,070,066	0.014117	42,060	594
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	133,111	44,641,163	0.002982	62,137	185
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	270,932	104,113,533	0.002602	1,993	5
73.00	07300	DRUGS CHARGED TO PATIENTS	261,952	191,778,436	0.001366	1,242,914	1,698
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	63,982	8,287,042	0.007721	0	0
74.00	07400	RENAL DIALYSIS	89,077	2,977,541	0.029916	68,583	2,052
76.00	03020	CARDIOPULMONARY	0	0	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	8,108	3,452,427	0.002348	261	1
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,648	13,241,143	0.001635	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0.000000	0	0
90.02	09002	PAIN CLINIC	669,707	1,838,777	0.364213	0	0
90.03	09003	ONCOLOGY CLINIC	55,363	23,797,425	0.002326	0	0
91.00	09100	EMERGENCY	978,749	187,370,378	0.005224	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	12,606,206	0.000000	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	318,973	8,153,841	0.039119	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50-199)	8,421,499	1,318,851,012		7,320,864	59,418

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150089
Component CCN: 15T089

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

Worksheet D
Part IV
Date/Time Prepared:
5/20/2016 10:46 am

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	03280 EKG AND EEG	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/20/2016 10:46 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	142,838,167	0.000000	0.000000	59,002 50.00
51.00 05100 RECOVERY ROOM	0	17,884,943	0.000000	0.000000	4,977 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	26,490,196	0.000000	0.000000	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	209,119,170	0.000000	0.000000	400,723 54.00
57.00 03280 EKG AND EEG	0	4,979,781	0.000000	0.000000	14,112 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	77,422,270	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	0	136,823,355	0.000000	0.000000	906,522 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	6,671,416	0.000000	0.000000	36,550 63.00
65.00 06500 RESPIRATORY THERAPY	0	22,337,642	0.000000	0.000000	181,021 65.00
65.01 06501 SLEEP LAB	0	8,326,613	0.000000	0.000000	0 65.01
66.00 06600 PHYSICAL THERAPY	0	15,563,875	0.000000	0.000000	1,673,168 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	5,176,214	0.000000	0.000000	1,982,530 67.00
68.00 06800 SPEECH PATHOLOGY	0	2,889,392	0.000000	0.000000	644,311 68.00
68.01 06801 AUDIOLOGY	0	0	0.000000	0.000000	0 68.01
69.00 06900 ELECTROCARDIOLOGY	0	40,070,066	0.000000	0.000000	42,060 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,641,163	0.000000	0.000000	62,137 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	104,113,533	0.000000	0.000000	1,993 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	191,778,436	0.000000	0.000000	1,242,914 73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	8,287,042	0.000000	0.000000	0 73.01
74.00 07400 RENAL DIALYSIS	0	2,977,541	0.000000	0.000000	68,583 74.00
76.00 03020 CARDIOPULMONARY	0	0	0.000000	0.000000	0 76.00
76.97 07697 CARDIAC REHABILITATION	0	3,452,427	0.000000	0.000000	261 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	13,241,143	0.000000	0.000000	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.02 09002 PAIN CLINIC	0	1,838,777	0.000000	0.000000	0 90.02
90.03 09003 ONCOLOGY CLINIC	0	23,797,425	0.000000	0.000000	0 90.03
91.00 09100 EMERGENCY	0	187,370,378	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	12,606,206	0.000000	0.000000	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	8,153,841	0.000000	0.000000	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES					
200.00	Total (lines 50-199)	0	1,318,851,012		7,320,864 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150089 Component CCN: 15T089	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/20/2016 10:46 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
57.00	03280 EKG AND EEG	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 CARDIOPULMONARY	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.02	09002 PAIN CLINIC	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/20/2016 10:46 am
		Title XIX	Hospital	Cost

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	0.092853	0	1,582,334	0	0 50.00
51.00 05100 RECOVERY ROOM	0.164816	0	262,012	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.161143	0	152,371	0	0 52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.084889	0	6,397,778	0	0 54.00
57.00 03280 EKG AND EEG	0.025462	0	106,794	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.056176	0	1,065,827	0	0 59.00
60.00 06000 LABORATORY	0.093992	0	3,598,648	0	0 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.311828	0	122,931	0	0 63.00
65.00 06500 RESPIRATORY THERAPY	0.247921	0	214,218	0	0 65.00
65.01 06501 SLEEP LAB	0.089940	0	273,878	0	0 65.01
66.00 06600 PHYSICAL THERAPY	0.323861	0	288,019	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0.220785	0	12,861	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.175194	0	14,258	0	0 68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0 68.01
69.00 06900 ELECTROCARDIOLOGY	0.084585	0	539,365	0	0 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269854	0	574,523	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.232593	0	1,034,404	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.195813	0	3,990,475	0	0 73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.280336	0	0	0	0 73.01
74.00 07400 RENAL DIALYSIS	0.446633	0	12,468	0	0 74.00
76.00 03020 CARDIOPULMONARY	0.000000	0	0	0	0 76.00
76.97 07697 CARDIAC REHABILITATION	0.229359	0	43,030	0	0 76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.114432	0	971,284	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0 90.00
90.02 09002 PAIN CLINIC	0.997922	0	100,728	0	0 90.02
90.03 09003 ONCOLOGY CLINIC	0.063549	0	818,390	0	0 90.03
91.00 09100 EMERGENCY	0.073650	0	10,595,120	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.278047	0	692,334	0	0 92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.371481	0	363,423	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.295322	0	340,801	0	0 95.00
200.00	Subtotal (see instructions)	0	34,168,274	0	0 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)	0	34,168,274	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/20/2016 10:46 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	146,924	0		50.00
51.00 05100 RECOVERY ROOM	43,184	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	24,554	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	543,101	0		54.00
57.00 03280 EKG AND EEG	2,719	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	59,874	0		59.00
60.00 06000 LABORATORY	338,244	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	38,333	0		63.00
65.00 06500 RESPIRATORY THERAPY	53,109	0		65.00
65.01 06501 SLEEP LAB	24,633	0		65.01
66.00 06600 PHYSICAL THERAPY	93,278	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	2,840	0		67.00
68.00 06800 SPEECH PATHOLOGY	2,498	0		68.00
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	45,622	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	155,037	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	240,595	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	781,387	0		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	5,569	0		74.00
76.00 03020 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	9,869	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	111,146	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.02 09002 PAIN CLINIC	100,519	0		90.02
90.03 09003 ONCOLOGY CLINIC	52,008	0		90.03
91.00 09100 EMERGENCY	780,331	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	192,501	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	135,005	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	100,646	0		95.00
200.00	Subtotal (see instructions)	4,083,526	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	4,083,526	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/20/2016 10:46 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		67,963	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		67,963	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		63,102	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)		28,615	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)		49,006,271	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)		49,006,271	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		49,006,271	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)		721.07	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		20,633,418	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)		20,633,418	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/20/2016 10:46 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	13,884,682	10,677	1,300.43	7,810	10,156,358	43.00
44.00	NEONATAL INTENSIVE CARE UNIT	3,624,918	3,813	950.67	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					41,626,779	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					72,416,555	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,941,082	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,685,801	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,626,883	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					67,789,672	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)					4,861	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					721.07	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,505,121	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/20/2016 10:46 am	
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	5,168,508	49,006,271	0.105466	3,505,121	369,671	90.00
91.00	Nursing School cost	0	49,006,271	0.000000	3,505,121	0	91.00
92.00	Allied health cost	0	49,006,271	0.000000	3,505,121	0	92.00
93.00	All other Medical Education	0	49,006,271	0.000000	3,505,121	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T089		Date/Time Prepared: 5/20/2016 10:46 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,026	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,026	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,026	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,755	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,873,414	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,873,414	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,873,414	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)		962.10	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,650,586	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,650,586	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T089				Date/Time Prepared: 5/20/2016 10:46 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,569,990		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				4,220,576		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)				249,328		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				59,418		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				308,746		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,911,830		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150089 Component CCN: 15T089		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/20/2016 10:46 am	
		Title XVIII		Subprovider - IRF		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	364,364	3,873,414	0.094068	0	0	90.00
91.00	Nursing School cost	0	3,873,414	0.000000	0	0	91.00
92.00	Allied health cost	0	3,873,414	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,873,414	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/20/2016 10:46 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		76,411,023	30.00
31.00	03100	INTENSIVE CARE UNIT		29,371,272	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - I/RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.092870	43,848,178	50.00
51.00	05100	RECOVERY ROOM	0.164816	4,598,038	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.161143	222,747	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084889	29,290,564	54.00
57.00	03280	EKG AND EEG	0.025462	1,575,780	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056176	15,902,518	59.00
60.00	06000	LABORATORY	0.094344	37,956,431	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.316944	2,303,130	63.00
65.00	06500	RESPIRATORY THERAPY	0.247921	10,886,479	65.00
65.01	06501	SLEEP LAB	0.090236	9,785	65.01
66.00	06600	PHYSICAL THERAPY	0.323861	3,103,528	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220785	974,494	67.00
68.00	06800	SPEECH PATHOLOGY	0.175194	974,713	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.084585	16,970,875	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269854	10,847,838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.232593	35,825,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195813	44,722,331	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.280336	0	73.01
74.00	07400	RENAL DIALYSIS	0.446633	1,743,271	74.00
76.00	03020	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.229359	471,211	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.114432	55,261	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.02	09002	PAIN CLINIC	0.997922	1,063	90.02
90.03	09003	ONCOLOGY CLINIC	0.063549	85,007	90.03
91.00	09100	EMERGENCY	0.078063	25,994,850	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.278047	782,746	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.371481	915,471	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		290,061,514	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		290,061,514	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T089		Date/Time Prepared: 5/20/2016 10:46 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	02060 NEONATAL INTENSIVE CARE UNIT		0		32.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		6,610,808		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.092870	59,002	5,480	50.00
51.00	05100 RECOVERY ROOM	0.164816	4,977	820	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.161143	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.084889	400,723	34,017	54.00
57.00	03280 EKG AND EEG	0.025462	14,112	359	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056176	0	0	59.00
60.00	06000 LABORATORY	0.094344	906,522	85,525	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.316944	36,550	11,584	63.00
65.00	06500 RESPIRATORY THERAPY	0.247921	181,021	44,879	65.00
65.01	06501 SLEEP LAB	0.090236	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.323861	1,673,168	541,874	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.220785	1,982,530	437,713	67.00
68.00	06800 SPEECH PATHOLOGY	0.175194	644,311	112,879	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.084585	42,060	3,558	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269854	62,137	16,768	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.232593	1,993	464	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.195813	1,242,914	243,379	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.280336	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.446633	68,583	30,631	74.00
76.00	03020 CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.229359	261	60	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.114432	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.02	09002 PAIN CLINIC	0.997922	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.063549	0	0	90.03
91.00	09100 EMERGENCY	0.078063	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.278047	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.371481	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		7,320,864	1,569,990	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		7,320,864		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/20/2016 10:46 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,568,554	30.00
31.00	03100	INTENSIVE CARE UNIT		4,429,163	31.00
32.00	02060	NEONATAL INTENSIVE CARE UNIT		1,847,733	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		175,200	41.00
43.00	04300	NURSERY		406,518	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.092853	2,780,145	258,145 50.00
51.00	05100	RECOVERY ROOM	0.164816	276,564	45,582 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.161143	1,022,262	164,730 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.084889	2,450,288	208,002 54.00
57.00	03280	EKG AND EEG	0.025462	120,945	3,080 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056176	1,419,800	79,759 59.00
60.00	06000	LABORATORY	0.093992	4,383,555	412,019 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.311828	210,401	65,609 63.00
65.00	06500	RESPIRATORY THERAPY	0.247921	1,518,927	376,574 65.00
65.01	06501	SLEEP LAB	0.089940	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.323861	238,400	77,208 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.220785	175,886	38,833 67.00
68.00	06800	SPEECH PATHOLOGY	0.175194	136,339	23,886 68.00
68.01	06801	AUDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.084585	1,318,767	111,548 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269854	671,837	181,298 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.232593	1,758,412	408,994 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.195813	5,930,565	1,161,282 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.280336	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.446633	77,760	34,730 74.00
76.00	03020	CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.229359	51,234	11,751 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.114432	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.02	09002	PAIN CLINIC	0.997922	472	471 90.02
90.03	09003	ONCOLOGY CLINIC	0.063549	0	0 90.03
91.00	09100	EMERGENCY	0.073650	2,989,925	220,208 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.278047	60,023	16,689 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.371481	94,561	35,128 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		27,687,068	3,935,526 200.00
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)		27,687,068	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/20/2016 10:46 am
		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)		44,791,048	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,856,152	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,052,365	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		11,637,556	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		298.82	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		50.70	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		12.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		60.18	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)		60.18	12.00
13.00	Total allowable FTE count for the prior year.		57.23	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.		52.13	14.00
15.00	Sum of lines 12 through 14 divided by 3.		56.51	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		56.51	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.189111	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.204766	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.189111	21.00
22.00	IME payment adjustment (see instructions)		5,851,390	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		1,141,644	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-2.52	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)		5,851,390	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		1,141,644	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.17	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.53	31.00
32.00	Sum of lines 30 and 31		31.70	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.37	33.00
34.00	Disproportionate share adjustment (see instructions)		2,291,944	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/20/2016 10:46 am	
		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	0	35.00
35.01	Factor 3 (see instructions)		0.000545572	0.000546961	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,172,343	3,503,913	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,120,683	880,765	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,001,448		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)		72,844,347		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)		73,985,991		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,496,308		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,174,105		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		22,048		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)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		81,678,452		59.00
60.00	Primary payer payments		29,403		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		81,649,049		61.00
62.00	Deductibles billed to program beneficiaries		6,421,776		62.00
63.00	Coinurance billed to program beneficiaries		356,664		63.00
64.00	Allowable bad debts (see instructions)		794,140		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		516,191		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		206,675		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		75,386,800		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)		-177,988		70.93
70.94	HRR adjustment amount (see instructions)		-100,001		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/20/2016 10:46 am	
		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)		75,108,811		71.00
71.01	Sequestration adjustment (see instructions)		1,502,176		71.01
72.00	Interim payments		71,955,635		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)		1,651,000		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)		12,011,811		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: 150089

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/20/2016 10:46 am

		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	44,791,048	0	44,791,048	0	44,791,048	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,856,152	0	0	14,856,152	14,856,152	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,052,365	0	765,991	286,374	1,052,365	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,637,556	0	8,830,707	2,806,849	11,637,556	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.189111	0.189111	0.189111	0.189111		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,851,390	0	4,394,001	1,457,389	5,851,390	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,141,644	0	866,292	275,352	1,141,644	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	5,851,390	0	4,394,001	1,457,389	5,851,390	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,141,644	0	866,292	275,352	1,141,644	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1537	0.1537	0.1537	0.1537		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,291,944	0	1,721,096	570,848	2,291,944	11.00
11.01	Uncompensated care payments	36.00	4,001,448	0	3,120,683	880,765	4,001,448	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	72,844,347	0	54,792,819	18,051,528	72,844,347	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	73,985,991	0	55,659,111	18,326,880	73,985,991	15.00
16.00	Payment for inpatient program capital	50.00	5,496,308	0	4,123,969	1,372,339	5,496,308	16.00
17.00	Special add-on payments for new technologies	54.00	22,048	0	20,281	1,767	22,048	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: 150089

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/20/2016 10:46 am

		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	59,803,361	19,700,986	79,504,347	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,769,783	0	3,579,561	1,190,222	4,769,783	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	44,446	0	44,446	11,915	56,361	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	0.0767	0.0767	0.0767	0.0767		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	365,842	0	274,552	91,290	365,842	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0663	0.0663	0.0663	0.0663		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	316,237	0	237,325	78,912	316,237	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,496,308	0	4,123,969	1,372,339	5,496,308	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: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/20/2016 10:46 am
Title XVIII			Hospital	PPS

	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)	
	0	1.00	2.00	3.00	4.00	
1.00	DRG amounts other than outlier payments	1.00				1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	44,791,048	44,791,048		44,791,048
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,856,152		14,856,152	14,856,152
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0
2.00	Outlier payments for discharges (see instructions)	2.00	1,052,365	765,991	286,374	1,052,365
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0
3.00	Operating outlier reconciliation	2.01	0	0	0	0
4.00	Managed care simulated payments	3.00	11,637,556	8,830,707	2,806,849	11,637,556
Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.189111	0.189111	0.189111	
6.00	IME payment adjustment (see instructions)	22.00	5,851,390	4,394,001	1,457,389	5,851,390
6.01	IME payment adjustment for managed care (see instructions)	22.01	1,141,644	866,292	275,352	1,141,644
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	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0
9.00	Total IME payment (sum of lines 6 and 8)	29.00	5,851,390	4,394,001	1,457,389	5,851,390
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	1,141,644	866,292	275,352	1,141,644
Disproportionate Share Adjustment						
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1537	0.1537	0.1537	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,291,944	1,721,096	570,848	2,291,944
11.01	Uncompensated care payments	36.00	4,001,448	3,120,683	880,765	4,001,448
Additional payment for high percentage of ESRD beneficiary discharges						
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0
13.00	Subtotal (see instructions)	47.00	72,844,347	54,792,819	18,051,528	72,844,347
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0
15.00	Total payment for inpatient operating costs (see instructions)	49.00	73,985,991	55,659,111	18,326,880	73,985,991
16.00	Payment for inpatient program capital	50.00	5,496,308	4,135,884	1,360,424	5,496,308
17.00	Special add-on payments for new technologies	54.00	22,048	20,281	1,767	22,048
17.01	Net organ acquisition cost	55.00	0	0	0	0
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0
19.00	SUBTOTAL			59,815,276	19,689,071	79,504,347

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/20/2016 10:46 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,769,783	3,579,561	1,190,222	4,769,783	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	44,446	44,446	0	44,446	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	0.0767	0.0767	0.0767		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	365,842	274,552	91,290	365,842	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0663	0.0663	0.0663		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	316,237	237,325	78,912	316,237	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,496,308	4,135,884	1,360,424	5,496,308	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	-177,988	-111,371	-66,617	-177,988	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	-100,001	-85,142	-14,859	-100,001	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: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/20/2016 10:46 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		45,040	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,010,842	2.00
3.00	PPS payments		36,055,964	3.00
4.00	Outlier payment (see instructions)		213,388	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		45,040	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		248,290	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)		248,290	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)		248,290	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		203,250	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)		45,040	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)		36,269,352	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		33	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,841,306	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)		29,473,053	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		909,670	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)		30,382,723	30.00
31.00	Primary payer payments		2,313	31.00
32.00	Subtotal (line 30 minus line 31)		30,380,410	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,037,242	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		674,207	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		667,361	36.00
37.00	Subtotal (see instructions)		31,054,617	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-359	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)		2,960	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		31,054,976	40.00
40.01	Sequestration adjustment (see instructions)		621,100	40.01
41.00	Interim payments		29,903,539	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		530,337	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: 150089

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2016 10:46 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		71,955,635		29,903,539	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)		71,955,635		29,903,539	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		1,651,000		530,337	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		73,606,635		30,433,876	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150089
Component CCN: 15T089

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

Worksheet E-1
Part I
Date/Time Prepared:
5/20/2016 10:46 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,841,316		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,841,316		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		28,371		0	6.02
7.00	Total Medicare program liability (see instructions)		3,812,945		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150089

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

Worksheet E-1
Part II
Date/Time Prepared:
5/20/2016 10:46 am

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14	17,279	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12	36,425	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2	7,252	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12	77,592	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200	1,577,558,560	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20	98,191,797	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)	784,292	8.00
9.00	Sequestration adjustment amount (see instructions)	15,686	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	768,606	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	800,862	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)	-32,256	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/20/2016 10:46 am
		Component CCN: 15T089	Title VIII	Subprovider - IRF PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		3,683,405	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0265	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		82,508	3.00
4.00	Outlier Payments		150,219	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		62.51	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		11.030137	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		3,916,132	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,916,132	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,916,132	19.00
20.00	Deductibles		11,340	20.00
21.00	Subtotal (line 19 minus line 20)		3,904,792	21.00
22.00	Coinsurance		16,380	22.00
23.00	Subtotal (line 21 minus line 22)		3,888,412	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		3,612	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		2,348	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,890,760	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,890,760	32.00
32.01	Sequestration adjustment (see instructions)		77,815	32.01
33.00	Interim payments		3,841,316	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)		-28,371	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		150,219	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/20/2016 10:46 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			57.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			12.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			61.52	6.00
7.00	Enter the lesser of line 5 or line 6			61.52	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	51.18	10.34	61.52	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	51.18	10.34	61.52	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	51.18	10.34		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	49.51	9.51		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	44.63	8.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	48.44	9.28		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	48.44	9.28		17.00
18.00	Per resident amount	98,007.39	92,804.41		18.00
19.00	Approved amount for resident costs	4,747,478	861,225	5,608,703	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			4.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			5,608,703	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	39,180	7,361		26.00
27.00	Total Inpatient Days (see instructions)	82,756	82,756		27.00
28.00	Ratio of inpatient days to total inpatient days	0.473440	0.088948		28.00
29.00	Program direct GME amount	2,655,384	498,883		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		70,492		30.00
31.00	Net Program direct GME amount			3,083,775	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet E-4 Date/Time Prepared: 5/20/2016 10:46 am
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,977,541	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		76,637,131	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		29,403	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		76,607,728	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,055,882	42.00
43.00	Primary payer payments (see instructions)		2,313	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,053,569	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		108,661,297	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.705014	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.294986	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,083,775	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,174,105	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		909,670	50.00

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

Provider CCN: 150089

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

Worksheet G

Date/Time Prepared:
5/20/2016 10:46 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	179,876,313	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	46,549,906	0	0	0	4.00
5.00	Other receivable	949,738	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,463,883	0	0	0	7.00
8.00	Prepaid expenses	1,039,828	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)	234,879,668	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,924,410	0	0	0	12.00
13.00	Land improvements	4,397,723	0	0	0	13.00
14.00	Accumulated depreciation	-3,486,319	0	0	0	14.00
15.00	Buildings	276,400,118	0	0	0	15.00
16.00	Accumulated depreciation	-151,675,785	0	0	0	16.00
17.00	Leasehold improvements	367,634	0	0	0	17.00
18.00	Accumulated depreciation	-275,194	0	0	0	18.00
19.00	Fixed equipment	15,402,160	0	0	0	19.00
20.00	Accumulated depreciation	-12,976,075	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	146,860,925	0	0	0	23.00
24.00	Accumulated depreciation	-120,289,412	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)	157,650,185	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	31,601,979	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	28,238,085	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	59,840,064	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	452,369,917	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	15,401,357	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,625,262	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,304,018	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	7,336,457	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	37,667,094	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	81,001,896	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	52,108,218	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	133,110,114	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	170,777,208	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	281,592,709				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)	281,592,709	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	452,369,917	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150089

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

Worksheet G-1

Date/Time Prepared:
5/20/2016 10:46 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		205,431,902		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		94,547,634			2.00
3.00	Total (sum of line 1 and line 2)		299,979,536		0	3.00
4.00	PENSION	571,509		0		4.00
5.00	DONATED PP&E	5,515,975		0		5.00
6.00	ROUNDING	1		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)		6,087,485		0	10.00
11.00	Subtotal (line 3 plus line 10)		306,067,021		0	11.00
12.00	UNRESTRICTED FUND BALANCE	24,474,312		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)		24,474,312		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		281,592,709		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	PENSION		0			4.00
5.00	DONATED PP&E		0			5.00
6.00	ROUNDING		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	UNRESTRICTED FUND BALANCE		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150089

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/20/2016 10:46 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	167,345,412		167,345,412	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	9,671,681		9,671,681	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	177,017,093		177,017,093	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	56,622,388		56,622,388	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	18,002,879		18,002,879	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	74,625,267		74,625,267	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	251,642,360		251,642,360	17.00
18.00	Ancillary services	561,960,329	523,124,054	1,085,084,383	18.00
19.00	Outpatient services	56,351,148	177,415,480	233,766,628	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	14,303	7,050,885	7,065,188	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PAVILLION PHARMACY	0	5,744,180	5,744,180	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	869,968,140	713,334,599	1,583,302,739	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		306,387,897		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)		306,387,897		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150089

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

Worksheet G-3

Date/Time Prepared:
5/20/2016 10:46 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,583,302,739	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,200,329,994	2.00
3.00	Net patient revenues (line 1 minus line 2)	382,972,745	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	306,387,897	4.00
5.00	Net income from service to patients (line 3 minus line 4)	76,584,848	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	17,962,786	24.00
25.00	Total other income (sum of lines 6-24)	17,962,786	25.00
26.00	Total (line 5 plus line 25)	94,547,634	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)	94,547,634	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150089	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/20/2016 10:46 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,769,783	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		44,446	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)		215.70	3.00
4.00	Number of interns & residents (see instructions)		56.51	4.00
5.00	Indirect medical education percentage (see instructions)		7.67	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)		365,842	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		6.17	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.53	8.00
9.00	Sum of lines 7 and 8		31.70	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.63	10.00
11.00	Disproportionate share adjustment (see instructions)		316,237	11.00
12.00	Total prospective capital payments (see instructions)		5,496,308	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