

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: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet 5 Parts I-III Date/Time Prepared: 5/24/2016 4:24 pm
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PART I - COST REPORT STATUS

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

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

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

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

Date: 5/24/2016 Time: 4:24 pm

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 COMMUNITY HOSPITAL ANDERSON (150113) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/24/2016 Time: 4:24 pm
 tdxbvRny5Vn4vcxpinfj.gmlBSCbw0
 uygdv0c49uFYwVL9o.h5CJaOSJLb9.
 QY5L1vYFwsOX8nv1

PI: Date: 5/24/2016 Time: 4:24 pm
 Qu0Uht5VmwNlZFmjDXiKswi115IPE0
 ArFs40wD09TRgnE:b1SjIt:mpPkD:N
 Xg.w0y0w7H0M8Nww

(Signed) John B. Hami
 Officer or Administrator of Provider(s)
VP Finance / CFO
 Title
5-25-16
 Date

Title V	Title XVIII		HIT	Title XIX	
	Part A	Part B			
1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY					
1.00	0	291,583	225,644	-1,141,208	-88,015
2.00	0	0	0	0	0
3.00	0	0	0	0	0
4.00	0	0	0	0	0
5.00	0	0	0	0	0
6.00	0	0	0	0	0
7.00	0	0	0	0	0
8.00	0	0	0	0	0
9.00	0	0	0	0	0
10.00	0	0	0	0	0
11.00	0	0	0	0	0
12.00	0	0	0	0	0
200.00	0	291,583	225,644	-1,141,208	-88,015

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: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 1:26 pm					
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1515 NORTH MADISON AVE			PO Box:						1.00		
2.00	City: ANDERSON			State: IN	Zip Code: 46011	County: MADISON				2.00		
Component Name												
1.00												
2.00												
3.00												
4.00												
5.00												
6.00												
7.00												
8.00												
9.00												
10.00												
11.00												
12.00												
13.00												
14.00												
15.00												
16.00												
17.00												
17.10												
18.00												
19.00												
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			COMMUNITY HOSPITAL ANDERSON	150113	26900	1	01/01/1966	N	P	0	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											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
17.10	Hospital-Based (CORF) I											17.10
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 days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,198	394	0	4	3,623	72		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0			25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 1:26 pm			
		Urban/Rural	St	Date of Geogra			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	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)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der 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)			0.00	0.00	0.000000	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)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 1:26 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N		0		76.00
				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		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 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		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		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	
						1.00 2.00 3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	496,143		288,369		0	
						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			
119.00	DO NOT USE THIS LINE						
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	
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			
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			
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.						
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.						
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.						
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.						
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.						
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.						
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.						
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.						
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.						

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 1:26 pm				
		1.00	2.00					
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0040	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: COMMUNITY HEALTH NETWORK	Contractor's Name: WPS		Contractor's Number: 08101				
142.00	Street: 1500 NORTH RITTER AVE	PO Box:						
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219				
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00				
				1.00 2.00				
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y		145.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00				
				1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00				
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00				
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00				
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
161.10	CORF		N	N	N	161.10		
				1.00				
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00				
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00				
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00				
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)			168.01				
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.25		169.00				
		Beginning		Ending				
		1.00		2.00				
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012		09/30/2013		170.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/24/2016 1:26 pm	
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/24/2016 1:26 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/20/2016	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150113

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2016 1:26 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
		1.00	2.00	3.00	
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REX		SHERA	41.00
42.00	Enter the employer/company name of the cost report preparer	ERNST & YOUNG LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3176817519		REX.SHERA@EY.COM	43.00

		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)	04/20/2016	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	EXECUTIVE DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150113

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	128	46,720	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)		128	46,720	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		140	51,100	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		140				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150113

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	9,095	924	20,388			1.00
2.00 HMO and other (see instructions)	3,288	3,356				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	9,095	924	20,388			7.00
8.00 INTENSIVE CARE UNIT	1,268	0	1,317			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,939	2,103			13.00
14.00 Total (see instructions)	10,363	2,863	23,808	0.00	1,014.45	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	237			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,014.45	27.00
28.00 Observation Bed Days		1,205	2,442			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			401			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	72	104			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: 150113

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,610	1,133	7,165	1.00
2.00	HMO and other (see instructions)			830	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,610	1,133	7,165	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/24/2016 1:26 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	56,291,520	0	56,291,520	2,110,063.23	26.68	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		742,557	0	742,557	9,479.70	78.33	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		11,860	0	11,860	107.00	110.84	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,102,567	30,552	3,133,119	90,495.47	34.62	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		1,564,091	0	1,564,091	16,423.79	95.23	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		148,400	0	148,400	1,629.67	91.06	13.00
14.00	Home office salaries & wage-related costs		1,098,860	0	1,098,860	21,594.00	50.89	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		14,698,908	0	14,698,908			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		869,739	0	869,739			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		211,485	0	211,485			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,710,920	0	2,710,920	86,644.75	31.29	26.00
27.00	Administrative & General	5.00	9,265,775	0	9,265,775	346,497.99	26.74	27.00
28.00	Administrative & General under contract (see inst.)		6,162,809	0	6,162,809	64,787.20	95.12	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,926,783	0	1,926,783	73,208.63	26.32	30.00
31.00	Laundry & Linen Service	8.00	0	57,413	57,413	3,923.00	14.63	31.00
32.00	Housekeeping	9.00	1,244,783	-57,413	1,187,370	81,121.41	14.64	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,310,281	-829,487	480,794	30,839.25	15.59	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	829,487	829,487	53,206.00	15.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,026,371	0	1,026,371	23,188.03	44.26	38.00
39.00	Central Services and Supply	14.00	836,657	0	836,657	58,099.60	14.40	39.00
40.00	Pharmacy	15.00	1,501,512	0	1,501,512	42,881.03	35.02	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2016 1:26 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,174,141	0	1,174,141	47,882.13	24.52	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150113

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2016 1:26 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	61,699,912	0	61,699,912	2,165,263.73	28.50	1.00
2.00	Excluded area salaries (see instructions)	3,102,567	30,552	3,133,119	90,495.47	34.62	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,597,345	-30,552	58,566,793	2,074,768.26	28.23	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,811,351	0	2,811,351	39,647.46	70.91	4.00
5.00	Subtotal wage-related costs (see inst.)	14,698,908	0	14,698,908	0.00	25.10	5.00
6.00	Total (sum of lines 3 thru 5)	76,107,604	-30,552	76,077,052	2,114,415.72	35.98	6.00
7.00	Total overhead cost (see instructions)	27,160,032	0	27,160,032	912,279.02	29.77	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2016 1:26 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,996,428 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			8,247,295 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			28,299 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			196,058 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			195,850 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			3,973,523 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			89,034 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			53,643 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			15,780,130 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: 150113

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/24/2016 1:26 pm	
				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)		0.266671		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		28,021,778		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		56,282,178		6.00
7.00	Medicaid cost (line 1 times line 6)		15,008,825		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)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		25,657		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		107,725		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		8,000		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	6,360,789	1,917,184	8,277,973	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,696,238	511,257	2,207,495	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,696,238	511,257	2,207,495	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			8,627,355	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			473,852	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			8,153,503	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,174,303	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			4,381,798	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			4,381,798	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/24/2016 1:26 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	4,712,826	4,712,826	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	3,620,090	3,620,090	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,710,920	12,111,662	14,822,582	-120,882	14,701,700	4.00
5.00 00500 ADMIN STRATIVE & GENERAL	9,265,775	17,394,923	26,660,698	-2,212,870	24,447,828	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,926,783	6,426,845	8,353,628	-935,125	7,418,503	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	146,970	146,970	8.00
9.00 00900 HOUSEKEEPING	1,244,783	381,611	1,626,394	-166,081	1,460,313	9.00
10.00 01000 DIETARY	1,310,281	1,155,563	2,465,844	-1,593,508	872,336	10.00
11.00 01100 CAFETERIA	0	0	0	1,561,028	1,561,028	11.00
13.00 01300 NURSING ADMINISTRATION	1,026,371	142,419	1,168,790	-203	1,168,587	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	836,657	2,177,987	3,014,644	-110,611	2,904,033	14.00
15.00 01500 PHARMACY	1,501,512	6,199,481	7,700,993	-5,831,379	1,869,614	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,174,141	460,835	1,634,976	-65	1,634,911	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0	0	63,986	63,986	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	11,451,419	2,574,744	14,026,163	-1,954,890	12,071,273	30.00
31.00 03100 INTENSIVE CARE UNIT	1,575,190	704,754	2,279,944	-440,606	1,839,338	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	2,868	2,868	595,301	598,169	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,259,079	16,798,843	21,057,922	-14,970,206	6,087,716	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	742,557	2,755,270	3,497,827	-62,667	3,435,160	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,390,849	1,663,803	4,054,652	-649,264	3,405,388	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	248,272	568,469	816,741	-246,508	570,233	56.00
57.00 05700 CT SCAN	334,403	514,360	848,763	-371,516	477,247	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	305,629	505,628	811,257	-299,967	511,290	58.00
59.00 05900 CARDIAC CATHETERIZATION	585,134	1,266,193	1,851,327	-1,115,923	735,404	59.00
60.00 06000 LABORATORY	2,031,214	3,390,024	5,421,238	-1,834,810	3,586,428	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	205,527	535,115	740,642	-515,637	225,005	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	795,241	268,788	1,064,029	-149,700	914,329	65.00
66.00 06600 PHYSICAL THERAPY	1,585,887	454,028	2,039,915	-126,571	1,913,344	66.00
67.00 06700 OCCUPATIONAL THERAPY	317,673	30,517	348,190	3,118	351,308	67.00
68.00 06800 SPEECH PATHOLOGY	178,201	16,906	195,107	6,448	201,555	68.00
69.00 06900 ELECTROCARDIOLOGY	431,013	125,052	556,065	-67,788	488,277	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	479,431	267,201	746,632	-52,068	694,564	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,120,921	10,120,921	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,352,069	10,352,069	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	5,598,680	5,598,680	73.00
74.00 07400 RENAL DIALYSIS	0	152,628	152,628	-3,224	149,404	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	339,468	753,497	1,092,965	-209,281	883,684	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY	766,286	-5,051,714	-4,285,428	-939,105	-5,224,533	90.03
90.04 09004 MUNCIE CLINIC	0	125,657	125,657	-69,904	55,753	90.04
90.05 09005 ANTI COAGULATION CLINIC	247,583	71,813	319,396	-47,165	272,231	90.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150113

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

Worksheet A
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.06	09006	PREGNANCY PLUS	133,951	18,953	152,904	-922	151,982	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	38,255	38,255	-35,300	2,955	90.09
91.00	09100	EMERGENCY	2,787,723	898,686	3,686,409	-601,517	3,084,892	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,188,953	75,901,664	129,090,617	1,046,174	130,136,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	717,496	425,613	1,143,109	-32,056	1,111,053	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	259,310	42,257	301,567	-20,652	280,915	190.03
190.04	19004	SUMMIT CONV. (LTC)	188,979	73,779	262,758	-843	261,915	190.04
190.05	19005	PARKVIEW CONV. (LTC)	281,055	19,960	301,015	0	301,015	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	113,174	8,964	122,138	0	122,138	190.06
190.07	19007	NH PARK PLACE (LTC)	29,885	2,219	32,104	0	32,104	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	664,521	241,866	906,387	-41,729	864,658	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	68,064	61,280	129,344	-2,512	126,832	190.12
190.13	19013	RHEUMATOLOGY	414,049	415,194	829,243	-29,885	799,358	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,603,065	2,603,065	-912,262	1,690,803	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	196,440	827,501	1,023,941	-347	1,023,594	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	169,594	28,620	198,214	-5,888	192,326	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	538	538	0	538	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	56,291,520	80,652,520	136,944,040	0	136,944,040	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150113

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

Worksheet A
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-65,471	4,647,355	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,620,090	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,990,877	11,710,823	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,692,640	20,755,188	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-58,641	7,359,862	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	146,970	8.00
9.00	00900	HOUSEKEEPING	0	1,460,313	9.00
10.00	01000	DIETARY	0	872,336	10.00
11.00	01100	CAFETERIA	-836,651	724,377	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,168,587	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-1,752	2,902,281	14.00
15.00	01500	PHARMACY	0	1,869,614	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-7,207	1,627,704	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	177,330	241,316	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,381	12,067,892	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,839,338	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	598,169	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,087,716	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-3,375,403	59,757	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-323,449	3,081,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	570,233	56.00
57.00	05700	CT SCAN	0	477,247	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	511,290	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	735,404	59.00
60.00	06000	LABORATORY	0	3,586,428	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	225,005	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	914,329	65.00
66.00	06600	PHYSICAL THERAPY	-15,906	1,897,438	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	351,308	67.00
68.00	06800	SPEECH PATHOLOGY	0	201,555	68.00
69.00	06900	ELECTROCARDIOLOGY	7,609	495,886	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,422	712,986	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,120,921	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,352,069	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	91,784	5,690,464	73.00
74.00	07400	RENAL DIALYSIS	0	149,404	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	-501,241	382,443	90.01
90.02	09002	KIDS PLUS CLINIC	-7,659	-7,659	90.02
90.03	09003	ONCOLOGY	-2,478,135	-7,702,668	90.03
90.04	09004	MUNCIE CLINIC	0	55,753	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	272,231	90.05
90.06	09006	PREGNANCY PLUS	0	151,982	90.06
90.07	09007	O/P LAB	0	0	90.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150113

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

Worksheet A
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
90.08	09008	O/P LAB	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	2,955	90.09
91.00	09100	EMERGENCY	-20,822	3,064,070	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-14,084,090	116,052,701	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	1,111,053	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	280,915	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	261,915	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	301,015	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	122,138	190.06
190.07	19007	NH PARK PLACE (LTC)	0	32,104	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	864,658	190.10
190.11	19011	ONCOLOGIST	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	126,832	190.12
190.13	19013	RHEUMATOLOGY	0	799,358	190.13
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,690,803	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	192.01
192.02	19202	FOUNDATION	0	1,023,594	192.02
192.03	19203	SPOE	0	0	192.03
192.04	19204	HEALTHY HEART	0	192,326	192.04
192.05	19205	VACANT SPACE	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	538	192.07
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-14,084,090	122,859,950	200.00

RECLASSIFICATIONS

Provider CCN: 150113

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

Worksheet A-6

Date/Time Prepared:
5/24/2016 1:26 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,933,697	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,247,360	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
TOTALS			0	7,181,057	
B - DRUGS & SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,120,921	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,352,069	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,598,680	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
	TOTALS		0	26,071,670	
C - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	286,071	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	300,910	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
	TOTALS		0	586,981	
D - LABOR & DELIVERY					
1.00	NURSERY	43.00	466,052	132,117	1.00
	TOTALS		466,052	132,117	
E - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	884,274	779,859	1.00
	TOTALS		884,274	779,859	
F - SPECIAL MEALS					
1.00	DIETARY	10.00	54,787	48,318	1.00
	TOTALS		54,787	48,318	
G - INTEREST & INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	354,878	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	138,180	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	71,820	3.00
	TOTALS		0	564,878	
H - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	57,413	89,557	1.00
	TOTALS		57,413	89,557	
I - POB UTILITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,949	1.00
2.00	LABORATORY	60.00	0	4,264	2.00
3.00	PHYSICAL THERAPY	66.00	0	10,539	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	7,272	4.00
5.00	SPEECH PATHOLOGY	68.00	0	8,746	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	14,383	6.00
7.00	ONCOLOGY	90.03	0	50,486	7.00
	TOTALS		0	101,639	
J - EMS PARAMED					
1.00	PARAMED PRGM-(EMS)	23.00	30,552	33,434	1.00
	TOTALS		30,552	33,434	
500.00	Grand Total: Increases		1,493,078	35,589,510	500.00

RECLASSIFICATIONS

Provider CCN: 150113

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 1:26 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
A - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	66,749	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,536,170	9	2.00	
3.00	OPERATION OF PLANT	7.00	0	880,577	0	3.00	
4.00	HOUSEKEEPING	9.00	0	11,737	0	4.00	
5.00	DIETARY	10.00	0	27,205	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	203	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	47,468	0	7.00	
8.00	PHARMACY	15.00	0	4,965	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	218,821	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	148,061	0	10.00	
11.00	NURSERY	43.00	0	2,868	0	11.00	
12.00	OPERATING ROOM	50.00	0	991,488	0	12.00	
13.00	ANESTHESIOLOGY	53.00	0	18,671	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	442,020	0	14.00	
15.00	RADIOISOTOPE	56.00	0	7,050	0	15.00	
16.00	CT SCAN	57.00	0	286,699	0	16.00	
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	283,288	0	17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	87,336	0	18.00	
19.00	LABORATORY	60.00	0	257,474	0	19.00	
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,709	0	20.00	
21.00	RESPIRATORY THERAPY	65.00	0	33,903	0	21.00	
22.00	PHYSICAL THERAPY	66.00	0	5,210	0	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	0	608	0	23.00	
24.00	SPEECH PATHOLOGY	68.00	0	1,004	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	54,576	0	25.00	
26.00	ELECTROENCEPHALOGRAPHY	70.00	0	17,629	0	26.00	
27.00	WOUND/OSTOMY CLINIC	90.01	0	28,373	0	27.00	
28.00	ONCOLOGY	90.03	0	687,925	0	28.00	
29.00	MUNCIE CLINIC	90.04	0	69,857	0	29.00	
30.00	ANTI COAGULATION CLINIC	90.05	0	6,868	0	30.00	
31.00	PREGNANCY PLUS	90.06	0	815	0	31.00	
32.00	FORTVILLE CLINIC	90.09	0	1,018	0	32.00	
33.00	EMERGENCY	91.00	0	114,290	0	33.00	
34.00	WELLNESS CENTERS	190.01	0	804	0	34.00	
35.00	NORTHVIEW CONV. (LTC)	190.03	0	20,162	0	35.00	
36.00	CLINICAL RESEARCH CENTER	190.10	0	2,340	0	36.00	
37.00	MEDICAL INTERNIST	190.12	0	52	0	37.00	
38.00	RHEUMATOLOGY	190.13	0	5,493	0	38.00	
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	808,647	0	39.00	
40.00	HEALTHY HEART	192.04	0	924	0	40.00	
TOTALS			0	7,181,057			
B - DRUGS & SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	54,133	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	117,771	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	54,485	0	3.00	
4.00	HOUSEKEEPING	9.00	0	7,374	0	4.00	
5.00	DIETARY	10.00	0	5,275	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	63,143	0	6.00	
7.00	PHARMACY	15.00	0	5,546,006	0	7.00	
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	65	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	1,137,900	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	292,545	0	10.00	
11.00	OPERATING ROOM	50.00	0	13,976,718	0	11.00	
12.00	ANESTHESIOLOGY	53.00	0	43,996	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	207,244	0	13.00	
14.00	RADIOISOTOPE	56.00	0	239,458	0	14.00	
15.00	CT SCAN	57.00	0	84,817	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,679	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	1,028,587	0	17.00	
18.00	LABORATORY	60.00	0	1,549,068	0	18.00	
19.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	513,928	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	115,797	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	14,973	0	21.00	
22.00	OCCUPATIONAL THERAPY	67.00	0	3,546	0	22.00	
23.00	SPEECH PATHOLOGY	68.00	0	1,294	0	23.00	
24.00	ELECTROCARDIOLOGY	69.00	0	17,628	0	24.00	
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	28,879	0	25.00	
26.00	RENAL DIALYSIS	74.00	0	3,224	0	26.00	
27.00	WOUND/OSTOMY CLINIC	90.01	0	180,908	0	27.00	

RECLASSIFICATIONS

Provider CCN: 150113

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

Worksheet A-6
Date/Time Prepared:
5/24/2016 1:26 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
28.00	ONCOLOGY	90.03	0	259,084	0	28.00	
29.00	MUNCIE CLINIC	90.04	0	47	0	29.00	
30.00	ANTI COAGULATION CLINIC	90.05	0	40,297	0	30.00	
31.00	PREGNANCY PLUS	90.06	0	107	0	31.00	
32.00	EMERGENCY	91.00	0	423,241	0	32.00	
33.00	WELLNESS CENTERS	190.01	0	31,252	0	33.00	
34.00	NORTHVIEW CONV. (LTC)	190.03	0	490	0	34.00	
35.00	SUMMIT CONV. (LTC)	190.04	0	843	0	35.00	
36.00	CLINICAL RESEARCH CENTER	190.10	0	1,121	0	36.00	
37.00	MEDICAL INTERNIST	190.12	0	2,460	0	37.00	
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,976	0	38.00	
39.00	FOUNDATION	192.02	0	347	0	39.00	
40.00	HEALTHY HEART	192.04	0	4,964	0	40.00	
	TOTALS		0	26,071,670			
C - RENT							
1.00	OPERATION OF PLANT	7.00	0	63	9	1.00	
2.00	PHARMACY	15.00	0	280,408	9	2.00	
3.00	OPERATING ROOM	50.00	0	2,000	0	3.00	
4.00	LABORATORY	60.00	0	32,532	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	116,927	0	5.00	
6.00	ELECTROCARDIOLOGY	69.00	0	9,967	0	6.00	
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,560	0	7.00	
8.00	ONCOLOGY	90.03	0	42,582	0	8.00	
9.00	FORTVILLE CLINIC	90.09	0	34,282	0	9.00	
10.00	CLINICAL RESEARCH CENTER	190.10	0	38,268	0	10.00	
11.00	RHEUMATOLOGY	190.13	0	24,392	0	11.00	
	TOTALS		0	586,981			
D - LABOR & DELIVERY							
1.00	ADULTS & PEDIATRICS	30.00	466,052	132,117	0	1.00	
	TOTALS		466,052	132,117			
E - CAFETERIA RECLASS							
1.00	DIETARY	10.00	884,274	779,859	0	1.00	
	TOTALS		884,274	779,859			
F - SPECIAL MEALS							
1.00	CAFETERIA	11.00	54,787	48,318	0	1.00	
	TOTALS		54,787	48,318			
G - INTEREST & INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	354,878	11	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	210,000	12	2.00	
3.00					12	3.00	
	TOTALS		0	564,878			
H - LAUNDRY							
1.00	HOUSEKEEPING	9.00	57,413	89,557	0	1.00	
	TOTALS		57,413	89,557			
I - POB UTILITIES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	101,639	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
	TOTALS		0	101,639			
J - EMS PARAMED							
1.00	EMERGENCY	91.00	30,552	33,434	0	1.00	
	TOTALS		30,552	33,434			
500.00	Grand Total: Decreases		1,493,078	35,589,510		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150113

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,188,988	135,000	0	135,000	0	1.00
2.00	Land Improvements	1,939,229	132,375	0	132,375	0	2.00
3.00	Buildings and Fixtures	61,222,144	4,551,570	1,513,498	6,065,068	3,263,674	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	18,972,454	490,211	0	490,211	74,252	5.00
6.00	Movable Equipment	45,069,440	3,163,340	555,136	3,718,476	1,073,807	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	133,392,255	8,472,496	2,068,634	10,541,130	4,411,733	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	133,392,255	8,472,496	2,068,634	10,541,130	4,411,733	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,323,988	0				1.00
2.00	Land Improvements	2,071,604	1,748,799				2.00
3.00	Buildings and Fixtures	64,023,538	25,233,397				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	19,388,413	9,386,355				5.00
6.00	Movable Equipment	47,714,109	27,162,546				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	139,521,652	63,531,097				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	139,521,652	63,531,097				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150113

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2016 1:26 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150113

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	91,807,544	0	91,807,544	0.658016	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	47,714,109	0	47,714,109	0.341984	0	2.00
3.00	Total (sum of lines 1-2)	139,521,653	0	139,521,653	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,219,768	-2,782	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,548,270	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,768,038	-2,782	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	292,189	138,180	0	0	4,647,355	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	71,820	0	0	3,620,090	2.00
3.00	Total (sum of lines 1-2)	292,189	210,000	0	0	8,267,445	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150113

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

Worksheet A-8

Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-62,689	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-14,031	ADMINISTRATIVE & GENERAL		5.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-80,277	ADMINISTRATIVE & GENERAL		5.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-58,516	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-9,427,012				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,239	ADMINISTRATIVE & GENERAL		5.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,090,121				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-743,905	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others	B	-2,782	CAP REL COSTS-BLDG & FIXT		1.00	10 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-7,207	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 NONREIMBURSABLE PHYSICIAN PTO SOLD	A	-11,860	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00
33.01 PHYSICIAN RECRUITMENT	A	-360	ADMINISTRATIVE & GENERAL		5.00	0 33.01
33.03 ADVERTISING	A	-83,340	ADMINISTRATIVE & GENERAL		5.00	0 33.03

Provider CCN: 150113
 Period: From 01/01/2015 To 12/31/2015
 Worksheet A-8
 Date/Time Prepared: 5/24/2016 1:26 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.05 OUTSIDE SERVICES - SPD	B	-1,752	CENTRAL SERVICES & SUPPLY	14.00	0 33.05
33.07 MISC A&G	B	-198,884	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08 SEXUAL RESPONSE UNIT	B	-20,822	EMERGENCY	91.00	0 33.08
33.09 MISC A&P	B	-3,381	ADULTS & PEDIATRICS	30.00	0 33.09
33.10 MISC EMPLOYEE BENEFITS	B	-30,434	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.10
33.13 MISC OPERATION OF PLANT	B	-125	OPERATION OF PLANT	7.00	0 33.13
33.14 GUEST MEALS	A	-27,469	CAFETERIA	11.00	0 33.14
33.15 RADIOLOGY, DIAGNOSTIC	B	-22,363	RADIOLOGY-DIAGNOSTIC	54.00	0 33.15
33.17 MISC OTHER OPERATING REVENUE	B	-925,337	ADMINISTRATIVE & GENERAL	5.00	0 33.17
33.18 ONCOLOGY SERVICES	B	-522,327	ONCOLOGY	90.03	0 33.18
33.19 ESPRESSO TO GO	B	-65,277	CAFETERIA	11.00	0 33.19
33.22 PROCARE ADMINISTRATION	B	-15,906	PHYSICAL THERAPY	66.00	0 33.22
33.28 HOSPITAL ASSESSMENT FEES (HAF)	B	-836,345	ADMINISTRATIVE & GENERAL	5.00	0 33.28
33.31 KIDS PLUS	B	-7,659	KIDS PLUS CLINIC	90.02	0 33.31
33.32 EMS PARAMED EXPENSES FROM HO	A	177,330	PARAMED ED PRGM-(EMS)	23.00	0 33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-14,084,090			50.00

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 150113

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 1:26 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SELF INSURANCE	0	3,029,970
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	81,387	0
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	2,047,442	350,000
4.00	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	43,205	0
4.01	69.00	ELECTROCARDIOLOGY	HOME OFFICE	7,609	0
4.02	70.00	ELECTROENCEPHALOGRAPHY	HOME OFFICE	18,422	0
4.03	73.00	DRUGS CHARGED TO PATIENTS	HOME OFFICE	91,784	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			2,289,849	3,379,970

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

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

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

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

6.00	A	IN PROHEALTH	100.00	0.00	6.00
7.00	B		0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 150113

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2016 1:26 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,029,970	0		1.00
2.00	81,387	0		2.00
3.00	1,697,442	0		3.00
4.00	43,205	0		4.00
4.01	7,609	0		4.01
4.02	18,422	0		4.02
4.03	91,784	0		4.03
5.00	-1,090,121			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150113

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2016 1:26 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	3,384,587	3,236,187	148,400	171,400	1,630	1.00
2.00	53.00	ANESTHESIOLOGY	3,375,403	3,375,403	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	344,291	344,291	0	0	0	3.00
4.00	90.01	WOUND/OSTOMY CLINIC	501,241	501,241	0	0	0	4.00
5.00	90.03	ONCOLOGY	1,955,808	1,955,808	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			9,561,330	9,412,930	148,400		1,630	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	134,318	6,716	0	0	0	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	90.01	WOUND/OSTOMY CLINIC	0	0	0	0	0	4.00
5.00	90.03	ONCOLOGY	0	0	0	0	2,755	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			134,318	6,716	0	0	2,755	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	134,318	14,082	3,250,269	1.00
2.00	53.00	ANESTHESIOLOGY	0	0	0	3,375,403	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	344,291	3.00
4.00	90.01	WOUND/OSTOMY CLINIC	0	0	0	501,241	4.00
5.00	90.03	ONCOLOGY	0	0	0	1,955,808	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	134,318	14,082	9,427,012	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,647,355	4,647,355			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,620,090		3,620,090		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	11,710,823	28,671	38,382	11,777,876	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,755,188	368,205	977,195	2,036,766	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	7,359,862	547,669	167,980	423,538	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	146,970	56,816	0	12,620	8.00
9.00 00900	HOUSEKEEPING	1,460,313	113,764	13,192	261,003	9.00
10.00 01000	DIETARY	872,336	170,350	10,257	105,686	10.00
11.00 01100	CAFETERIA	724,377	33,515	0	182,335	11.00
13.00 01300	NURSING ADMINISTRATION	1,168,587	43,696	228	225,613	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,902,281	83,434	22,105	183,911	14.00
15.00 01500	PHARMACY	1,869,614	52,662	4,871	330,056	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,627,704	66,767	0	258,095	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	241,316	0	0	6,716	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,067,892	846,894	192,094	2,414,761	30.00
31.00 03100	INTENSIVE CARE UNIT	1,839,338	81,415	86,529	346,252	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	598,169	30,707	1,865	102,446	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,087,716	366,727	1,004,800	936,214	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	59,757	4,466	20,986	163,226	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,081,939	316,660	355,384	525,547	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	570,233	24,352	7,924	54,574	56.00
57.00 05700	CT SCAN	477,247	7,389	25,418	73,507	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	511,290	15,370	9,081	67,182	58.00
59.00 05900	CARDIAC CATHETERIZATION	735,404	61,036	68,105	128,622	59.00
60.00 06000	LABORATORY	3,586,428	128,543	217,813	446,493	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	225,005	9,606	1,921	45,178	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	914,329	11,823	38,107	174,807	65.00
66.00 06600	PHYSICAL THERAPY	1,897,438	23,794	4,926	348,603	66.00
67.00 06700	OCCUPATIONAL THERAPY	351,308	14,664	683	69,830	67.00
68.00 06800	SPEECH PATHOLOGY	201,555	8,194	1,031	39,171	68.00
69.00 06900	ELECTROCARDIOLOGY	495,886	25,173	87,432	94,744	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	712,986	25,173	16,972	105,387	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,120,921	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,352,069	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,690,464	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	149,404	3,087	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC	382,443	167,936	9,825	74,620	90.01
90.02 09002	KIDS PLUS CLINIC	-7,659	25,617	0	0	90.02
90.03 09003	ONCOLOGY	-7,702,668	281,372	86,998	168,442	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
90.04 09004 MUNCIE CLINIC	55,753	24,434	14,831	0	95,018	90.04
90.05 09005 ANTI COAGULATION CLINIC	272,231	0	3,842	54,423	330,496	90.05
90.06 09006 PREGNANCY PLUS	151,982	38,934	816	29,445	221,177	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	2,955	19,557	0	0	22,512	90.09
91.00 09100 EMERGENCY	3,064,070	127,278	107,686	606,070	3,905,104	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE					113.00	
114.00 11400 UTILIZATION REVIEW-SNF					114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	116,052,701	4,255,750	3,599,279	11,095,883	114,958,292	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,804	0	0	19,804	190.00
190.01 19001 WELLNESS CENTERS	1,111,053	20,148	815	157,717	1,289,733	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	280,915	0	0	57,000	337,915	190.03
190.04 19004 SUMMIT CONV. (LTC)	261,915	0	0	41,541	303,456	190.04
190.05 19005 PARKVIEW CONV. (LTC)	301,015	0	0	61,780	362,795	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	122,138	0	0	24,877	147,015	190.06
190.07 19007 NH PARK PLACE (LTC)	32,104	0	0	6,569	38,673	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	864,658	34,024	2,630	146,072	1,047,384	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	126,832	0	58	14,962	141,852	190.12
190.13 19013 RHEUMATOLOGY	799,358	0	5,252	91,015	895,625	190.13
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,690,803	304,591	11,017	0	2,006,411	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	1,023,594	3,071	0	43,181	1,069,846	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	192,326	0	1,039	37,279	230,644	192.04
192.05 19205 VACANT SPACE	0	9,967	0	0	9,967	192.05
192.07 19207 PARK PLACE CENTER	538	0	0	0	538	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	122,859,950	4,647,355	3,620,090	11,777,876	122,859,950	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/24/2016 1:26 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,137,354				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	1,937,367	0	10,436,416		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	49,330	0	160,137	425,873	8.00
9.00	00900	HOUSEKEEPING	421,315	0	320,645	289	2,590,521
10.00	01000	DIETARY	264,111	0	480,134	0	67,859
11.00	01100	CAFETERIA	214,326	0	94,462	0	0
13.00	01300	NURSING ADMINISTRATION	327,822	0	123,158	0	28,553
14.00	01400	CENTRAL SERVICES & SUPPLY	727,558	0	235,161	22,282	31,890
15.00	01500	PHARMACY	514,532	0	148,428	0	23,361
16.00	01600	MEDICAL RECORDS & LIBRARY	445,089	0	188,184	0	6,304
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(EMS)	56,539	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,538,150	0	2,386,974	224,057	1,209,972
31.00	03100	INTENSIVE CARE UNIT	536,490	0	229,468	24,965	103,087
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	167,131	0	86,548	0	67,489
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,913,753	0	1,033,626	76,622	514,693
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	56,631	0	12,589	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	975,523	0	892,511	3,285	131,640
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	149,783	0	68,637	3,647	41,531
57.00	05700	CT SCAN	133,023	0	20,827	4,274	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	137,437	0	43,320	1,768	1,854
59.00	05900	CARDIAC CATHETERIZATION	226,393	0	172,032	3,514	5,562
60.00	06000	LABORATORY	998,261	0	362,299	525	15,203
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	64,216	0	27,075	0	13,720
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	259,651	0	33,323	2,360	15,574
66.00	06600	PHYSICAL THERAPY	518,534	0	67,063	2,770	13,349
67.00	06700	OCCUPATIONAL THERAPY	99,497	0	41,330	467	7,046
68.00	06800	SPEECH PATHOLOGY	56,977	0	23,095	0	6,675
69.00	06900	ELECTROCARDIOLOGY	160,303	0	70,951	5,998	2,967
70.00	07000	ELECTROENCEPHALOGRAPHY	196,156	0	70,951	0	11,866
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,307,074	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,359,764	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,297,147	0	0	0	0
74.00	07400	RENAL DIALYSIS	34,760	0	8,701	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	144,709	0	473,331	8,752	30,778
90.02	09002	KIDS PLUS CLINIC	4,094	0	72,201	0	0
90.03	09003	ONCOLOGY	0	0	793,050	0	742
90.04	09004	MUNCIE CLINIC	21,659	0	68,868	0	0
90.05	09005	ANTI COAGULATION CLINIC	75,337	0	0	0	0
90.06	09006	PREGNANCY PLUS	50,418	0	109,736	0	4,821
90.07	09007	O/P LAB	0	0	0	0	0
90.08	09008	O/P LAB	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.09	09009	FORTVILLE CLINIC	5,132	0	55,122	0	0	90.09
91.00	09100	EMERGENCY	890,172	0	358,735	40,298	179,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	22,336,164	0	9,332,672	425,873	2,535,640	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,514	0	55,817	0	0	190.00
190.01	19001	WELLNESS CENTERS	293,996	0	56,789	0	40,790	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	77,028	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	69,173	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	82,699	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	33,512	0	0	33,512	0	190.06
190.07	19007	NH PARK PLACE (LTC)	8,816	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIKE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	238,752	0	95,897	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	32,335	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	204,159	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	457,363	0	858,493	0	14,091	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	243,872	0	8,655	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	52,576	0	0	0	0	192.04
192.05	19205	VACANT SPACE	2,272	0	28,093	0	0	192.05
192.07	19207	PARK PLACE CENTER	123	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,137,354	0	10,436,416	425,873	2,590,521	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part I Date/Time Prepared: 5/24/2016 1:26 pm	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,970,733					10.00
11.00	01100	CAFETERIA	0	1,249,015				11.00
13.00	01300	NURSING ADMINISTRATION	0	20,188	1,937,845			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	50,583	0	4,259,205		14.00
15.00	01500	PHARMACY	0	37,333	0	9,463	2,990,320	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	41,687	0	450	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	886	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,721,502	365,476	1,263,128	164,986	0	30.00
31.00	03100	INTENSIVE CARE UNIT	234,329	48,269	166,823	45,015	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	13,710	47,382	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	708	133,246	460,512	622,888	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	8,253	0	116	22,914	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	65,181	0	9,625	683	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,525	0	890	45	56.00
57.00	05700	CT SCAN	0	9,738	0	12,022	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,184	0	634	4	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	15,551	0	8,114	0	59.00
60.00	06000	LABORATORY	0	75,089	0	13,840	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,304	0	140	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	25,719	0	1,411	26	65.00
66.00	06600	PHYSICAL THERAPY	0	45,337	0	1,308	80	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,311	0	49	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,016	0	19	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,493	0	2,045	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,686	0	823	11	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,607,182	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,643,898	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,965,254	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	500	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	10,685	0	16,387	143	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	45,825	0	29,339	224	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	64	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	7,247	0	184	0	90.05
90.06	09006	PREGNANCY PLUS	0	5,499	0	31	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
90.08	09008 O/P LAB	0	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	14,194	86,206	0	65,910	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,970,733	1,170,227	1,937,845	4,257,333	2,989,384	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	0	19,506	0	116	21	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	7,630	0	117	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	4,942	0	134	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	7,971	0	10	0	190.05
190.06	19006 MONTICELLO HSE. (ASS' TD LVG.)	0	2,979	0	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	0	891	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	24,400	0	311	0	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	2,288	0	47	915	190.12
190.13	19013 RHEUMATOLOGY	0	1,453	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	342	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202 FOUNDATION	0	3,212	0	1	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	3,516	0	794	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,970,733	1,249,015	1,937,845	4,259,205	2,990,320	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

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Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,634,280					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	699,580	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	115,793	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	43,422	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	270,183	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	585,396	0	0	0	0	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY	0	0	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	881,308	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,595,682	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	38,598	0	0	0	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,634,280	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-OTHER PRGM. COSTS				
	22.00	23.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0				22.00
23.00 02300 PARAMED PRGM-(EMS)		305,457			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	27,095,466	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	3,741,980	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	1,115,447	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	13,267,298	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	348,938	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	6,401,400	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	927,141	0	56.00
57.00 05700 CT SCAN	0	0	763,445	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	795,124	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	1,424,333	0	59.00
60.00 06000 LABORATORY	0	0	6,114,677	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	392,165	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	1,477,130	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	2,923,202	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	592,185	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	341,733	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	958,992	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	1,155,011	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	14,035,177	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	14,355,731	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	9,952,865	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	196,452	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	1,905,005	0	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	94,253	0	90.02
90.03 09003 ONCOLOGY	0	0	-6,296,676	0	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150113

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

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Part I
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM. COSTS					
	22.00					
90.04 09004 MUNCIE CLINIC	0	0	185,609	0	185,609	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	413,264	0	413,264	90.05
90.06 09006 PREGNANCY PLUS	0	0	391,682	0	391,682	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	82,766	0	82,766	90.09
91.00 09100 EMERGENCY	0	305,457	6,726,488	0	6,726,488	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	305,457	111,878,283	0	111,878,283	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	80,135	0	80,135	190.00
190.01 19001 WELLNESS CENTERS	0	0	1,700,951	0	1,700,951	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	422,690	0	422,690	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	377,705	0	377,705	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	453,475	0	453,475	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	0	183,506	0	183,506	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	48,380	0	48,380	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	1,406,744	0	1,406,744	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	177,437	0	177,437	190.12
190.13 19013 RHEUMATOLOGY	0	0	1,101,237	0	1,101,237	190.13
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	3,375,298	0	3,375,298	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	1,325,586	0	1,325,586	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	287,530	0	287,530	192.04
192.05 19205 VACANT SPACE	0	0	40,332	0	40,332	192.05
192.07 19207 PARK PLACE CENTER	0	0	661	0	661	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	305,457	122,859,950	0	122,859,950	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	28,671	38,382	67,053	67,053 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	368,205	977,195	1,345,400	11,591 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	547,669	167,980	715,649	2,410 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	56,816	0	56,816	72 8.00
9.00 00900	HOUSEKEEPING	0	113,764	13,192	126,956	1,485 9.00
10.00 01000	DIETARY	0	170,350	10,257	180,607	601 10.00
11.00 01100	CAFETERIA	0	33,515	0	33,515	1,038 11.00
13.00 01300	NURSING ADMINISTRATION	0	43,696	228	43,924	1,284 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	83,434	22,105	105,539	1,047 14.00
15.00 01500	PHARMACY	0	52,662	4,871	57,533	1,878 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	66,767	0	66,767	1,469 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	38 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	846,894	192,094	1,038,988	13,767 30.00
31.00 03100	INTENSIVE CARE UNIT	0	81,415	86,529	167,944	1,971 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	30,707	1,865	32,572	583 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	366,727	1,004,800	1,371,527	5,328 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	4,466	20,986	25,452	929 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	316,660	355,384	672,044	2,991 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	24,352	7,924	32,276	311 56.00
57.00 05700	CT SCAN	0	7,389	25,418	32,807	418 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,370	9,081	24,451	382 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	61,036	68,105	129,141	732 59.00
60.00 06000	LABORATORY	0	128,543	217,813	346,356	2,541 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,606	1,921	11,527	257 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	11,823	38,107	49,930	995 65.00
66.00 06600	PHYSICAL THERAPY	0	23,794	4,926	28,720	1,984 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	14,664	683	15,347	397 67.00
68.00 06800	SPEECH PATHOLOGY	0	8,194	1,031	9,225	223 68.00
69.00 06900	ELECTROCARDIOLOGY	0	25,173	87,432	112,605	539 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	25,173	16,972	42,145	600 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	3,087	0	3,087	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	WOUND/OSTOMY CLINIC	0	167,936	9,825	177,761	425 90.01
90.02 09002	KIDS PLUS CLINIC	0	25,617	0	25,617	0 90.02
90.03 09003	ONCOLOGY	0	281,372	86,998	368,370	959 90.03
90.04 09004	MUNCIE CLINIC	0	24,434	14,831	39,265	0 90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.05 09005 ANTI COAGULATION CLINIC	0	0	3,842	3,842	310	90.05
90.06 09006 PREGNANCY PLUS	0	38,934	816	39,750	168	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	19,557	0	19,557	0	90.09
91.00 09100 EMERGENCY	0	127,278	107,686	234,964	3,449	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	0	4,255,750	3,599,279	7,855,029	63,172	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,804	0	19,804	0	190.00
190.01 19001 WELLNESS CENTERS	0	20,148	815	20,963	898	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	324	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	236	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	352	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	142	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	37	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	34,024	2,630	36,654	831	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	58	58	85	190.12
190.13 19013 RHEUMATOLOGY	0	0	5,252	5,252	518	190.13
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	304,591	11,017	315,608	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	3,071	0	3,071	246	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	1,039	1,039	212	192.04
192.05 19205 VACANT SPACE	0	9,967	0	9,967	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	4,647,355	3,620,090	8,267,445	67,053	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/24/2016 1:26 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	1,356,991			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	108,915	0	826,974	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	2,773	0	12,689	72,350	8.00	
9.00	00900	HOUSEKEEPING	23,686	0	25,408	49	177,584	9.00
10.00	01000	DIETARY	14,848	0	38,045	0	4,652	10.00
11.00	01100	CAFETERIA	12,049	0	7,485	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	18,430	0	9,759	0	1,957	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	40,902	0	18,634	3,785	2,186	14.00
15.00	01500	PHARMACY	28,926	0	11,761	0	1,601	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,022	0	14,912	0	432	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(EMS)	3,179	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	198,940	0	189,142	38,065	82,947	30.00
31.00	03100	INTENSIVE CARE UNIT	30,161	0	18,183	4,241	7,067	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,396	0	6,858	0	4,626	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	107,588	0	81,904	13,017	35,283	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,184	0	998	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,842	0	70,722	558	9,024	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	8,421	0	5,439	620	2,847	56.00
57.00	05700	CT SCAN	7,478	0	1,650	726	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,726	0	3,433	300	127	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,727	0	13,632	597	381	59.00
60.00	06000	LABORATORY	56,120	0	28,708	89	1,042	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,610	0	2,145	0	941	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,597	0	2,641	401	1,068	65.00
66.00	06600	PHYSICAL THERAPY	29,151	0	5,314	471	915	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,594	0	3,275	79	483	67.00
68.00	06800	SPEECH PATHOLOGY	3,203	0	1,830	0	458	68.00
69.00	06900	ELECTROCARDIOLOGY	9,012	0	5,622	1,019	203	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,028	0	5,622	0	813	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,700	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	132,662	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,923	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,954	0	689	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	8,135	0	37,506	1,487	2,110	90.01
90.02	09002	KIDS PLUS CLINIC	230	0	5,721	0	0	90.02
90.03	09003	ONCOLOGY	0	0	62,841	0	51	90.03
90.04	09004	MUNCIE CLINIC	1,218	0	5,457	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	4,235	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	2,834	0	8,695	0	330	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.09	09009	FORTVILLE CLINIC	288	0	4,368	0	0	90.09
91.00	09100	EMERGENCY	50,044	0	28,426	6,846	12,278	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,255,731	0	739,514	72,350	173,822	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	254	0	4,423	0	0	190.00
190.01	19001	WELLNESS CENTERS	16,528	0	4,500	0	2,796	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	4,330	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	3,889	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	4,649	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	1,884	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	496	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIRE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	13,422	0	7,599	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	1,818	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	11,477	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	25,712	0	68,026	0	966	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	13,710	0	686	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	2,956	0	0	0	0	192.04
192.05	19205	VACANT SPACE	128	0	2,226	0	0	192.05
192.07	19207	PARK PLACE CENTER	7	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,356,991	0	826,974	72,350	177,584	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/24/2016 1:26 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	238,753					10.00
11.00	01100	0	54,087				11.00
13.00	01300	0	874	76,228			13.00
14.00	01400	0	2,190	0	174,283		14.00
15.00	01500	0	1,617	0	387	103,703	15.00
16.00	01600	0	1,805	0	18	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	38	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	208,558	15,827	49,687	6,751	0	30.00
31.00	03100	28,389	2,090	6,562	1,842	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	594	1,864	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	86	5,770	18,115	25,489	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	357	0	5	795	53.00
54.00	05400	0	2,823	0	394	24	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	239	0	36	2	56.00
57.00	05700	0	422	0	492	0	57.00
58.00	05800	0	311	0	26	0	58.00
59.00	05900	0	673	0	332	0	59.00
60.00	06000	0	3,252	0	566	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	230	0	6	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	1,114	0	58	1	65.00
66.00	06600	0	1,963	0	54	3	66.00
67.00	06700	0	317	0	2	0	67.00
68.00	06800	0	217	0	1	0	68.00
69.00	06900	0	584	0	84	0	69.00
70.00	07000	0	636	0	34	0	70.00
71.00	07100	0	0	0	65,766	0	71.00
72.00	07200	0	0	0	67,262	0	72.00
73.00	07300	0	0	0	0	102,832	73.00
74.00	07400	0	0	0	20	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	463	0	671	5	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	1,984	0	1,201	8	90.03
90.04	09004	0	0	0	3	0	90.04
90.05	09005	0	314	0	8	0	90.05
90.06	09006	0	238	0	1	0	90.06
90.07	09007	0	0	0	0	0	90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
90.08	09008 O/P LAB	0	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	1,720	3,733	0	2,697	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	238,753	50,675	76,228	174,206	103,670	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	0	845	0	5	1	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	330	0	5	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	214	0	5	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	345	0	0	0	190.05
190.06	19006 MONTICELLO HSE. (ASS' TD LVG.)	0	129	0	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	0	39	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	1,057	0	13	0	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	99	0	2	32	190.12
190.13	19013 RHEUMATOLOGY	0	63	0	0	0	190.13
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	14	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202 FOUNDATION	0	139	0	0	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	152	0	33	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	238,753	54,087	76,228	174,283	103,703	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	110,425					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	29,325	0				30.00
31.00 03100 INTENSIVE CARE UNIT	0	0				31.00
32.00 03200 CORONARY CARE UNIT	0	0				32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0				33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00 04000 SUBPROVIDER - I PF	0	0				40.00
41.00 04100 SUBPROVIDER - I RF	0	0				41.00
42.00 04200 SUBPROVIDER	0	0				42.00
43.00 04300 NURSERY	0	0				43.00
44.00 04400 SKILLED NURSING FACILITY	0	0				44.00
45.00 04500 NURSING FACILITY	0	0				45.00
46.00 04600 OTHER LONG TERM CARE	0	0				46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,854	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00 05300 ANESTHESIOLOGY	0	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,820	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00 05600 RADIOISOTOPE	0	0				56.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00 06000 LABORATORY	11,326	0				60.00
60.01 06001 BLOOD LABORATORY	0	0				60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00 06400 INTRAVENOUS THERAPY	0	0				64.00
65.00 06500 RESPIRATORY THERAPY	0	0				65.00
66.00 06600 PHYSICAL THERAPY	0	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69.00 06900 ELECTROCARDIOLOGY	0	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00 07400 RENAL DIALYSIS	0	0				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0				75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	0	0				90.00
90.01 09001 WOUND/OSTOMY CLINIC	24,539	0				90.01
90.02 09002 KIDS PLUS CLINIC	0	0				90.02
90.03 09003 ONCOLOGY	0	0				90.03
90.04 09004 MUNCIE CLINIC	0	0				90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0				90.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			16.00	17.00	19.00	20.00	21.00	
90.06	09006	PREGNANCY PLUS	0	0				90.06
90.07	09007	O/P LAB	0	0				90.07
90.08	09008	O/P LAB	0	0				90.08
90.09	09009	FORTVILLE CLINIC	0	0				90.09
91.00	09100	EMERGENCY	36,943	0				91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0				94.00
95.00	09500	AMBULANCE SERVICES	0	0				95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00	11600	HOSPICE	0	0				116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	108,807	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001	WELLNESS CENTERS	0	0				190.01
190.02	19002	EMPLOYED ORTHO MD	0	0				190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0				190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0				190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0				190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	0				190.06
190.07	19007	NH PARK PLACE (LTC)	0	0				190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0				190.08
190.09	19009	SPINE SURGEON	0	0				190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0				190.10
190.11	19011	ONCOLOGIST	0	0				190.11
190.12	19012	MEDICAL INTERNIST	0	0				190.12
190.13	19013	RHEUMATOLOGY	0	0				190.13
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,618	0				192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0				192.01
192.02	19202	FOUNDATION	0	0				192.02
192.03	19203	SPOE	0	0				192.03
192.04	19204	HEALTHY HEART	0	0				192.04
192.05	19205	VACANT SPACE	0	0				192.05
192.07	19207	PARK PLACE CENTER	0	0				192.07
193.00	19300	NONPAID WORKERS	0	0				193.00
200.00		Cross Foot Adjustments			0	0		0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		TOTAL (sum lines 118-201)	110,425	0	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM. COSTS					
	22.00	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0				22.00
23.00 02300	PARAMED PRGM-(EMS)		3,255			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		1,871,997	0	1,871,997	30.00
31.00 03100	INTENSIVE CARE UNIT		268,450	0	268,450	31.00
32.00 03200	CORONARY CARE UNIT		0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF		0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF		0	0	0	41.00
42.00 04200	SUBPROVIDER		0	0	0	42.00
43.00 04300	NURSERY		56,493	0	56,493	43.00
44.00 04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00 04500	NURSING FACILITY		0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM		1,668,961	0	1,668,961	50.00
51.00 05100	RECOVERY ROOM		0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00 05300	ANESTHESIOLOGY		31,720	0	31,720	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC		815,242	0	815,242	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00 05600	RADIOISOTOPE		50,191	0	50,191	56.00
57.00 05700	CT SCAN		43,993	0	43,993	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)		36,756	0	36,756	58.00
59.00 05900	CARDIAC CATHETERIZATION		158,215	0	158,215	59.00
60.00 06000	LABORATORY		450,000	0	450,000	60.00
60.01 06001	BLOOD LABORATORY		0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		18,716	0	18,716	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY		70,805	0	70,805	65.00
66.00 06600	PHYSICAL THERAPY		68,575	0	68,575	66.00
67.00 06700	OCCUPATIONAL THERAPY		25,494	0	25,494	67.00
68.00 06800	SPEECH PATHOLOGY		15,157	0	15,157	68.00
69.00 06900	ELECTROCARDIOLOGY		129,668	0	129,668	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY		60,878	0	60,878	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		195,466	0	195,466	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS		199,924	0	199,924	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS		175,755	0	175,755	73.00
74.00 07400	RENAL DIALYSIS		5,750	0	5,750	74.00
75.00 07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00 09000	CLINIC		0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC		253,102	0	253,102	90.01
90.02 09002	KIDS PLUS CLINIC		31,568	0	31,568	90.02
90.03 09003	ONCOLOGY		435,414	0	435,414	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150113

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM. COSTS					
	22.00	23.00	24.00	25.00	26.00	
90.04 09004 MUNCIE CLINIC			45,943	0	45,943	90.04
90.05 09005 ANTI COAGULATION CLINIC			8,709	0	8,709	90.05
90.06 09006 PREGNANCY PLUS			52,016	0	52,016	90.06
90.07 09007 O/P LAB			0	0	0	90.07
90.08 09008 O/P LAB			0	0	0	90.08
90.09 09009 FORTVILLE CLINIC			24,213	0	24,213	90.09
91.00 09100 EMERGENCY			381,100	0	381,100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS			0	0	0	94.00
95.00 09500 AMBULANCE SERVICES			0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
99.00 09900 CMHC			0	0	0	99.00
99.10 09910 CORF			0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION			0	0	0	105.00
106.00 10600 HEART ACQUISITION			0	0	0	106.00
107.00 10700 LIVER ACQUISITION			0	0	0	107.00
108.00 10800 LUNG ACQUISITION			0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION			0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION			0	0	0	110.00
111.00 11100 ISLET ACQUISITION			0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00 11600 HOSPICE			0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	7,650,271	0	7,650,271	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			24,481	0	24,481	190.00
190.01 19001 WELLNESS CENTERS			46,536	0	46,536	190.01
190.02 19002 EMPLOYED ORTHO MD			0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)			4,989	0	4,989	190.03
190.04 19004 SUMMIT CONV. (LTC)			4,344	0	4,344	190.04
190.05 19005 PARKVIEW CONV. (LTC)			5,346	0	5,346	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)			2,155	0	2,155	190.06
190.07 19007 NH PARK PLACE (LTC)			572	0	572	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)			0	0	0	190.08
190.09 19009 SPINE SURGEON			0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER			59,576	0	59,576	190.10
190.11 19011 ONCOLOGIST			0	0	0	190.11
190.12 19012 MEDICAL INTERNIST			2,094	0	2,094	190.12
190.13 19013 RHEUMATOLOGY			17,310	0	17,310	190.13
191.00 19100 RESEARCH			0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES			411,944	0	411,944	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES			0	0	0	192.01
192.02 19202 FOUNDATION			17,852	0	17,852	192.02
192.03 19203 SPOE			0	0	0	192.03
192.04 19204 HEALTHY HEART			4,392	0	4,392	192.04
192.05 19205 VACANT SPACE			12,321	0	12,321	192.05
192.07 19207 PARK PLACE CENTER			7	0	7	192.07
193.00 19300 NONPAID WORKERS			0	0	0	193.00
200.00 Cross Foot Adjustments	0	3,255	3,255	0	3,255	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	3,255	8,267,445	0	8,267,445	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	283,015				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,220,717			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,746	34,148	53,580,600		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	22,423	869,390	9,265,775	-24,137,354	105,888,452
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	33,352	149,448	1,926,783	0	8,499,049
8.00	00800	LAUNDRY & LINEN SERVICE	3,460	0	57,413	0	216,406
9.00	00900	HOUSEKEEPING	6,928	11,737	1,187,370	0	1,848,272
10.00	01000	DIETARY	10,374	9,125	480,794	0	1,158,629
11.00	01100	CAFETERIA	2,041	0	829,487	0	940,227
13.00	01300	NURSING ADMINISTRATION	2,661	203	1,026,371	0	1,438,124
14.00	01400	CENTRAL SERVICES & SUPPLY	5,081	19,666	836,657	0	3,191,731
15.00	01500	PHARMACY	3,207	4,334	1,501,512	0	2,257,203
16.00	01600	MEDICAL RECORDS & LIBRARY	4,066	0	1,174,141	0	1,952,566
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	30,552	0	248,032
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,574	170,902	10,985,367	0	15,521,641
31.00	03100	INTENSIVE CARE UNIT	4,958	76,983	1,575,190	0	2,353,534
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,870	1,659	466,052	0	733,187
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,333	893,946	4,259,079	0	8,395,457
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	272	18,671	742,557	0	248,435
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,284	316,178	2,390,849	0	4,279,530
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOLOGY-SOTOPE	1,483	7,050	248,272	0	657,083
57.00	05700	CT SCAN	450	22,614	334,403	0	583,561
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	936	8,079	305,629	0	602,923
59.00	05900	CARDIAC CATHETERIZATION	3,717	60,592	585,134	0	993,167
60.00	06000	LABORATORY	7,828	193,784	2,031,214	0	4,379,277
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	585	1,709	205,527	0	281,710
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	720	33,903	795,241	0	1,139,066
66.00	06600	PHYSICAL THERAPY	1,449	4,383	1,585,887	0	2,274,761
67.00	06700	OCCUPATIONAL THERAPY	893	608	317,673	0	436,485
68.00	06800	SPEECH PATHOLOGY	499	917	178,201	0	249,951
69.00	06900	ELECTROCARDIOLOGY	1,533	77,786	431,013	0	703,235
70.00	07000	ELECTROENCEPHALOGRAPHY	1,533	15,100	479,431	0	860,518
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	10,120,921
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,352,069
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,690,464
74.00	07400	RENAL DIALYSIS	188	0	0	0	152,491
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	10,227	8,741	339,468	0	634,824
90.02	09002	KIDS PLUS CLINIC	1,560	0	0	0	17,958
90.03	09003	ONCOLOGY	17,135	77,400	766,286	7,165,856	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
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90.04	09004	MUNCIE CLINIC	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	90.04	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
			1.00	2.00	4.00					5A
90.05	09005	ANTI COAGULATION CLINIC	1,488	13,195	0	0	95,018	90.04		
90.06	09006	PREGNANCY PLUS	0	3,418	247,583	0	330,496	90.05		
90.07	09007	O/P LAB	2,371	726	133,951	0	221,177	90.06		
90.08	09008	O/P LAB	0	0	0	0	0	90.07		
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.08		
91.00	09100	EMERGENCY	1,191	0	0	0	22,512	90.09		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,751	95,806	2,757,171	0	3,905,104	91.00		
OTHER REIMBURSABLE COST CENTERS										
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00		
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00		
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00		
99.00	09900	CMHC	0	0	0	0	0	99.00		
99.10	09910	CORF	0	0	0	0	0	99.10		
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00		
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS										
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00		
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00		
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00		
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00		
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00		
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00		
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00		
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00		
116.00	11600	HOSPICE	0	0	0	0	0	116.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	259,167	3,202,201	50,478,033	-16,971,498	97,986,794	118.00		
NONREIMBURSABLE COST CENTERS										
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	0	0	0	19,804	190.00		
190.01	19001	WELLNESS CENTERS	1,227	725	717,496	0	1,289,733	190.01		
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02		
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	259,310	0	337,915	190.03		
190.04	19004	SUMMIT CONV. (LTC)	0	0	188,979	0	303,456	190.04		
190.05	19005	PARKVIEW CONV. (LTC)	0	0	281,055	0	362,795	190.05		
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	0	113,174	0	147,015	190.06		
190.07	19007	NH PARK PLACE (LTC)	0	0	29,885	0	38,673	190.07		
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08		
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09		
190.10	19010	CLINICAL RESEARCH CENTER	2,072	2,340	664,521	0	1,047,384	190.10		
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11		
190.12	19012	MEDICAL INTERNIST	0	52	68,064	0	141,852	190.12		
190.13	19013	RHEUMATOLOGY	0	4,673	414,049	0	895,625	190.13		
191.00	19100	RESEARCH	0	0	0	0	0	191.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,549	9,802	0	0	2,006,411	192.00		
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01		
192.02	19202	FOUNDATION	187	0	196,440	0	1,069,846	192.02		
192.03	19203	SPOE	0	0	0	0	0	192.03		
192.04	19204	HEALTHY HEART	0	924	169,594	0	230,644	192.04		
192.05	19205	VACANT SPACE	607	0	0	0	9,967	192.05		
192.07	19207	PARK PLACE CENTER	0	0	0	0	538	192.07		
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00		
200.00		Cross Foot Adjustments						200.00		
201.00		Negative Cost Centers						201.00		
202.00		Cost to be allocated (per Wkst. B, Part I)	4,647,355	3,620,090	11,777,876		24,137,354	202.00		
203.00		Unit cost multiplier (Wkst. B, Part I)	16.420879	1.124001	0.219816		0.227951	203.00		
204.00		Cost to be allocated (per Wkst. B, Part II)			67,053		1,356,991	204.00		
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001251		0.012815	205.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	258,846					6.00
7.00	00700	33,352	225,494				7.00
8.00	00800	3,460	3,460	712,868			8.00
9.00	00900	6,928	6,928	484	6,986		9.00
10.00	01000	10,374	10,374	0	183	69,560	10.00
11.00	01100	2,041	2,041	0	0	0	11.00
13.00	01300	2,661	2,661	0	77	0	13.00
14.00	01400	5,081	5,081	37,298	86	0	14.00
15.00	01500	3,207	3,207	0	63	0	15.00
16.00	01600	4,066	4,066	0	17	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	51,574	51,574	375,047	3,263	60,763	30.00
31.00	03100	4,958	4,958	41,789	278	8,271	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,870	1,870	0	182	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	22,333	22,333	128,258	1,388	25	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	272	272	0	0	0	53.00
54.00	05400	19,284	19,284	5,499	355	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1,483	1,483	6,105	112	0	56.00
57.00	05700	450	450	7,154	0	0	57.00
58.00	05800	936	936	2,960	5	0	58.00
59.00	05900	3,717	3,717	5,882	15	0	59.00
60.00	06000	7,828	7,828	879	41	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	585	585	0	37	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	720	720	3,951	42	0	65.00
66.00	06600	1,449	1,449	4,636	36	0	66.00
67.00	06700	893	893	782	19	0	67.00
68.00	06800	499	499	0	18	0	68.00
69.00	06900	1,533	1,533	10,040	8	0	69.00
70.00	07000	1,533	1,533	0	32	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	188	188	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	10,227	10,227	14,650	83	0	90.01
90.02	09002	1,560	1,560	0	0	0	90.02
90.03	09003	17,135	17,135	0	2	0	90.03
90.04	09004	1,488	1,488	0	0	0	90.04
90.05	09005	0	0	0	0	0	90.05
90.06	09006	2,371	2,371	0	13	0	90.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	1,191	1,191	0	0	0	90.09
91.00	09100	EMERGENCY	7,751	7,751	67,454	483	501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	234,998	201,646	712,868	6,838	69,560	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	1,206	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	1,227	1,227	0	110	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIKE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	2,072	2,072	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	18,549	18,549	0	38	0	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	187	187	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	607	607	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	10,436,416	425,873	2,590,521	1,970,733	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	46.282455	0.597408	370.816061	28.331412	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	826,974	72,350	177,584	238,753	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	3.667388	0.101491	25.419983	3.432332	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description		CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,434,624					11.00
13.00	01300	23,188	644,025				13.00
14.00	01400	58,100	0	26,821,467			14.00
15.00	01500	42,881	0	59,593	5,646,006		15.00
16.00	01600	47,882	0	2,831	0	81,900	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,018	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	419,789	419,789	1,038,968	0	21,750	30.00
31.00	03100	55,442	55,442	283,471	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	15,747	15,747	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	153,047	153,047	3,922,520	0	3,600	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	9,480	0	732	43,263	0	53.00
54.00	05400	74,867	0	60,613	1,289	1,350	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	6,346	0	5,606	85	0	56.00
57.00	05700	11,185	0	75,704	0	0	57.00
58.00	05800	8,251	0	3,993	7	0	58.00
59.00	05900	17,862	0	51,095	0	0	59.00
60.00	06000	86,247	0	87,156	0	8,400	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	6,092	0	880	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	29,541	0	8,885	49	0	65.00
66.00	06600	52,074	0	8,236	151	0	66.00
67.00	06700	8,397	0	308	0	0	67.00
68.00	06800	5,761	0	122	0	0	68.00
69.00	06900	15,498	0	12,881	0	0	69.00
70.00	07000	16,868	0	5,181	21	0	70.00
71.00	07100	0	0	10,120,922	0	0	71.00
72.00	07200	0	0	10,352,069	0	0	72.00
73.00	07300	0	0	0	5,598,680	0	73.00
74.00	07400	0	0	3,151	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	12,273	0	103,195	270	18,200	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	52,635	0	184,754	423	0	90.03
90.04	09004	0	0	405	0	0	90.04
90.05	09005	8,324	0	1,160	0	0	90.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1

Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description			CAFETERIA (MAN HOURS)	NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
90.06	09006	PREGNANCY PLUS	6,316	0	196	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	99,017	0	415,055	0	27,400	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,344,128	644,025	26,809,682	5,644,238	80,700	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	22,405	0	730	40	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	8,764	0	739	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	5,676	0	843	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	9,156	0	62	0	0	190.05
190.06	19006	MONTICELLO HSE. (ASS' TD LVG.)	3,422	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	1,023	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	28,026	0	1,958	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	2,628	0	294	1,728	0	190.12
190.13	19013	RHEUMATOLOGY	1,669	0	0	0	0	190.13
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,152	0	1,200	192.00
192.01	19201	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	3,689	0	5	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	4,038	0	5,002	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,249,015	1,937,845	4,259,205	2,990,320	2,634,280	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.870622	3.008959	0.158798	0.529635	32.164591	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	54,087	76,228	174,283	103,703	110,425	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.037701	0.118362	0.006498	0.018367	1.348291	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
				17.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	394					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0		0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0			0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0				0	22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	394	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY	0	0	0	0	0	90.03
90.04 09004 MUNICE CLINIC	0	0	0	0	0	90.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)	
				17.00	19.00	
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	394	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	0	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06 19006 MONTICELLO HSE. (ASS' TD LVG.)	0	0	0	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	0	0	0	190.13
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description		PARAMED PRGM- (EMS) (ASSIGNED TIME)	
		23.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM-(EMS)	23.00
		100	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
		0	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
		0	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
90.01	09001	WOUND/OSTOMY CLINIC	90.01
90.02	09002	KIDS PLUS CLINIC	90.02
90.03	09003	ONCOLOGY	90.03
90.04	09004	MUNCIE CLINIC	90.04
90.05	09005	ANTI COAGULATION CLINIC	90.05
90.06	09006	PREGNANCY PLUS	90.06
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150113

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

Worksheet B-1
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description		PARAMED ED PRGM- (EMS) (ASSIGNED TIME)	
		23.00	
90.07	09007 O/P LAB	0	90.07
90.08	09008 O/P LAB	0	90.08
90.09	09009 FORTVILLE CLINIC	0	90.09
91.00	09100 EMERGENCY	100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	100	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001 WELLNESS CENTERS	0	190.01
190.02	19002 EMPLOYED ORTHO MD	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	190.05
190.06	19006 MONTICELLO HSE. (ASS' TD LVG.)	0	190.06
190.07	19007 NH PARK PLACE (LTC)	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009 SPINE SURGEON	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	190.10
190.11	19011 ONCOLOGIST	0	190.11
190.12	19012 MEDICAL INTERNIST	0	190.12
190.13	19013 RHEUMATOLOGY	0	190.13
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 PHYSICIANS' PRIVATE OFFICES	0	192.01
192.02	19202 FOUNDATION	0	192.02
192.03	19203 SPOE	0	192.03
192.04	19204 HEALTHY HEART	0	192.04
192.05	19205 VACANT SPACE	0	192.05
192.07	19207 PARK PLACE CENTER	0	192.07
193.00	19300 NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	305,457	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,054.570000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,255	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	32.550000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 1:26 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		27,095,466	0	27,095,466
31.00	03100 INTENSIVE CARE UNIT		3,741,980	0	3,741,980
32.00	03200 CORONARY CARE UNIT		0	0	0
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - I/PF		0	0	0
41.00	04100 SUBPROVIDER - I/RF		0	0	0
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		1,115,447	0	1,115,447
44.00	04400 SKILLED NURSING FACILITY		0	0	0
45.00	04500 NURSING FACILITY		0	0	0
46.00	04600 OTHER LONG TERM CARE		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		13,267,298	0	13,267,298
51.00	05100 RECOVERY ROOM		0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0
53.00	05300 ANESTHESIOLOGY		348,938	0	348,938
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,401,400	0	6,401,400
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
56.00	05600 RADIOISOTOPE		927,141	0	927,141
57.00	05700 CT SCAN		763,445	0	763,445
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		795,124	0	795,124
59.00	05900 CARDIAC CATHETERIZATION		1,424,333	0	1,424,333
60.00	06000 LABORATORY		6,114,677	0	6,114,677
60.01	06001 BLOOD LABORATORY		0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		392,165	0	392,165
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
64.00	06400 INTRAVENOUS THERAPY		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	1,477,130	0	1,477,130
66.00	06600 PHYSICAL THERAPY	0	2,923,202	0	2,923,202
67.00	06700 OCCUPATIONAL THERAPY	0	592,185	0	592,185
68.00	06800 SPEECH PATHOLOGY	0	341,733	0	341,733
69.00	06900 ELECTROCARDIOLOGY		958,992	0	958,992
70.00	07000 ELECTROENCEPHALOGRAPHY		1,155,011	0	1,155,011
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,035,177	0	14,035,177
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		14,355,731	0	14,355,731
73.00	07300 DRUGS CHARGED TO PATIENTS		9,952,865	0	9,952,865
74.00	07400 RENAL DIALYSIS		196,452	0	196,452
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		0	0	0
90.01	09001 WOUND/OSTOMY CLINIC		1,905,005	0	1,905,005
90.02	09002 KIDS PLUS CLINIC		94,253	0	94,253
90.03	09003 ONCOLOGY		0	0	0
90.04	09004 MUNCIIE CLINIC		185,609	0	185,609
90.05	09005 ANTI COAGULATION CLINIC		413,264	0	413,264
90.06	09006 PREGNANCY PLUS		391,682	0	391,682
90.07	09007 O/P LAB		0	0	0
90.08	09008 O/P LAB		0	0	0
90.09	09009 FORTVILLE CLINIC		82,766	0	82,766
91.00	09100 EMERGENCY		6,726,488	0	6,726,488
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,898,263	0	2,898,263
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0
95.00	09500 AMBULANCE SERVICES		0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0
99.00	09900 CMHC		0	0	0
99.10	09910 CORF		0	0	0
100.00	10000 I & R SERVICES-NOT APPRVD PRGM		0	0	0
101.00	10100 HOME HEALTH AGENCY		0	0	0
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION		0	0	0
106.00	10600 HEART ACQUISITION		0	0	0
107.00	10700 LIVER ACQUISITION		0	0	0
108.00	10800 LUNG ACQUISITION		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	121,073,222	0	121,073,222	0	121,073,222	200.00
201.00		Less Observation Beds	2,898,263		2,898,263		2,898,263	201.00
202.00		Total (see instructions)	118,174,959	0	118,174,959	0	118,174,959	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 1:26 pm		
			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	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	32,291,904		32,291,904				30.00
31.00	03100	INTENSIVE CARE UNIT	8,450,081		8,450,081				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	1,949,313		1,949,313				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,053,610	34,309,292	58,362,902	0.227324	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,845,784	1,320,461	3,166,245	0.110206	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,138,165	16,828,219	20,966,384	0.305317	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	766,130	11,108,147	11,874,277	0.078080	0.000000		56.00
57.00	05700	CT SCAN	5,757,136	21,520,161	27,277,297	0.027988	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,551,489	9,737,039	11,288,528	0.070436	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,022,585	6,713,036	9,735,621	0.146301	0.000000		59.00
60.00	06000	LABORATORY	9,085,729	26,910,240	35,995,969	0.169871	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	934,797	575,022	1,509,819	0.259743	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	2,968,398	575,697	3,544,095	0.416786	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,570,794	5,764,714	7,335,508	0.398500	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	863,109	845,484	1,708,593	0.346592	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	402,368	304,202	706,570	0.483651	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	2,505,699	6,825,618	9,331,317	0.102771	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	754,194	3,594,829	4,349,023	0.265579	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,947,169	18,784,876	44,732,045	0.313761	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,866,668	6,959,585	35,826,253	0.400704	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,174,961	22,567,945	52,742,906	0.188705	0.000000		73.00
74.00	07400	RENAL DIALYSIS	337,399	0	337,399	0.582254	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	5,519,381	5,519,381	0.345148	0.000000		90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000		90.02
90.03	09003	ONCOLOGY	0	9,026,233	9,026,233	0.000000	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0	1,058,064	1,058,064	0.390585	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000		90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000		90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000		90.09
91.00	09100	EMERGENCY	8,121,960	29,578,987	37,700,947	0.178417	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,362,076	6,362,076	0.455553	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	196,359,442	246,789,308	443,148,750			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	196,359,442	246,789,308	443,148,750			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 1:26 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	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	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.227324		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.110206		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.305317		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.078080		56.00
57.00	05700 CT SCAN	0.027988		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070436		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.146301		59.00
60.00	06000 LABORATORY	0.169871		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.259743		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.416786		65.00
66.00	06600 PHYSICAL THERAPY	0.398500		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.346592		67.00
68.00	06800 SPEECH PATHOLOGY	0.483651		68.00
69.00	06900 ELECTROCARDIOLOGY	0.102771		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.265579		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.313761		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.400704		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188705		73.00
74.00	07400 RENAL DIALYSIS	0.582254		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.345148		90.01
90.02	09002 KIDS PLUS CLINIC	0.000000		90.02
90.03	09003 ONCOLOGY	0.000000		90.03
90.04	09004 MUNCIE CLINIC	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	0.390585		90.05
90.06	09006 PREGNANCY PLUS	0.000000		90.06
90.07	09007 O/P LAB	0.000000		90.07
90.08	09008 O/P LAB	0.000000		90.08
90.09	09009 FORTVILLE CLINIC	0.000000		90.09
91.00	09100 EMERGENCY	0.178417		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.455553		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 1:26 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	27,095,466		27,095,466	0	27,095,466	30.00
31.00	03100	INTENSIVE CARE UNIT	3,741,980		3,741,980	0	3,741,980	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,115,447		1,115,447	0	1,115,447	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	13,267,298		13,267,298	0	13,267,298	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	348,938		348,938	0	348,938	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,401,400		6,401,400	0	6,401,400	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	927,141		927,141	0	927,141	56.00
57.00	05700	CT SCAN	763,445		763,445	0	763,445	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	795,124		795,124	0	795,124	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,424,333		1,424,333	0	1,424,333	59.00
60.00	06000	LABORATORY	6,114,677		6,114,677	0	6,114,677	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	392,165		392,165	0	392,165	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,477,130	0	1,477,130	0	1,477,130	65.00
66.00	06600	PHYSICAL THERAPY	2,923,202	0	2,923,202	0	2,923,202	66.00
67.00	06700	OCCUPATIONAL THERAPY	592,185	0	592,185	0	592,185	67.00
68.00	06800	SPEECH PATHOLOGY	341,733	0	341,733	0	341,733	68.00
69.00	06900	ELECTROCARDIOLOGY	958,992		958,992	0	958,992	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,155,011		1,155,011	0	1,155,011	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,035,177		14,035,177	0	14,035,177	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,355,731		14,355,731	0	14,355,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,952,865		9,952,865	0	9,952,865	73.00
74.00	07400	RENAL DIALYSIS	196,452		196,452	0	196,452	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	1,905,005		1,905,005	0	1,905,005	90.01
90.02	09002	KIDS PLUS CLINIC	94,253		94,253	0	94,253	90.02
90.03	09003	ONCOLOGY	0		0	0	0	90.03
90.04	09004	MUNCIE CLINIC	185,609		185,609	0	185,609	90.04
90.05	09005	ANTI COAGULATION CLINIC	413,264		413,264	0	413,264	90.05
90.06	09006	PREGNANCY PLUS	391,682		391,682	0	391,682	90.06
90.07	09007	O/P LAB	0		0	0	0	90.07
90.08	09008	O/P LAB	0		0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	82,766		82,766	0	82,766	90.09
91.00	09100	EMERGENCY	6,726,488		6,726,488	0	6,726,488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,898,263		2,898,263	0	2,898,263	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	121,073,222	0	121,073,222	0	121,073,222	200.00
201.00		Less Observation Beds	2,898,263		2,898,263		2,898,263	201.00
202.00		Total (see instructions)	118,174,959	0	118,174,959	0	118,174,959	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/24/2016 1:26 pm		
			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	32,291,904		32,291,904				30.00
31.00	03100	INTENSIVE CARE UNIT	8,450,081		8,450,081				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	1,949,313		1,949,313				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	24,053,610	34,309,292	58,362,902	0.227324	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,845,784	1,320,461	3,166,245	0.110206	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,138,165	16,828,219	20,966,384	0.305317	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	766,130	11,108,147	11,874,277	0.078080	0.000000		56.00
57.00	05700	CT SCAN	5,757,136	21,520,161	27,277,297	0.027988	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,551,489	9,737,039	11,288,528	0.070436	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,022,585	6,713,036	9,735,621	0.146301	0.000000		59.00
60.00	06000	LABORATORY	9,085,729	26,910,240	35,995,969	0.169871	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	934,797	575,022	1,509,819	0.259743	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	2,968,398	575,697	3,544,095	0.416786	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,570,794	5,764,714	7,335,508	0.398500	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	863,109	845,484	1,708,593	0.346592	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	402,368	304,202	706,570	0.483651	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	2,505,699	6,825,618	9,331,317	0.102771	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	754,194	3,594,829	4,349,023	0.265579	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,947,169	18,784,876	44,732,045	0.313761	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	28,866,668	6,959,585	35,826,253	0.400704	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,174,961	22,567,945	52,742,906	0.188705	0.000000		73.00
74.00	07400	RENAL DIALYSIS	337,399	0	337,399	0.582254	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	5,519,381	5,519,381	0.345148	0.000000		90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000		90.02
90.03	09003	ONCOLOGY	0	9,026,233	9,026,233	0.000000	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0	1,058,064	1,058,064	0.390585	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000		90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000		90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000		90.09
91.00	09100	EMERGENCY	8,121,960	29,578,987	37,700,947	0.178417	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,362,076	6,362,076	0.455553	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000		99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000		101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150113

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	196,359,442	246,789,308	443,148,750			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	196,359,442	246,789,308	443,148,750			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 1:26 pm
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	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.000000		90.01
90.02	09002 KIDS PLUS CLINIC	0.000000		90.02
90.03	09003 ONCOLOGY	0.000000		90.03
90.04	09004 MUNCIE CLINIC	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	0.000000		90.05
90.06	09006 PREGNANCY PLUS	0.000000		90.06
90.07	09007 O/P LAB	0.000000		90.07
90.08	09008 O/P LAB	0.000000		90.08
90.09	09009 FORTVILLE CLINIC	0.000000		90.09
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/24/2016 1:26 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/24/2016 1:26 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,871,997	0	1,871,997	22,830	82.00	30.00
31.00	INTENSIVE CARE UNIT	268,450		268,450	1,317	203.83	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	56,493		56,493	2,103	26.86	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	2,196,940		2,196,940	26,250		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,095	745,790				
31.00	INTENSIVE CARE UNIT	1,268	258,456				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	10,363	1,004,246				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150113

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

Worksheet D
Part II
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XVIII		Capital Costs (column 3 x column 4)	
					Hospital	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,668,961	58,362,902	0.028596	10,025,817	286,698	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	31,720	3,166,245	0.010018	411,097	4,118	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	815,242	20,966,384	0.038883	2,447,241	95,156	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	50,191	11,874,277	0.004227	442,850	1,872	56.00
57.00	05700	CT SCAN	43,993	27,277,297	0.001613	3,114,201	5,023	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,756	11,288,528	0.003256	740,067	2,410	58.00
59.00	05900	CARDIAC CATHETERIZATION	158,215	9,735,621	0.016251	1,291,746	20,992	59.00
60.00	06000	LABORATORY	450,000	35,995,969	0.012501	4,763,932	59,554	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,716	1,509,819	0.012396	243,625	3,020	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	70,805	3,544,095	0.019978	2,166,197	43,276	65.00
66.00	06600	PHYSICAL THERAPY	68,575	7,335,508	0.009348	894,840	8,365	66.00
67.00	06700	OCCUPATIONAL THERAPY	25,494	1,708,593	0.014921	461,717	6,889	67.00
68.00	06800	SPEECH PATHOLOGY	15,157	706,570	0.021452	247,732	5,314	68.00
69.00	06900	ELECTROCARDIOLOGY	129,668	9,331,317	0.013896	1,693,897	23,538	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	60,878	4,349,023	0.013998	221,662	3,103	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	195,466	44,732,045	0.004370	11,251,508	49,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	199,924	35,826,253	0.005580	13,564,470	75,690	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	175,755	52,742,906	0.003332	14,283,767	47,594	73.00
74.00	07400	RENAL DIALYSIS	5,750	337,399	0.017042	156,796	2,672	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	253,102	5,519,381	0.045857	0	0	90.01
90.02	09002	KIDS PLUS CLINIC	31,568	0	0.000000	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0.000000	0	0	90.03
90.04	09004	MUNCIE CLINIC	45,943	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	8,709	1,058,064	0.008231	0	0	90.05
90.06	09006	PREGNANCY PLUS	52,016	0	0.000000	0	0	90.06
90.07	09007	O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008	O/P LAB	0	0	0.000000	0	0	90.08
90.09	09009	FORTVILLE CLINIC	24,213	0	0.000000	0	0	90.09
91.00	09100	EMERGENCY	381,100	37,700,947	0.010108	3,359,770	33,961	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	200,238	6,362,076	0.031474	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	5,218,155	391,431,219		71,782,932	778,414	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/24/2016 1:26 pm
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Cost Center Description		Title XVIII				Hospital	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
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	22,830	0.00	9,095	30.00
31.00	03100	INTENSIVE CARE UNIT	1,317	0.00	1,268	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	42.00
43.00	04300	NURSERY	2,103	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	45.00
200.00		Total (lines 30-199)	26,250		10,363	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150113

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2016 1:26 pm

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	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	WOUND/OSTOMY CLINIC	0	0	0	0	90.01	
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	90.02	
90.03	09003	ONCOLOGY	0	0	0	0	90.03	
90.04	09004	MUNCIE CLINIC	0	0	0	0	90.04	
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	90.05	
90.06	09006	PREGNANCY PLUS	0	0	0	0	90.06	
90.07	09007	O/P LAB	0	0	0	0	90.07	
90.08	09008	O/P LAB	0	0	0	0	90.08	
90.09	09009	FORTVILLE CLINIC	0	0	0	0	90.09	
91.00	09100	EMERGENCY	0	0	305,457	0	305,457	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
200.00		Total (lines 50-199)	0	0	305,457	0	305,457	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 1:26 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	58,362,902	0.000000	0.000000	10,025,817	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	3,166,245	0.000000	0.000000	411,097	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	20,966,384	0.000000	0.000000	2,447,241	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	11,874,277	0.000000	0.000000	442,850	56.00
57.00	05700 CT SCAN	0	27,277,297	0.000000	0.000000	3,114,201	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,288,528	0.000000	0.000000	740,067	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,735,621	0.000000	0.000000	1,291,746	59.00
60.00	06000 LABORATORY	0	35,995,969	0.000000	0.000000	4,763,932	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,509,819	0.000000	0.000000	243,625	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,544,095	0.000000	0.000000	2,166,197	65.00
66.00	06600 PHYSICAL THERAPY	0	7,335,508	0.000000	0.000000	894,840	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,708,593	0.000000	0.000000	461,717	67.00
68.00	06800 SPEECH PATHOLOGY	0	706,570	0.000000	0.000000	247,732	68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,331,317	0.000000	0.000000	1,693,897	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,349,023	0.000000	0.000000	221,662	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,732,045	0.000000	0.000000	11,251,508	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	35,826,253	0.000000	0.000000	13,564,470	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	52,742,906	0.000000	0.000000	14,283,767	73.00
74.00	07400 RENAL DIALYSIS	0	337,399	0.000000	0.000000	156,796	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0	5,519,381	0.000000	0.000000	0	90.01
90.02	09002 KIDS PLUS CLINIC	0	0	0.000000	0.000000	0	90.02
90.03	09003 ONCOLOGY	0	9,026,233	0.000000	0.000000	0	90.03
90.04	09004 MUNCIE CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	0	1,058,064	0.000000	0.000000	0	90.05
90.06	09006 PREGNANCY PLUS	0	0	0.000000	0.000000	0	90.06
90.07	09007 O/P LAB	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P LAB	0	0	0.000000	0.000000	0	90.08
90.09	09009 FORTVILLE CLINIC	0	0	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	305,457	37,700,947	0.008102	0.008102	3,359,770	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,362,076	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	305,457	400,457,452			71,782,932	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/24/2016 1:26 pm
Title XVIII		Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	12,098,138	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	354,530	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	7,597,258	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	3,728,125	0	56.00
57.00 05700 CT SCAN	0	7,088,616	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,995,959	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	2,164,276	0	59.00
60.00 06000 LABORATORY	0	3,785,217	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	166,731	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	1,708,868	0	65.00
66.00 06600 PHYSICAL THERAPY	0	1,526	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	1,294	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,094	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	2,954,848	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,055,550	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,112,825	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,457,010	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,104,536	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	90.02
90.03 09003 ONCOLOGY	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	90.09
91.00 09100 EMERGENCY	27,221	5,623,734	45,563	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,289,788	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00 Total (lines 50-199)	27,221	69,290,923	45,563	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 1:26 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.227324	12,098,138	0	2,750,197	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.110206	354,530	0	39,071	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.305317	7,597,258	0	2,319,572	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.078080	3,728,125	0	291,092	56.00	
57.00	05700 CT SCAN	0.027988	7,088,616	0	198,396	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070436	2,995,959	0	211,023	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.146301	2,164,276	0	316,636	59.00	
60.00	06000 LABORATORY	0.169871	3,785,217	6,307	642,999	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.259743	166,731	0	43,307	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.416786	1,708,868	0	712,232	65.00	
66.00	06600 PHYSICAL THERAPY	0.398500	1,526	0	608	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.346592	1,294	0	448	67.00	
68.00	06800 SPEECH PATHOLOGY	0.483651	2,094	0	1,013	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.102771	2,954,848	0	303,673	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.265579	1,055,550	0	280,332	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.313761	5,112,825	0	1,604,205	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.400704	2,457,010	0	984,534	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188705	8,104,536	0	135,388	73.00	
74.00	07400 RENAL DIALYSIS	0.582254	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	90.00	
90.01	09001 WOUND/OSTOMY CLINIC	0.345148	0	0	0	90.01	
90.02	09002 KIDS PLUS CLINIC	0.000000	0	0	0	90.02	
90.03	09003 ONCOLOGY	0.000000	0	0	0	90.03	
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	90.04	
90.05	09005 ANTI COAGULATION CLINIC	0.390585	0	0	0	90.05	
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	90.06	
90.07	09007 O/P LAB	0.000000	0	0	0	90.07	
90.08	09008 O/P LAB	0.000000	0	0	0	90.08	
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	90.09	
91.00	09100 EMERGENCY	0.178417	5,623,734	0	1,003,370	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.455553	2,289,788	0	1,043,120	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00	
200.00	Subtotal (see instructions)		69,290,923	6,307	135,388	14,275,194	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		69,290,923	6,307	135,388	14,275,194	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/24/2016 1:26 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	1,071	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	25,548		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0		90.01
90.02 09002 KIDS PLUS CLINIC	0	0		90.02
90.03 09003 ONCOLOGY	0	0		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0		90.05
90.06 09006 PREGNANCY PLUS	0	0		90.06
90.07 09007 O/P LAB	0	0		90.07
90.08 09008 O/P LAB	0	0		90.08
90.09 09009 FORTVILLE CLINIC	0	0		90.09
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	1,071	25,548		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,071	25,548		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2016 1:26 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,830	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,830	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)		20,388	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9,095	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)		27,095,466	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)		27,095,466	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)		27,095,466	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,186.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,794,310	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)		10,794,310	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/24/2016 1:26 pm	
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	3,741,980	1,317	2,841.29	1,268	3,602,756		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,430,985		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,828,051		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,004,246		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					805,635		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,809,881		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					31,018,170		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,442		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,186.84		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,898,263		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 1:26 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,871,997	27,095,466	0.069089	2,898,263	200,238	90.00
91.00	Nursing School cost	0	27,095,466	0.000000	2,898,263	0	91.00
92.00	Allied health cost	0	27,095,466	0.000000	2,898,263	0	92.00
93.00	All other Medical Education	0	27,095,466	0.000000	2,898,263	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2016 1:26 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,830	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,830	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)		20,388	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)		924	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,103	15.00
16.00	Nursery days (title V or XIX only)		1,939	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)		27,095,466	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)		27,095,466	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)		27,095,466	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,186.84	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,096,640	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,096,640	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 5/24/2016 1:26 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	1,115,447	2,103	530.41	1,939	1,028,465	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,741,980	1,317	2,841.29	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,943,224	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,068,329	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,442	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,186.84	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,898,263	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/24/2016 1:26 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,871,997	27,095,466	0.069089	2,898,263	200,238	90.00
91.00	Nursing School cost	0	27,095,466	0.000000	2,898,263	0	91.00
92.00	Allied health cost	0	27,095,466	0.000000	2,898,263	0	92.00
93.00	All other Medical Education	0	27,095,466	0.000000	2,898,263	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 1:26 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,640,527	30.00
31.00	03100	INTENSIVE CARE UNIT		3,622,194	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.227324	10,025,817	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.110206	411,097	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.305317	2,447,241	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.078080	442,850	56.00
57.00	05700	CT SCAN	0.027988	3,114,201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070436	740,067	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.146301	1,291,746	59.00
60.00	06000	LABORATORY	0.169871	4,763,932	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.259743	243,625	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.416786	2,166,197	65.00
66.00	06600	PHYSICAL THERAPY	0.398500	894,840	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.346592	461,717	67.00
68.00	06800	SPEECH PATHOLOGY	0.483651	247,732	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102771	1,693,897	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.265579	221,662	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.313761	11,251,508	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.400704	13,564,470	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.188705	14,283,767	73.00
74.00	07400	RENAL DIALYSIS	0.582254	156,796	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.345148	0	90.01
90.02	09002	KIDS PLUS CLINIC	0.000000	0	90.02
90.03	09003	ONCOLOGY	0.000000	0	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0.390585	0	90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	90.06
90.07	09007	O/P LAB	0.000000	0	90.07
90.08	09008	O/P LAB	0.000000	0	90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	90.09
91.00	09100	EMERGENCY	0.178417	3,359,770	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.455553	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		71,782,932	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)		71,782,932	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/24/2016 1:26 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		2,143,177		30.00
31.00	03100 INTENSIVE CARE UNIT		510,016		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		416,755		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.227324	3,250,072	738,819	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.110206	209,634	23,103	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.305317	166,093	50,711	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.078080	22,308	1,742	56.00
57.00	05700 CT SCAN	0.027988	233,863	6,545	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070436	62,948	4,434	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.146301	222,226	32,512	59.00
60.00	06000 LABORATORY	0.169871	503,335	85,502	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.259743	79,189	20,569	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.416786	181,737	75,745	65.00
66.00	06600 PHYSICAL THERAPY	0.398500	40,923	16,308	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.346592	27,002	9,359	67.00
68.00	06800 SPEECH PATHOLOGY	0.483651	10,949	5,295	68.00
69.00	06900 ELECTROCARDIOLOGY	0.102771	78,476	8,065	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.265579	26,754	7,105	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.313761	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.400704	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.188705	4,221,226	796,566	73.00
74.00	07400 RENAL DIALYSIS	0.582254	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.345148	0	0	90.01
90.02	09002 KIDS PLUS CLINIC	0.000000	0	0	90.02
90.03	09003 ONCOLOGY	0.000000	0	0	90.03
90.04	09004 MUNCIE CLINIC	0.000000	0	0	90.04
90.05	09005 ANTICOAGULATION CLINIC	0.390585	0	0	90.05
90.06	09006 PREGNANCY PLUS	0.000000	0	0	90.06
90.07	09007 O/P LAB	0.000000	0	0	90.07
90.08	09008 O/P LAB	0.000000	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	90.09
91.00	09100 EMERGENCY	0.178417	341,021	60,844	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.455553	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		9,677,756	1,943,224	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)		9,677,756		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 1:26 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		17,535,949	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,006,662	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)		1,961,773	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		132.66	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.68	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.88	31.00
32.00	Sum of lines 30 and 31		30.56	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.43	33.00
34.00	Disproportionate share adjustment (see instructions)		849,299	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 1:26 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000152969	0.000150915	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,169,849	966,783	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		874,983	243,016	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,117,999		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)		27,471,682		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)		27,471,682		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,109,138		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		11,113		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		27,221		58.00
59.00	Total (sum of amounts on lines 49 through 58)		29,619,154		59.00
60.00	Primary payer payments		26,082		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		29,593,072		61.00
62.00	Deductibles billed to program beneficiaries		2,289,096		62.00
63.00	Coinurance billed to program beneficiaries		60,033		63.00
64.00	Allowable bad debts (see instructions)		181,869		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		118,215		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		58,168		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		27,362,158		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			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)		105,524		70.93
70.94	HRR adjustment amount (see instructions)		-353,280		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/24/2016 1:26 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		27,114,402		71.00
71.01	Sequestration adjustment (see instructions)		542,288		71.01
72.00	Interim payments		26,280,531		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)		291,583		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,685,614		75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	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: 150113

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 1:26 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,535,949	0	17,535,949	0	17,535,949	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,006,662	0	0	6,006,662	6,006,662	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	1,961,773	0	1,406,731	555,042	1,961,773	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1443	0.1443	0.1443	0.1443		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	849,299	0	632,609	216,690	849,299	11.00
11.01	Uncompensated care payments	36.00	1,117,999	0	874,983	243,178	1,118,161	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	27,471,682	0	20,450,110	7,021,572	27,471,682	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	27,471,682	0	20,450,110	7,021,572	27,471,682	15.00
16.00	Payment for inpatient program capital	50.00	2,109,138	0	1,573,813	535,325	2,109,138	16.00
17.00	Special add-on payments for new technologies	54.00	11,113	0	9,525	1,588	11,113	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
19.00	SUBTOTAL			0	22,033,448	7,558,485	29,591,933	19.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150113

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2016 1:26 pm

		Title XVIII		Hospital		PPS		
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,884,143	0	1,402,385	481,759	1,884,144	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	104,598	0	104,598	22,782	127,380	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0639	0.0639	0.0639	0.0639		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	120,397	0	89,613	30,784	120,397	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,109,138	0	1,573,813	535,325	2,109,138	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: 150113		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 1:26 pm	
		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	17,535,949	17,535,949		17,535,949	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	6,006,662		6,006,662	6,006,662	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	1,961,773	1,406,731	555,042	1,961,773	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1443	0.1443	0.1443		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	849,299	632,609	216,690	849,299	11.00
11.01	Uncompensated care payments	36.00	1,117,999	874,983	243,178	1,118,161	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	27,471,682	20,450,110	7,021,572	27,471,682	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	27,471,682	20,450,110	7,021,572	27,471,682	15.00
16.00	Payment for inpatient program capital	50.00	2,109,138	1,596,595	512,543	2,109,138	16.00
17.00	Special add-on payments for new technologies	54.00	11,113	9,525	1,588	11,113	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			22,056,230	7,535,703	29,591,933	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2016 1:26 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,884,143	1,402,384	481,759	1,884,143	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	104,598	104,598	0	104,598	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0639	0.0639	0.0639		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	120,397	89,613	30,784	120,397	25.00
26.00	Total prospective capital payments (see instructions)	12.00	2,109,138	1,596,595	512,543	2,109,138	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	105,524	69,357	36,167	105,524	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	-353,280	-242,127	-111,153	-353,280	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: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/24/2016 1:26 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26,619	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,229,631	2.00
3.00	PPS payments		13,765,827	3.00
4.00	Outlier payment (see instructions)		48,549	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		45,563	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26,619	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		141,695	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)		141,695	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)		141,695	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		115,076	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)		26,619	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)		13,859,939	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,968,423	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)		10,918,135	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		10,918,135	30.00
31.00	Primary payer payments		8,969	31.00
32.00	Subtotal (line 30 minus line 31)		10,909,166	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)		547,134	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		355,637	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		402,939	36.00
37.00	Subtotal (see instructions)		11,264,803	37.00
38.00	MSP-LCC reconciliation amount from PS&R		351	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,264,452	40.00
40.01	Sequestration adjustment (see instructions)		225,289	40.01
41.00	Interim payments		10,813,519	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		225,644	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: 150113

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2016 1:26 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		26,280,531		10,813,519	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)		26,280,531		10,813,519	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		291,583		225,644	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		26,572,114		11,039,163	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: 150113

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

Worksheet E-1
Part II
Date/Time Prepared:
5/24/2016 1:26 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			7,165 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			10,363 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3,288 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			21,705 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			443,148,750 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			8,277,973 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)			513,233 8.00
9.00	Sequestration adjustment amount (see instructions)			10,265 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			502,968 10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,644,176 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)			-1,141,208 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2016 1:26 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		4,068,329		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		4,068,329	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		4,068,329	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		3,069,947		8.00
9.00	Ancillary service charges		9,677,756	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		12,747,703	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		12,747,703	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		8,679,374	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		4,068,329	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		4,068,329	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		4,068,329	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinsurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		4,068,329	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		4,068,329	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		4,068,329	0	40.00
41.00	Interim payments		4,156,344	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-88,015	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 150113 Period: From 01/01/2015 To 12/31/2015 Worksheet G Date/Time Prepared: 5/24/2016 1:26 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	32,424,810	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	1,165,813	0	0	0	4.00
5.00	Other receivable	45,715	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-27,938,192	0	0	0	6.00
7.00	Inventory	2,610,971	0	0	0	7.00
8.00	Prepaid expenses	290,261	0	0	0	8.00
9.00	Other current assets	99,575,945	0	0	0	9.00
10.00	Due from other funds	1,202,790	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	109,378,113	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,323,988	0	0	0	12.00
13.00	Land improvements	2,071,604	0	0	0	13.00
14.00	Accumulated depreciation	-1,845,393	0	0	0	14.00
15.00	Buildings	110,306,192	0	0	0	15.00
16.00	Accumulated depreciation	-31,655,686	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	19,388,413	0	0	0	19.00
20.00	Accumulated depreciation	-12,932,260	0	0	0	20.00
21.00	Automobiles and trucks	836,727	0	0	0	21.00
22.00	Accumulated depreciation	-617,324	0	0	0	22.00
23.00	Major movable equipment	14,818,201	0	0	0	23.00
24.00	Accumulated depreciation	-11,287,010	0	0	0	24.00
25.00	Minor equipment depreciable	32,059,181	0	0	0	25.00
26.00	Accumulated depreciation	-22,950,132	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)	104,516,501	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	213,894,614	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,850,892	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,049,890	0	0	0	38.00
39.00	Payroll taxes payable	258,984	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,613,304	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	976,534	0	0	0	43.00
44.00	Other current liabilities	1,408,507	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,158,111	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,855,559	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,855,559	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	24,013,670	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	189,880,943				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)	189,880,943	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	213,894,613	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150113

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

Worksheet G-1

Date/Time Prepared:
5/24/2016 1:26 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		166,061,534		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		23,819,406			2.00
3.00	Total (sum of line 1 and line 2)		189,880,940		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		189,880,940		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		189,880,940		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150113

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2016 1:26 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	33,080,046		33,080,046	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	33,080,046		33,080,046	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,560,512		8,560,512	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,560,512		8,560,512	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	41,640,558		41,640,558	17.00
18.00	Ancillary services	148,466,288	206,317,449	354,783,737	18.00
19.00	Outpatient services	8,415,337	40,330,510	48,745,847	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY, NRCC AND OTHER	2,016,764	7,879,257	9,896,021	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	200,538,947	254,527,216	455,066,163	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		136,944,040		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)		136,944,040		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150113

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

Worksheet G-3

Date/Time Prepared:
5/24/2016 1:26 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	455,066,163	1.00
2.00	Less contractual allowances and discounts on patients' accounts	287,559,546	2.00
3.00	Net patient revenues (line 1 minus line 2)	167,506,617	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	136,944,040	4.00
5.00	Net income from service to patients (line 3 minus line 4)	30,562,577	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	62,689	7.00
8.00	Revenues from telephone and other miscellaneous communication services	90,341	8.00
9.00	Revenue from television and radio service	58,516	9.00
10.00	Purchase discounts	14,031	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	743,905	14.00
15.00	Revenue from rental of living quarters	2,782	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	7,207	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	SALE OF SCRAP, WASTE, ETC	1,239	24.00
24.01	GENERAL NON-OPERATING REVENUE	-6,626,672	24.01
24.02	GENERAL OTHER OPERATING REVENUE	7,530,146	24.02
25.00	Total other income (sum of lines 6-24)	1,884,184	25.00
26.00	Total (line 5 plus line 25)	32,446,761	26.00
27.00	BAD DEBT	8,627,355	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	8,627,355	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	23,819,406	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150113	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/24/2016 1:26 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,884,143	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		104,598	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)		60.85	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30)(see instructions)		4.68	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.88	8.00
9.00	Sum of lines 7 and 8		30.56	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.39	10.00
11.00	Disproportionate share adjustment (see instructions)		120,397	11.00
12.00	Total prospective capital payments (see instructions)		2,109,138	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