

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/25/2017 4:26 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report	Date: 5/25/2017	Time: 4:26 pm
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GOSHEN HOSPITAL (15-0026) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	149,463	-72,699	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	149,463	-72,699	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 2:47 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 200 HIGH PARK AVENUE	PO Box:	Zip Code: 46526		County: ELKHART				1.00	
2.00	City: GOSHEN	State: IN							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	GOSHEN HOSPITAL	150026	21140	1	07/11/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CARE AT HOME SERVICES	157174	21140		04/17/1986	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	CARE AT HOME HOSPICE SERVICES	151527	21140		04/17/1986				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016	12/31/2016		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	Y	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,414	0	0	0	3,318	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0		25.00	

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		Urban/Rural	S	Date of Geogr			
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00	
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0				37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)					37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.					38.00	
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		N		39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N		N		40.00	
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N		Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N		N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N		N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N		N	N	48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
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
		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		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
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
Teaching Hospitals that Claim Residents in Nonprovider Settings							
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			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Rati o (col . 3/ (col . 3 + col . 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				0	76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.			N		87.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	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 1.00	XIX 2.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
Rural Providers					
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,111,493	25,000	0	118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 2:47 pm	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059			140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: IU HEALTH	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 165 @ 21ST STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N	N			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						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	
						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	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/25/2017 2:47 pm
		Beginning 1.00	Ending 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)	10/01/2013	09/30/2014	170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N		0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 2:47 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/23/2017			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					2.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/02/2017	Y	05/02/2017		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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 2:47 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI KE		NI CHOLS	41.00
42.00	Enter the employer/company name of the cost report preparer.	RSM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8474136360		MI KE. NI CHOLS@RSMUS.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/25/2017 2:47 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	PARTNER		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Ti tle V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	111	40,626	0.00		0 1.00
2.00 HMO and other (see instructions)						
3.00 HMO IPF Subprovider						
4.00 HMO IRF Subprovider						
5.00 Hospital Adults & Peds. Swing Bed SNF						0 5.00
6.00 Hospital Adults & Peds. Swing Bed NF						0 6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		111	40,626	0.00		0 7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	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)						
13.00 NURSERY	43.00					0 13.00
14.00 Total (see instructions)		123	45,018	0.00		0 14.00
15.00 CAH visits						0 15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			0 16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			0 17.00
18.00 SUBPROVIDER	42.00	0	0			0 18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			0 19.00
20.00 NURSING FACILITY	45.00	0	0			0 20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			0 21.00
22.00 HOME HEALTH AGENCY	101.00					0 22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00					0 25.00
26.00 RURAL HEALTH CLINIC	88.00					0 26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					0 26.25
27.00 Total (sum of lines 14-26)		123				27.00
28.00 Observation Bed Days						0 28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,615	1,081	17,485			1.00
2.00 HMO and other (see instructions)	2,670	3,318				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,615	1,081	17,485			7.00
8.00 INTENSIVE CARE UNIT	1,045	182	2,939			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		151	2,448			13.00
14.00 Total (see instructions)	7,660	1,414	22,872	0.00	1,024.81	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	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	5,941	0	10,463	0.00	23.97	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	17.37	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,066.15	27.00
28.00 Observation Bed Days		400	2,737			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	82	235			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: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2017 2:47 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	1,712	1,839	6,721	1.00
2.00	HMO and other (see instructions)			563	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,712	1,839	6,721	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	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 2:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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	69,851,354	0	69,851,354	2,243,353.00	31.14	1.00
2.00	Non-physician anesthesiologist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthesiologist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		896,836	0	896,836	6,442.00	139.22	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		6,336,538	0	6,336,538	28,323.00	223.72	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		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 and/or related organization 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)		5,412,512	753,825	6,166,337	217,342.00	28.37	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		2,815,324	0	2,815,324	29,669.00	94.89	11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		699,793	0	699,793	1,555.00	450.03	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		5,007,398	0	5,007,398	97,540.00	51.34	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
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)		21,394,831	0	21,394,831			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,335,508	0	2,335,508			19.00
20.00	Non-physician anesthesiologist Part A		0	0	0			20.00
21.00	Non-physician anesthesiologist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		80,388	0	80,388			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		353,460	0	353,460			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
25.50	Home office wage-related		732,696	0	732,696			25.50
25.51	Related organization wage-related		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0			25.53

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2017 2:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion 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		
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	682,308	0	682,308	19,884.00	34.31	26.00
27.00	Administrative & General	5.00	12,001,336	-753,825	11,247,511	318,750.00	35.29	27.00
28.00	Administrative & General under contract (see inst.)		275,815	0	275,815	992.00	278.04	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	757,969	0	757,969	33,133.00	22.88	30.00
31.00	Laundry & Linen Service	8.00	39,199	0	39,199	3,219.00	12.18	31.00
32.00	Housekeeping	9.00	965,186	0	965,186	66,826.00	14.44	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	779,957	-537,648	242,309	18,357.00	13.20	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	537,648	537,648	40,725.00	13.20	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,628,591	0	1,628,591	46,786.00	34.81	38.00
39.00	Central Services and Supply	14.00	231,212	0	231,212	14,204.00	16.28	39.00
40.00	Pharmacy	15.00	1,777,921	0	1,777,921	40,158.00	44.27	40.00
41.00	Medical Records & Medical Records Library	16.00	1,491,807	0	1,491,807	57,481.00	25.95	41.00
42.00	Social Service	17.00	797,545	0	797,545	28,312.00	28.17	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2017 2:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Pai d Hours Related to Sal ari es i n 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)	63,790,631	0	63,790,631	2,216,022.00	28.79	1.00
2.00	Excluded area salaries (see instructions)	5,412,512	753,825	6,166,337	217,342.00	28.37	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,378,119	-753,825	57,624,294	1,998,680.00	28.83	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,522,515	0	8,522,515	128,764.00	66.19	4.00
5.00	Subtotal wage-related costs (see inst.)	22,207,915	0	22,207,915	0.00	38.54	5.00
6.00	Total (sum of lines 3 thru 5)	89,108,549	-753,825	88,354,724	2,127,444.00	41.53	6.00
7.00	Total overhead cost (see instructions)	21,428,846	-753,825	20,675,021	688,827.00	30.01	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2017 2:47 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,757,426	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,992,282	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	14,941,840	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	0	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	420,217	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	160,013	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)	201,498	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	2,219	14.00
15.00	'Workers' Compensation Insurance	533,791	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	3,916,492	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	42,186	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	583	22.00
23.00	Tuition Reimbursement	195,640	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	24,164,187	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/25/2017 2:47 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,815,324	24,164,187	1.00
2.00	Hospital	2,815,324	24,164,187	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 15-0026 Component CCN: 15-7174		Period: From 01/01/2016 To 12/31/2016		Worksheet S-4 Date/Time Prepared: 5/25/2017 2:47 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			ELKHART		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	946	0	217	1,163	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	339.00	33.00	304.00	676.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.17	0.00	0.17	4.00
5.00	Other Administrative Personnel			0.86	0.00	0.86	5.00
6.00	Direct Nursing Service			1.40	0.00	1.40	6.00
7.00	Nursing Supervisor			1.05	0.00	1.05	7.00
8.00	Physical Therapy Service			0.46	0.00	0.46	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.28	0.00	0.28	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.07	0.00	0.07	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.16	0.00	0.16	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.23	0.00	0.23	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			21140			20.00
20.01				99915			20.01
20.02				23060			20.02
20.03				43780			20.03
20.04				50031			20.04
20.05				50032			20.05
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,060	155	184	16	3,415	21.00
22.00	Skilled Nursing Visit Charges	471,510	24,025	28,055	2,480	526,070	22.00
23.00	Physical Therapy Visits	1,122	3	13	10	1,148	23.00
24.00	Physical Therapy Visit Charges	190,230	510	2,210	1,700	194,650	24.00
25.00	Occupational Therapy Visits	521	9	3	10	543	25.00
26.00	Occupational Therapy Visit Charges	87,210	1,530	340	1,700	90,780	26.00
27.00	Speech Pathology Visits	44	0	1	0	45	27.00
28.00	Speech Pathology Visit Charges	7,920	0	180	0	8,100	28.00
29.00	Medical Social Service Visits	120	10	3	2	135	29.00
30.00	Medical Social Service Visit Charges	25,660	2,150	645	430	28,885	30.00
31.00	Home Health Aide Visits	608	37	5	5	655	31.00
32.00	Home Health Aide Visit Charges	48,640	2,960	400	400	52,400	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,475	214	209	43	5,941	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	831,170	31,175	31,830	6,710	900,885	35.00
36.00	Total Number of Episodes (standard/non outlier)	396		68	2	466	36.00
37.00	Total Number of Outlier Episodes		6		0	6	37.00
38.00	Total Non-Routine Medical Supply Charges	70,615	5,559	8,080	0	84,254	38.00

HOSPITAL-BASED HOSPICE IDENTIFICATION DATA

Provider CCN: 15-0026
Hospice CCN: 15-1527

Period:
From 01/01/2016
To 12/31/2016

Worksheet S-9
PARTS I THROUGH IV
Date/Time Prepared:
5/25/2017 2:47 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
1.00	Hospice Continuous Home Care						1.00	
2.00	Hospice Routine Home Care						2.00	
3.00	Hospice Inpatient Respite Care						3.00	
4.00	Hospice General Inpatient Care						4.00	
5.00	Total Hospice Days						5.00	
Part II - CENSUS DATA FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, 2015								
6.00	Number of patients receiving hospice care						6.00	
7.00	Total number of unduplicated Continuous Care hours billable to Medicare						7.00	
8.00	Average Length of Stay (line 5 / line 6)						8.00	
9.00	Unduplicated census count						9.00	

NOTE: Parts I and II, columns 1 and 2 also include the days reported in columns 3 and 4.

		Title XVIII	Title XIX	Other	Total (sum of cols. 1 through 3)	
		1.00	2.00	3.00	4.00	
PART III - ENROLLMENT DAYS FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
10.00	Hospice Continuous Home Care	0	0	0	0	10.00
11.00	Hospice Routine Home Care	16,815	0	4,436	21,251	11.00
12.00	Hospice Inpatient Respite Care	84	0	8	92	12.00
13.00	Hospice General Inpatient Care	299	0	145	444	13.00
14.00	Total Hospice Days	17,198	0	4,589	21,787	14.00
PART IV - CONTRACTED STATISTICAL DATA FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2015						
15.00	Hospice Inpatient Respite Care	0	0	0	0	15.00
16.00	Hospice General Inpatient Care	0	0	0	0	16.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/25/2017 2:47 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.310054	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		4,339,744	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		54,338,156	6.00
7.00	Medicaid cost (line 1 times line 6)		16,847,763	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)		12,508,019	8.00
Children's Health Insurance Program (CHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone CHIP		0	9.00
10.00	Stand-alone CHIP charges		0	10.00
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,508,019	19.00
			Uninsured patients	Insured patients
			1.00	2.00
			Total (col. 1 + col. 2)	
20.00	Charity care charges for the entire facility (see instructions)	0	0	0
21.00	Cost of patients approved for charity care (line 1 times line 20)	0	0	0
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	0	0	0
			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)		0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		168,540	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		-168,540	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		-52,257	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		-52,257	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,455,762	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet A Date/Time Prepared: 5/25/2017 2:47 pm
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)
		1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS						
1.00	00100		12,478,819	12,478,819	-6,908,799	5,570,020
2.00	00200		0	0	6,701,791	6,701,791
3.00	00300		0	0	0	0
4.00	00400	682,308	21,535,403	22,217,711	576,237	22,793,948
5.01	00580	934,257	1,068,036	2,002,293	0	2,002,293
5.02	00590	11,067,079	32,641,717	43,708,796	331,091	44,039,887
6.00	00600	0	0	0	0	0
7.00	00700	757,969	2,241,842	2,999,811	0	2,999,811
8.00	00800	39,199	593,367	632,566	0	632,566
9.00	00900	965,186	516,438	1,481,624	-32	1,481,592
10.00	01000	779,957	798,294	1,578,251	-1,087,936	490,315
11.00	01100	0	0	0	1,087,936	1,087,936
12.00	01200	0	0	0	0	0
13.00	01300	1,628,591	451,537	2,080,128	-948	2,079,180
14.00	01400	231,212	381,501	612,713	-206	612,507
15.00	01500	1,777,921	8,711,183	10,489,104	-8,468,522	2,020,582
16.00	01600	1,491,807	2,237,614	3,729,421	-43	3,729,378
17.00	01700	797,545	20,247	817,792	-277	817,515
19.00	01900	0	0	0	0	0
20.00	02000	0	0	0	0	0
21.00	02100	0	0	0	0	0
22.00	02200	0	0	0	0	0
23.00	02300	0	0	0	245,472	245,472
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	6,885,110	2,074,001	8,959,111	1,288,363	10,247,474
31.00	03100	1,752,257	710,980	2,463,237	-116,191	2,347,046
32.00	03200	0	0	0	0	0
33.00	03300	0	0	0	0	0
34.00	03400	0	0	0	0	0
40.00	04000	0	0	0	0	0
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	2,902,934	1,251,671	4,154,605	-3,533,451	621,154
44.00	04400	0	0	0	0	0
45.00	04500	0	0	0	0	0
46.00	04600	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	4,749,344	11,720,787	16,470,131	-7,082,022	9,388,109
51.00	05100	553,319	135,815	689,134	-41,143	647,991
52.00	05200	0	0	0	1,928,425	1,928,425
53.00	05300	0	0	0	0	0
53.01	05301	696,063	951,518	1,647,581	-67	1,647,514
54.00	05400	14,603,941	27,042,854	41,646,795	-17,473,839	24,172,956
55.00	05500	368,756	39,670	408,426	-663	407,763
56.00	05600	0	0	0	0	0
56.01	05601	965,126	3,555,016	4,520,142	-2,990,541	1,529,601
57.00	05700	0	0	0	0	0
58.00	05800	0	0	0	0	0
59.00	05900	0	0	0	0	0
60.00	06000	2,814,337	4,150,073	6,964,410	-1,422,665	5,541,745
60.01	06001	0	0	0	0	0
61.00	06100	0	0	0	0	0
62.00	06200	0	0	0	0	0
63.00	06300	0	0	0	0	0
64.00	06400	0	0	0	0	0
65.00	06500	1,168,676	231,252	1,399,928	-24,634	1,375,294
66.00	06600	1,870,418	401,099	2,271,517	-8,147	2,263,370
67.00	06700	604,169	13,067	617,236	-3,179	614,057
68.00	06800	375,888	15,162	391,050	-1,001	390,049
69.00	06900	0	90,152	90,152	-381	89,771
70.00	07000	0	0	0	0	0
71.00	07100	0	0	0	7,597,988	7,597,988
72.00	07200	0	0	0	5,723,399	5,723,399
73.00	07300	0	0	0	24,909,575	24,909,575
74.00	07400	0	0	0	0	0
75.00	07500	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	0	0	0	0	0
89.00	08900	0	0	0	0	0
90.00	09000	241,057	124,177	365,234	-1,947	363,287
90.02	09002	1,142	2,026,781	2,027,923	-502,526	1,525,397

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet A

Date/Time Prepared:
5/25/2017 2:47 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	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,733,274	903,353	3,636,627	-106,753	3,529,874	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	1,941,933	255,779	2,197,712	-5,266	2,192,446	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		1,187,449	1,187,449	-1,187,449	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	856,427	806,492	1,662,919	-226,100	1,436,819	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,237,202	141,363,146	208,600,348	-804,451	207,795,897	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,321,461	716,271	2,037,732	-30,341	2,007,391	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	208,123	8,395	216,518	0	216,518	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	501,615	4,505,261	5,006,876	834,792	5,841,668	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	12,771	1,519,163	1,531,934	0	1,531,934	190.06
190.07	19007	FOUNDTION	0	35	35	0	35	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	570,182	280,742	850,924	0	850,924	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	69,851,354	148,393,013	218,244,367	0	218,244,367	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,239,544	4,330,476	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,236,008	5,465,783	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	22,793,948	4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	2,002,293	5.01
5.02	00590	OTHER ADMIN & GENERAL	-13,496,614	30,543,273	5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-136	2,999,675	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	632,566	8.00
9.00	00900	HOUSEKEEPING	0	1,481,592	9.00
10.00	01000	DIETARY	0	490,315	10.00
11.00	01100	CAFETERIA	-609,960	477,976	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,079,180	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	612,507	14.00
15.00	01500	PHARMACY	0	2,020,582	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-53,221	3,676,157	16.00
17.00	01700	SOCIAL SERVICE	0	817,515	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED PRGM	-71,250	174,222	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	10,247,474	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,347,046	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	621,154	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	9,388,105	50.00
51.00	05100	RECOVERY ROOM	0	647,991	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,928,425	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	-1,282,531	364,983	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,041,410	16,131,546	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	407,763	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	1,529,601	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-984,801	4,556,944	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-9,182	1,366,112	65.00
66.00	06600	PHYSICAL THERAPY	0	2,263,370	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	614,057	67.00
68.00	06800	SPEECH PATHOLOGY	0	390,049	68.00
69.00	06900	ELECTROCARDIOLOGY	0	89,771	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,597,988	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,723,399	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,909,575	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	363,287	90.00
90.02	09002	WOUND CLINIC	0	1,525,397	90.02
90.03	09003	MOBILE CLINIC	0	0	90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet A
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
91.00	09100	EMERGENCY	-108,780	3,421,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS			92.00
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	2,192,446	101.00
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	1,436,819	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-27,133,441	180,662,456	118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,007,391	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	216,518	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	5,841,668	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	1,531,934	190.06
190.07	19007	FOUNDTION	0	35	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	190.08
191.00	19100	RESEARCH	0	850,924	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-27,133,441	191,110,926	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,680,007	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,723,399	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
0			0	13,403,406	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	24,911,250	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
0			0	24,911,250	
C - DIETARY					
1.00	CAFETERIA	11.00	537,648	550,288	1.00
0			537,648	550,288	
D - CAPITAL INSURANCE					
1.00	OTHER ADMIN & GENERAL	5.02	0	133,815	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	627,019	2.00
3.00	OTHER ADMIN & GENERAL	5.02	0	978,453	3.00
4.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,604	4.00
5.00	OTHER ADMIN & GENERAL	5.02	0	217,818	5.00
0			0	1,961,709	
E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,187,449	1.00
0			0	1,187,449	
F - CAPITAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,697,187	1.00
2.00		0.00	0	0	2.00
0			0	6,697,187	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
G - CIRCLE OF CARE					
1.00	ADULTS & PEDIATRICS	30.00	1,145,788	346,369	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,480,787	447,638	2.00
	0		2,626,575	794,007	
H - COMMUNITY HEALTH					
1.00	COMMUNITY RELATIONS	190.04	753,825	327,070	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	0		753,825	327,070	
I - EMT					
1.00	PARAMED ED PRGM	23.00	139,378	106,094	1.00
	0		139,378	106,094	
500.00	Grand Total: Increases		4,057,426	49,938,460	500.00

RECLASSIFICATIONS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-6
Date/Time Prepared:
5/25/2017 2:47 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9	0	1.00
2.00	OTHER ADMIN & GENERAL	5.02	0	83	0	2.00
3.00	HOUSEKEEPING	9.00	0	32	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	948	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	206	0	5.00
6.00	PHARMACY	15.00	0	5,790	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	43	0	7.00
8.00	SOCIAL SERVICE	17.00	0	277	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	203,517	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	115,992	0	10.00
11.00	NURSERY	43.00	0	112,819	0	11.00
12.00	OPERATING ROOM	50.00	0	7,079,490	0	12.00
13.00	RECOVERY ROOM	51.00	0	41,143	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	750,050	0	14.00
15.00	RADIOLOGY-THERAPEUTIC	55.00	0	663	0	15.00
16.00	CARDIAC CATH LAB	56.01	0	2,988,719	0	16.00
17.00	LABORATORY	60.00	0	1,422,506	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	24,549	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	8,101	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	2,161	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	977	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	381	0	22.00
23.00	CLINIC	90.00	0	1,947	0	23.00
24.00	WOUND CLINIC	90.02	0	488,036	0	24.00
25.00	EMERGENCY	91.00	0	106,018	0	25.00
26.00	HOME HEALTH AGENCY	101.00	0	3,713	0	26.00
27.00	HOSPICE	116.00	0	44,476	0	27.00
28.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	129	0	28.00
29.00	COMMUNITY RELATIONS	190.04	0	631	0	29.00
	O		0	13,403,406		
B - PHARMACY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	50,773	0	1.00
2.00	OTHER ADMIN & GENERAL	5.02	0	1,711	0	2.00
3.00	PHARMACY	15.00	0	8,462,732	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	277	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	199	0	5.00
6.00	NURSERY	43.00	0	50	0	6.00
7.00	OPERATING ROOM	50.00	0	2,532	0	7.00
8.00	PAIN MANAGEMENT	53.01	0	67	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,161,141	0	9.00
10.00	CARDIAC CATH LAB	56.01	0	1,822	0	10.00
11.00	LABORATORY	60.00	0	159	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	85	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	46	0	13.00
14.00	OCCUPATIONAL THERAPY	67.00	0	1,018	0	14.00
15.00	SPEECH PATHOLOGY	68.00	0	24	0	15.00
16.00	WOUND CLINIC	90.02	0	14,490	0	16.00
17.00	EMERGENCY	91.00	0	735	0	17.00
18.00	HOME HEALTH AGENCY	101.00	0	1,553	0	18.00
19.00	HOSPICE	116.00	0	181,624	0	19.00
20.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	30,212	0	20.00
	O		0	24,911,250		
C - DIETARY						
1.00	DIETARY	10.00	537,648	550,288	0	1.00
	O		537,648	550,288		
D - CAPITAL INSURANCE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	133,815	0	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	627,019	12	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	978,453	12	3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.00	0	222,422	12	4.00
5.00		0.00	0	0	0	5.00
	O		0	1,961,709		
E - CAPITAL INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,187,449	11	1.00
	O		0	1,187,449		
F - CAPITAL DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,268,354	9	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	428,833	0	2.00
	O		0	6,697,187		

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
G - CIRCLE OF CARE						
1.00	NURSERY	43.00	2,626,575	794,007	0	1.00
2.00		0.00	0	0	0	2.00
			2,626,575	794,007		
H - COMMUNITY HEALTH						
1.00	OTHER ADMIN & GENERAL	5.02	753,825	243,376	0	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,675	0	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	82,019	0	3.00
			753,825	327,070		
I - EMT						
1.00	COMMUNITY RELATIONS	190.04	139,378	106,094	0	1.00
			139,378	106,094		
500.00	Grand Total: Decreases		4,057,426	49,938,460		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

		Acquisitions			Disposals and Retirements		
		Beginning Balances	Purchases	Donation			Total
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,884,037	143,430	0	143,430	0 1.00	
2.00	Land Improvements	2,988,795	0	0	0	0 2.00	
3.00	Buildings and Fixtures	100,003,897	8,607,780	0	8,607,780	0 3.00	
4.00	Building Improvements	113,748	0	0	0	0 4.00	
5.00	Fixed Equipment	13,704,628	3,419,240	0	3,419,240	11,626 5.00	
6.00	Movable Equipment	103,810,261	6,160,172	0	6,160,172	1,517,382 6.00	
7.00	HIT designated Assets	0	0	0	0	0 7.00	
8.00	Subtotal (sum of lines 1-7)	224,505,366	18,330,622	0	18,330,622	1,529,008 8.00	
9.00	Reconciling Items	0	0	0	0	0 9.00	
10.00	Total (line 8 minus line 9)	224,505,366	18,330,622	0	18,330,622	1,529,008 10.00	
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,027,467	0			0 1.00	
2.00	Land Improvements	2,988,795	0			0 2.00	
3.00	Buildings and Fixtures	108,611,677	0			0 3.00	
4.00	Building Improvements	113,748	0			0 4.00	
5.00	Fixed Equipment	17,112,242	0			0 5.00	
6.00	Movable Equipment	108,453,051	0			0 6.00	
7.00	HIT designated Assets	0	0			0 7.00	
8.00	Subtotal (sum of lines 1-7)	241,306,980	0			0 8.00	
9.00	Reconciling Items	0	0			0 9.00	
10.00	Total (line 8 minus line 9)	241,306,980	0			0 10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2017 2:47 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	12,478,819	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)	12,478,819	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	12,478,819				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	12,478,819				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2017 2:47 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	132,853,929	0	132,853,929	0.550560	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	108,453,051	0	108,453,051	0.449440	0	2.00
3.00	Total (sum of lines 1-2)	241,306,980	0	241,306,980	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,058,343	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,160,430	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,218,773	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,100,027	-1,827,894	0	0	4,330,476	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,699,251	4,604	0	0	5,465,783	2.00
3.00	Total (sum of lines 1-2)	-599,224	-1,823,290	0	0	9,796,259	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8

Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,081,566	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,699,251	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-50,000	OTHER ADMIN & GENERAL	5.02	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-781,254	OTHER ADMIN & GENERAL	5.02	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-1,152,122	CAP REL COSTS-BLDG & FIXT	1.00	9	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,181,530			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	16,716,668			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-609,960	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-53,221	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-306,186	OTHER ADMIN & GENERAL	5.02	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0	33.00
33.01 EMT CLASS TUITION	B	-71,250	PARAMED ED PRGM	23.00		0	33.01
33.02 MISC RADIOLOGY REV	B	-1,650,618	RADIOLOGY-DIAGNOSTIC	54.00		0	33.02
33.03 MISC A&G REVENUE	B	-202,794	OTHER ADMIN & GENERAL	5.02		0	33.03
33.04 PERSONAL AUTO USAGE	A	-36,581	OTHER ADMIN & GENERAL	5.02		0	33.04
33.05 ALCOHOLIC BEVERAGE	A	-622	OTHER ADMIN & GENERAL	5.02		0	33.05
33.06 LOBBYING EXPENSE	A	-78,936	OTHER ADMIN & GENERAL	5.02		0	33.06
33.07 SHARED A&G EXPENSE	A	-1,406,344	OTHER ADMIN & GENERAL	5.02		0	33.07
33.08 PRIMECARE ASSESSMENT (PHYSICIANS)	A	-19,352,372	OTHER ADMIN & GENERAL	5.02		0	33.08
33.09 PHYSICIANS RECRUITMENT	A	5,000	OTHER ADMIN & GENERAL	5.02		0	33.09
33.10 MISC LAB REV	B	-801	LABORATORY	60.00		0	33.10
33.12 HAF OFFSET	A	-5,130,379	OTHER ADMIN & GENERAL	5.02		0	33.12
33.13 MISC OPERATING ROOM REVENUE	B	-4	OPERATING ROOM	50.00		0	33.13
33.14 MISC PLANT OPERATIONS REVENUE	B	-136	OPERATION OF PLANT	7.00		0	33.14
33.15 MISC RESPIRATORY THERAPY REVENUE	B	-9,182	RESPIRATORY THERAPY	65.00		0	33.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,133,441					50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0026
 Period: From 01/01/2016 To 12/31/2016
 Worksheet A-8-1
 Date/Time Prepared: 5/25/2017 2:47 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1,994,144	0 1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	463,243	0 2.00
3.00	5.02	OTHER ADMIN & GENERAL	HOME OFFICE ALLOCATION	14,259,281	0 3.00
4.00	0.00			0	0 4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			16,716,668	0 5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet A-8-1 Date/Time Prepared: 5/25/2017 2:47 pm
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	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1,994,144	11		1.00
2.00	463,243	9		2.00
3.00	14,259,281	0		3.00
4.00	0	0		4.00
5.00	16,716,668			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet A-8-2

Date/Time Prepared:
5/25/2017 2:47 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	5.02	OTHER ADMIN & GENERAL	592,362	16,669	575,693	179,000	2,056	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	113,078	0	113,078	179,000	1,594	2.00
3.00	53.01	PAIN MANAGEMENT	1,309,553	1,273,553	36,000	179,000	314	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	6,762,040	6,041,432	720,607	271,900	2,840	4.00
5.00	60.00	LABORATORY	1,009,000	984,000	25,000	246,400	989	5.00
6.00	91.00	EMERGENCY	126,250	0	126,250	179,000	203	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			9,912,283	8,315,654	1,596,628		7,996	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.02	OTHER ADMIN & GENERAL	176,935	8,847	0	0	0	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	137,176	6,859	0	0	0	2.00
3.00	53.01	PAIN MANAGEMENT	27,022	1,351	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	371,248	18,562	0	0	0	4.00
5.00	60.00	LABORATORY	117,159	5,858	0	0	0	5.00
6.00	91.00	EMERGENCY	17,470	874	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			847,010	42,351	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.02	OTHER ADMIN & GENERAL	0	176,935	398,758	415,427		1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	0	137,176	0	0		2.00
3.00	53.01	PAIN MANAGEMENT	0	27,022	8,978	1,282,531		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	371,248	349,359	6,390,792		4.00
5.00	60.00	LABORATORY	0	117,159	0	984,000		5.00
6.00	91.00	EMERGENCY	0	17,470	108,780	108,780		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	847,010	865,875	9,181,530		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/AC COUNTS RECEIVABLE	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,330,476	4,330,476			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,465,783		5,465,783		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	22,793,948	51,959	1,333	22,847,240	4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	2,002,293	74,680	5,871	308,594	2,391,438
5.02 00590	OTHER ADMIN & GENERAL	30,543,273	357,367	1,751,113	3,406,571	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	2,999,675	346,787	57,295	250,365	0
8.00 00800	LAUNDRY & LINEN SERVICE	632,566	21,194	1,299	12,948	0
9.00 00900	HOUSEKEEPING	1,481,592	5,497	3,282	318,811	0
10.00 01000	DIETARY	490,315	28,493	4,213	80,037	0
11.00 01100	CAFETERIA	477,976	59,739	8,834	177,591	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,079,180	17,396	297,805	537,940	0
14.00 01400	CENTRAL SERVICES & SUPPLY	612,507	29,548	73,466	76,372	0
15.00 01500	PHARMACY	2,020,582	24,373	7,778	587,265	0
16.00 01600	MEDICAL RECORDS & LIBRARY	3,676,157	51,236	39,287	492,759	0
17.00 01700	SOCIAL SERVICE	817,515	7,401	2,152	263,437	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED PRGM	174,222	2,582	0	46,038	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	10,247,474	428,318	142,053	2,652,686	224,820
31.00 03100	INTENSIVE CARE UNIT	2,347,046	114,291	125,350	578,788	54,363
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	621,154	14,837	9,786	91,284	9,486
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	9,388,105	527,795	1,232,408	1,568,756	263,465
51.00 05100	RECOVERY ROOM	647,991	36,376	513	182,767	22,469
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,928,425	79,511	52,438	489,119	34,216
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
53.01 05301	PAIN MANAGEMENT	364,983	0	0	229,917	5,121
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,131,546	864,770	1,065,067	4,823,837	437,226
55.00 05500	RADIOLOGY-THERAPEUTIC	407,763	9,800	47,347	121,804	5,680
56.00 05600	RADIOIOTOPE	0	0	0	0	0
56.01 05601	CARDIAC CATH LAB	1,529,601	31,533	204,145	318,791	89,687
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	4,556,944	71,409	85,737	929,604	164,366
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,366,112	25,371	19,188	386,025	31,519
66.00 06600	PHYSICAL THERAPY	2,263,370	207,125	21,110	617,818	26,583
67.00 06700	OCCUPATIONAL THERAPY	614,057	0	274	199,563	11,705
68.00 06800	SPEECH PATHOLOGY	390,049	0	0	124,160	6,599
69.00 06900	ELECTROCARDIOLOGY	89,771	84,961	17,320	0	19,327
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,597,988	0	0	0	36,267
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,723,399	0	0	0	65,849
73.00 07300	DRUGS CHARGED TO PATIENTS	24,909,575	0	0	0	715,140
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

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	CASHIERING/AC COUNTS RECEIVABLE		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				4.00
90.00 09000 CLINIC	363,287	22,721	16,371	79,624	5,475	90.00	
90.02 09002 WOUND CLINIC	1,525,397	224,613	4,612	377	22,618	90.02	
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	3,421,094	234,527	91,975	902,828	116,207	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
101.00 10100 HOME HEALTH AGENCY	2,192,446	58,810	22,479	641,440	7,470	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	1,436,819	0	0	282,886	15,780	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	180,662,456	4,115,020	5,411,901	21,780,802	2,391,438	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,007,391	128,716	39,924	436,492	0	190.00	
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	216,518	52,900	0	68,745	0	190.01	
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02	
190.03 19003 LI FELINE	0	0	0	0	0	190.03	
190.04 19004 COMMUNITY RELATIONS	5,841,668	33,840	13,958	368,646	0	190.04	
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05	
190.06 19006 PROFESSIONAL DEVELOPMENT	1,531,934	0	0	4,218	0	190.06	
190.07 19007 FOUNDTION	35	0	0	0	0	190.07	
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08	
191.00 19100 RESEARCH	850,924	0	0	188,337	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	191,110,926	4,330,476	5,465,783	22,847,240	2,391,438	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600	36,058,324	36,058,324				6.00
7.00	00700	0	0	0	4,503,906		7.00
8.00	00800	3,654,122	849,784		0	850,631	8.00
9.00	00900	668,007	155,348		27,276	0	9.00
10.00	01000	1,809,182	420,734		7,074	0	10.00
11.00	01100	603,058	140,244		36,668	0	11.00
12.00	01200	724,140	168,402		76,881	0	12.00
13.00	01300	0	0		0	0	13.00
14.00	01400	2,932,321	681,926		22,388	0	14.00
15.00	01500	791,893	184,159		38,027	0	15.00
16.00	01600	2,639,998	613,945		31,367	0	16.00
17.00	01700	4,259,439	990,554		65,938	0	17.00
19.00	01900	1,090,505	253,602		9,525	0	19.00
20.00	02000	0	0		0	0	20.00
21.00	02100	0	0		0	0	21.00
22.00	02200	0	0		0	0	22.00
23.00	02300	222,842	51,823		3,323	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,695,351	3,184,922	0	551,222	185,915	30.00
31.00	03100	3,219,838	748,789	0	147,087	69,465	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	746,547	173,613	0	19,095	5,539	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	12,980,529	3,018,687	0	679,244	199,574	50.00
51.00	05100	890,116	207,001	0	46,814	0	51.00
52.00	05200	2,583,709	600,854	0	102,326	29,679	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	600,021	139,538	0	0	0	53.01
54.00	05400	23,322,446	5,423,751	0	1,112,914	163,147	54.00
55.00	05500	592,394	137,764	0	12,612	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	2,173,757	505,518	0	40,582	5,111	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	5,808,060	1,350,693	0	91,900	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,828,215	425,161	0	32,652	0	65.00
66.00	06600	3,136,006	729,294	0	266,558	0	66.00
67.00	06700	825,599	191,997	0	0	0	67.00
68.00	06800	520,808	121,117	0	0	0	68.00
69.00	06900	211,379	49,157	0	109,341	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	7,634,255	1,775,384	0	0	0	71.00
72.00	07200	5,789,248	1,346,319	0	0	0	72.00
73.00	07300	25,624,715	5,959,225	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	487,478	113,365	0	29,240	0	90.00
90.02	09002	1,777,617	413,394	0	289,064	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	4,766,631	1,108,504	0	301,824	192,201	91.00
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
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Cost Center Description		Subtotal	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	2,922,645	679,676	0	75,685	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,735,485	403,596	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	179,326,680	33,317,840	0	4,226,627	850,631	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,612,523	607,555	0	165,650	0	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	338,163	78,641	0	68,079	0	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003 LIFELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	6,258,112	1,455,355	0	43,550	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	1,536,152	357,240	0	0	0	190.06
190.07	19007 FOUNDTION	35	8	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100 RESEARCH	1,039,261	241,685	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	191,110,926	36,058,324	0	4,503,906	850,631	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	2,236,990					9.00
10.00	01000	18,352	798,322				10.00
11.00	01100	38,479	0	1,007,902			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	11,205	0	18,793	0	3,666,633	13.00
14.00	01400	19,032	0	8,339	0	58	14.00
15.00	01500	15,699	0	20,191	0	42,420	15.00
16.00	01600	33,002	0	30,689	0	16,525	16.00
17.00	01700	4,767	0	16,622	0	82,864	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	1,663	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	275,884	683,439	185,162	0	1,115,447	30.00
31.00	03100	73,616	114,883	41,857	0	273,728	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	9,557	0	5,453	0	39,792	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	339,958	0	108,013	0	575,899	50.00
51.00	05100	23,430	0	2,337	0	98,575	51.00
52.00	05200	51,214	0	29,217	0	213,202	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	0	6,210	0	14,487	53.01
54.00	05400	557,009	0	201,710	0	278,725	54.00
55.00	05500	6,312	0	7,310	0	10,929	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	20,311	0	7,005	0	143,417	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	45,995	0	49,119	0	5,822	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	16,342	0	21,984	0	0	65.00
66.00	06600	133,411	0	42,555	0	0	66.00
67.00	06700	0	0	10,467	0	0	67.00
68.00	06800	0	0	6,245	0	0	68.00
69.00	06900	54,724	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	14,635	0	4,752	0	0	90.00
90.02	09002	144,675	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	151,061	0	56,266	0	346,966	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	37,880	0	29,268	0	161,235	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	21,217	0	121,348	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,098,213	798,322	930,781	0	3,541,439	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	82,907	0	30,259	0	78,923	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	34,073	0	3,083	0	0	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003 LI FELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	21,797	0	28,604	0	68	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007 FOUNDTION	0	0	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100 RESEARCH	0	0	15,175	0	46,203	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,236,990	798,322	1,007,902	0	3,666,633	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00590	OTHER ADMIN & GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,041,508				14.00
15.00	01500	PHARMACY	1,476				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10	3,365,096	5,396,157		16.00
17.00	01700	SOCIAL SERVICE	34	0	0	1,457,919	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	32,689	0	507,258	1,128,043	0
31.00	03100	INTENSIVE CARE UNIT	8,824	0	122,659	123,082	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	21,403	4,559	0
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	126,323	0	594,452	0	0
51.00	05100	RECOVERY ROOM	811	0	50,698	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,767	0	77,201	25,279	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
53.01	05301	PAIN MANAGEMENT	66	0	11,554	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,725	0	986,508	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	803	0	12,816	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	CARDIAC CATH LAB	5,843	0	202,360	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	46,569	0	370,857	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,930	0	71,115	0	0
66.00	06600	PHYSICAL THERAPY	345	0	59,979	0	0
67.00	06700	OCCUPATIONAL THERAPY	99	0	26,409	0	0
68.00	06800	SPEECH PATHOLOGY	47	0	14,889	0	0
69.00	06900	ELECTROCARDIOLOGY	260	0	43,608	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	393,089	0	81,828	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	292,946	0	148,575	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,365,096	1,613,948	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	483	0	12,352	0	0
90.02	09002	WOUND CLINIC	5,818	0	51,034	0	0
90.03	09003	MOBILE CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	19,684	0	262,196	176,956	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	1,294	0	16,855	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	25,030	0	35,603	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,040,965	3,365,096	5,396,157	1,457,919	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	299	0	0	0	0	190.00
190.01	19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	5	0	0	0	0	190.01
190.02	19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003 LI FELINE	0	0	0	0	0	190.03
190.04	19004 COMMUNITY RELATIONS	221	0	0	0	0	190.04
190.05	19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007 FOUNDTION	0	0	0	0	0	190.07
190.08	19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100 RESEARCH	18	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,041,508	3,365,096	5,396,157	1,457,919	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02 00590 OTHER ADMIN & GENERAL						5.02
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV		0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV			0			22.00
23.00 02300 PARAMED PRGM				279,651		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	21,545,332	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	4,943,828	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	1,025,558	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	18,622,679	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	1,319,782	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	3,722,448	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 05301 PAIN MANAGEMENT	0	0	0	0	771,876	53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	32,108,935	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	780,940	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 CARDIAC CATH LAB	0	0	0	0	3,103,904	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	7,769,015	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2,401,399	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	4,368,148	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	1,054,571	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	663,106	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	468,469	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	9,884,556	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,577,088	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	36,562,984	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	662,305	90.00
90.02 09002 WOUND CLINIC	0	0	0	0	2,681,602	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	279,651	7,661,940	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	3,924,538	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	2,342,279	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	279,651	175,967,282	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3,578,116	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	522,044	190.01
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	0	0	0	7,807,707	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	1,893,392	190.06
190.07 19007 FOUNDTION	0	0	0	0	43	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00 19100 RESEARCH	0	0	0	0	1,342,342	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	279,651	191,110,926	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE		5.01
5.02	00590	OTHER ADMIN & GENERAL		5.02
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	21,545,332	30.00
31.00	03100	INTENSIVE CARE UNIT	4,943,828	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,025,558	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	18,622,679	50.00
51.00	05100	RECOVERY ROOM	1,319,782	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,722,448	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
53.01	05301	PAIN MANAGEMENT	771,876	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,108,935	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	780,940	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	CARDIAC CATH LAB	3,103,904	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MRI	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	7,769,015	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,401,399	65.00
66.00	06600	PHYSICAL THERAPY	4,368,148	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,054,571	67.00
68.00	06800	SPEECH PATHOLOGY	663,106	68.00
69.00	06900	ELECTROCARDIOLOGY	468,469	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	9,884,556	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,577,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,562,984	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	662,305	90.00
90.02	09002	WOUND CLINIC	2,681,602	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	7,661,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	3,924,538	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	2,342,279	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	175,967,282	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,578,116	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	522,044	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	7,807,707	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	1,893,392	190.06
190.07	19007	FOUNDTION	0	43	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	190.08
191.00	19100	RESEARCH	0	1,342,342	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	191,110,926	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 2:47 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	51,959	1,333	53,292	4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	74,680	5,871	80,551	5.01
5.02 00590	OTHER ADMIN & GENERAL	0	357,367	1,751,113	2,108,480	5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	346,787	57,295	404,082	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	21,194	1,299	22,493	8.00
9.00 00900	HOUSEKEEPING	0	5,497	3,282	8,779	9.00
10.00 01000	DIETARY	0	28,493	4,213	32,706	10.00
11.00 01100	CAFETERIA	0	59,739	8,834	68,573	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	17,396	297,805	315,201	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	29,548	73,466	103,014	14.00
15.00 01500	PHARMACY	0	24,373	7,778	32,151	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	51,236	39,287	90,523	16.00
17.00 01700	SOCIAL SERVICE	0	7,401	2,152	9,553	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	0	2,582	0	2,582	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	428,318	142,053	570,371	30.00
31.00 03100	INTENSIVE CARE UNIT	0	114,291	125,350	239,641	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	14,837	9,786	24,623	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	527,795	1,232,408	1,760,203	50.00
51.00 05100	RECOVERY ROOM	0	36,376	513	36,889	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	79,511	52,438	131,949	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01 05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	864,770	1,065,067	1,929,837	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	9,800	47,347	57,147	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 05601	CARDIAC CATH LAB	0	31,533	204,145	235,678	56.01
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	71,409	85,737	157,146	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	25,371	19,188	44,559	65.00
66.00 06600	PHYSICAL THERAPY	0	207,125	21,110	228,235	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	274	274	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	84,961	17,320	102,281	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	22,721	16,371	39,092	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
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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			
90.02 09002 WOUND CLINIC	0	224,613	4,612	229,225	1	90.02
90.03 09003 MOBILE CLINIC	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	234,527	91,975	326,502	2,105	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0	58,810	22,479	81,289	1,495	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	659	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	4,115,020	5,411,901	9,526,921	50,806	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	128,716	39,924	168,640	1,018	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	52,900	0	52,900	160	190.01
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03 19003 LIFELINE	0	0	0	0	0	190.03
190.04 19004 COMMUNITY RELATIONS	0	33,840	13,958	47,798	859	190.04
190.05 19005 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT	0	0	0	0	10	190.06
190.07 19007 FOUNDTION	0	0	0	0	0	190.07
190.08 19008 GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00 19100 RESEARCH	0	0	0	0	439	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	4,330,476	5,465,783	9,796,259	53,292	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 2:47 pm	
Cost Center Description			CASHIERING/AC COUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE	81,270					5.01
5.02	00590	OTHER ADMIN & GENERAL	0	2,116,421				5.02
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	0	49,879	0	454,545		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,118	0	2,753	34,394	8.00
9.00	00900	HOUSEKEEPING	0	24,695	0	714	0	9.00
10.00	01000	DIETARY	0	8,232	0	3,701	0	10.00
11.00	01100	CAFETERIA	0	9,885	0	7,759	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	40,026	0	2,259	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,809	0	3,838	0	14.00
15.00	01500	PHARMACY	0	36,036	0	3,166	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	58,141	0	6,655	0	16.00
17.00	01700	SOCIAL SERVICE	0	14,885	0	961	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	3,042	0	335	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	7,629	186,942	0	55,631	7,517	30.00
31.00	03100	INTENSIVE CARE UNIT	1,845	43,951	0	14,844	2,809	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	322	10,190	0	1,927	224	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	8,941	177,184	0	68,551	8,069	50.00
51.00	05100	RECOVERY ROOM	762	12,150	0	4,725	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,161	35,268	0	10,327	1,200	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	174	8,190	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,837	318,351	0	112,316	6,597	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	193	8,086	0	1,273	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	3,043	29,672	0	4,096	207	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,578	79,280	0	9,275	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,070	24,955	0	3,295	0	65.00
66.00	06600	PHYSICAL THERAPY	902	42,806	0	26,902	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	397	11,269	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	224	7,109	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	656	2,885	0	11,035	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,231	104,208	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,235	79,023	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,384	349,734	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	186	6,654	0	2,951	0	90.00
90.02	09002	WOUND CLINIC	768	24,264	0	29,173	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	3,943	65,065	0	30,461	7,771	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			CASHIERING/AC COUNTS RECEIVABLE	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	6.00	7.00	8.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	254	39,894	0	7,638	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	535	23,689	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	81,270	1,955,567	0	426,561	34,394	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,661	0	16,718	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	4,616	0	6,871	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	85,423	0	4,395	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	20,968	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	14,186	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	81,270	2,116,421	0	454,545	34,394	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 2:47 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	
			9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	00590	OTHER ADMIN & GENERAL						5.02
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	34,931					9.00
10.00	01000	DIETARY	287	45,113				10.00
11.00	01100	CAFETERIA	601	0	87,232			11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	01300	NURSING ADMINISTRATION	175	0	1,627	0	360,542	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	297	0	722	0	6	14.00
15.00	01500	PHARMACY	245	0	1,747	0	4,171	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	515	0	2,656	0	1,625	16.00
17.00	01700	SOCIAL SERVICE	74	0	1,439	0	8,148	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	26	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,308	38,621	16,026	0	109,683	30.00
31.00	03100	INTENSIVE CARE UNIT	1,150	6,492	3,623	0	26,916	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	149	0	472	0	3,913	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	5,309	0	9,348	0	56,629	50.00
51.00	05100	RECOVERY ROOM	366	0	202	0	9,693	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	800	0	2,529	0	20,964	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	537	0	1,424	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,696	0	17,456	0	27,407	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	99	0	633	0	1,075	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	317	0	606	0	14,102	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	718	0	4,251	0	572	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	255	0	1,903	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,083	0	3,683	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	906	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	541	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	855	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	229	0	411	0	0	90.00
90.02	09002	WOUND CLINIC	2,259	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,359	0	4,870	0	34,117	91.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/25/2017 2:47 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	592	0	2,533	0	15,854	101.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	1,836	0	11,932	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117) NONREIMBURSABLE COST CENTERS	32,764	45,113	80,557	0	348,231	118.00
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,295	0	2,619	0	7,761	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	532	0	267	0	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	340	0	2,476	0	7	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	1,313	0	4,543	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	34,931	45,113	87,232	0	360,542	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 2:47 pm		
Cost Center	Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	00590	OTHER ADMIN & GENERAL					5.02
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	118,864				14.00
15.00	01500	PHARMACY	168	79,053			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1	0	161,265		16.00
17.00	01700	SOCIAL SERVICE	4	0	0	35,678	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,730	0	15,152	27,605	30.00
31.00	03100	INTENSIVE CARE UNIT	1,007	0	3,664	3,012	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	639	112	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,416	0	17,756	0	50.00
51.00	05100	RECOVERY ROOM	93	0	1,514	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,115	0	2,306	619	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	8	0	345	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,158	0	29,467	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	92	0	383	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	CARDIAC CATH LAB	667	0	6,044	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	5,314	0	11,077	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 CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	677	0	2,124	0	65.00
66.00	06600	PHYSICAL THERAPY	39	0	1,792	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	11	0	789	0	67.00
68.00	06800	SPEECH PATHOLOGY	5	0	445	0	68.00
69.00	06900	ELECTROCARDIOLOGY	30	0	1,303	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	44,868	0	2,444	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,430	0	4,438	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	79,053	48,292	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	55	0	369	0	90.00
90.02	09002	WOUND CLINIC	664	0	1,524	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,246	0	7,832	4,330	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			14.00	15.00	16.00	17.00	19.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	148	0	503	0		101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	2,856	0	1,063	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118,802	79,053	161,265	35,678	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	34	0	0	0		190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	1	0	0	0		190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0		190.02
190.03	19003	LIFELINE	0	0	0	0		190.03
190.04	19004	COMMUNITY RELATIONS	25	0	0	0		190.04
190.05	19005	PRIVATE DUTY	0	0	0	0		190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0		190.06
190.07	19007	FOUNDATION	0	0	0	0		190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0		190.08
191.00	19100	RESEARCH	2	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
200.00		Cross Foot Adjustments						0200.00
201.00		Negative Cost Centers	0	0	0	0		0201.00
202.00		TOTAL (sum lines 118-201)	118,864	79,053	161,265	35,678		0202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 2:47 pm
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Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02 00590	OTHER ADMIN & GENERAL					5.02
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV			0		22.00
23.00 02300	PARAMED PRGM			6,092		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS				1,049,399	30.00
31.00 03100	INTENSIVE CARE UNIT				350,303	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				42,784	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM				2,130,063	50.00
51.00 05100	RECOVERY ROOM				66,820	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				209,378	52.00
53.00 05300	ANESTHESIOLOGY				0	53.00
53.01 05301	PAIN MANAGEMENT				11,214	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,483,400	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				69,265	55.00
56.00 05600	RADIOISOTOPE				0	56.00
56.01 05601	CARDIAC CATH LAB				295,175	56.01
57.00 05700	CT SCAN				0	57.00
58.00 05800	MRI				0	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	59.00
60.00 06000	LABORATORY				275,378	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				0	63.00
64.00 06400	INTRAVENOUS THERAPY				0	64.00
65.00 06500	RESPIRATORY THERAPY				79,738	65.00
66.00 06600	PHYSICAL THERAPY				307,882	66.00
67.00 06700	OCCUPATIONAL THERAPY				14,111	67.00
68.00 06800	SPEECH PATHOLOGY				8,613	68.00
69.00 06900	ELECTROCARDIOLOGY				119,045	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT				152,751	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				119,126	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				501,463	73.00
74.00 07400	RENAL DIALYSIS				0	74.00
75.00 07500	ASC (NON-DISTINCT PART)				0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC				0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00
90.00 09000	CLINIC				50,133	90.00
90.02 09002	WOUND CLINIC				287,878	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		20.00	21.00			
90.03 09003 MOBILE CLINIC					0	90.03
91.00 09100 EMERGENCY					491,601	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00 09900 CMHC					0	99.00
101.00 10100 HOME HEALTH AGENCY					150,200	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 11600 HOSPICE					42,570	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	9,308,290	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					233,746	190.00
190.01 19001 OTHER NR/CHP-GRANT I/COMMUNITY ED					65,347	190.01
190.02 19002 GIFT, FLOWER, COFFEE SHOP, & CANTEE					0	190.02
190.03 19003 LIFELINE					0	190.03
190.04 19004 COMMUNITY RELATIONS					141,323	190.04
190.05 19005 PRIVATE DUTY					0	190.05
190.06 19006 PROFESSIONAL DEVELOPMENT					20,978	190.06
190.07 19007 FOUNDTION					0	190.07
190.08 19008 GOSHEN GACC CLINIC					0	190.08
191.00 19100 RESEARCH					20,483	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					0	192.00
193.00 19300 NONPAID WORKERS					0	193.00
200.00 Cross Foot Adjustments	0	0	0	6,092	6,092	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	6,092	9,796,259	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet B Part II Date/Time Prepared: 5/25/2017 2:47 pm
Cost Center	Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.01
5.02	00590	OTHER ADMIN & GENERAL			5.02
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
12.00	01200	MAINTENANCE OF PERSONNEL			12.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00
23.00	02300	PARAMED ED PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	1,049,399	30.00
31.00	03100	INTENSIVE CARE UNIT	0	350,303	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	42,784	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	2,130,063	50.00
51.00	05100	RECOVERY ROOM	0	66,820	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	209,378	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	11,214	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,483,400	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	69,265	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	CARDIAC CATH LAB	0	295,175	56.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	275,378	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	79,738	65.00
66.00	06600	PHYSICAL THERAPY	0	307,882	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,111	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,613	68.00
69.00	06900	ELECTROCARDIOLOGY	0	119,045	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	152,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	119,126	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	501,463	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	50,133	90.00
90.02	09002	WOUND CLINIC	0	287,878	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B
Part II
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.03	09003	MOBILE CLINIC	0	0	90.03
91.00	09100	EMERGENCY	0	491,601	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	150,200	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	42,570	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	9,308,290	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	233,746	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	65,347	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	190.02
190.03	19003	LIFELINE	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	141,323	190.04
190.05	19005	PRIVATE DUTY	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	20,978	190.06
190.07	19007	FOUNDTION	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	190.08
191.00	19100	RESEARCH	0	20,483	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		Cross Foot Adjustments	0	6,092	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	9,796,259	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	377,382				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,631,339			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,528	1,617	69,169,046		4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE	6,508	7,123	934,257	567,538,085	5.01
5.02 00590	OTHER ADMIN & GENERAL	31,143	2,124,528	10,313,254	0	-36,058,324 5.02
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	30,221	69,513	757,969	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,847	1,576	39,199	0	8.00
9.00 00900	HOUSEKEEPING	479	3,982	965,186	0	9.00
10.00 01000	DIETARY	2,483	5,112	242,309	0	10.00
11.00 01100	CAFETERIA	5,206	10,718	537,648	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,516	361,311	1,628,591	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,575	89,132	231,212	0	14.00
15.00 01500	PHARMACY	2,124	9,437	1,777,921	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,465	47,665	1,491,807	0	16.00
17.00 01700	SOCIAL SERVICE	645	2,611	797,545	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 APPRV	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED PRGM	225	0	139,378	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	37,326	172,345	8,030,898	53,350,626	0 30.00
31.00 03100	INTENSIVE CARE UNIT	9,960	152,080	1,752,257	12,900,646	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,293	11,873	276,359	2,251,076	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	45,995	1,495,214	4,749,344	62,521,271	0 50.00
51.00 05100	RECOVERY ROOM	3,170	623	553,319	5,332,100	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,929	63,620	1,480,787	8,119,620	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01 05301	PAIN MANAGEMENT	0	0	696,063	1,215,216	0 53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	75,361	1,292,189	14,603,941	103,755,566	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	854	57,443	368,756	1,347,957	0 55.00
56.00 05600	RADIOLOGY-SOTOPE	0	0	0	0	0 56.00
56.01 05601	CARDIAC CATH LAB	2,748	247,678	965,126	21,283,124	0 56.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	6,223	104,020	2,814,337	39,004,775	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,211	23,280	1,168,676	7,479,478	0 65.00
66.00 06600	PHYSICAL THERAPY	18,050	25,612	1,870,418	6,308,233	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	332	604,169	2,777,556	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	375,888	1,565,993	0 68.00
69.00 06900	ELECTROCARDIOLOGY	7,404	21,014	0	4,586,440	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	8,606,244	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	15,626,280	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	169,745,587	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
			1.00	2.00	4.00	5.01	5A.02	
90.00	09000	CLINIC	1,980	19,862	241,057	1,299,125	0	90.00
90.02	09002	WOUND CLINIC	19,574	5,595	1,142	5,367,462	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	20,438	111,588	2,733,274	27,576,392	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	5,125	27,273	1,941,933	1,772,749	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	856,427	3,744,569	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	358,606	6,565,966	65,940,447	567,538,085	-36,058,324	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,217	48,438	1,321,461	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	4,610	0	208,123	0	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	2,949	16,935	1,116,062	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	12,771	0	0	190.06
190.07	19007	FOUNDION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	570,182	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,330,476	5,465,783	22,847,240	2,391,438		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.475047	0.824235	0.330310	0.004214		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			53,292	81,270		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000770	0.000143		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590	155,052,602					5.02
6.00	00600		335,203				6.00
7.00	00700	3,654,122	30,221	304,982			7.00
8.00	00800	668,007	1,847	1,847	805,031		8.00
9.00	00900	1,809,182	479	479	0	302,656	9.00
10.00	01000	603,058	2,483	2,483	0	2,483	10.00
11.00	01100	724,140	5,206	5,206	0	5,206	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	2,932,321	1,516	1,516	0	1,516	13.00
14.00	01400	791,893	2,575	2,575	0	2,575	14.00
15.00	01500	2,639,998	2,124	2,124	0	2,124	15.00
16.00	01600	4,259,439	4,465	4,465	0	4,465	16.00
17.00	01700	1,090,505	645	645	0	645	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	222,842	225	225	0	225	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	13,695,351	37,326	37,326	175,949	37,326	30.00
31.00	03100	3,219,838	9,960	9,960	65,741	9,960	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	746,547	1,293	1,293	5,242	1,293	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	12,980,529	45,995	45,995	188,875	45,995	50.00
51.00	05100	890,116	3,170	3,170	0	3,170	51.00
52.00	05200	2,583,709	6,929	6,929	28,088	6,929	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	600,021	0	0	0	0	53.01
54.00	05400	23,322,446	75,361	75,361	154,401	75,361	54.00
55.00	05500	592,394	854	854	0	854	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	2,173,757	2,748	2,748	4,837	2,748	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	5,808,060	6,223	6,223	0	6,223	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,828,215	2,211	2,211	0	2,211	65.00
66.00	06600	3,136,006	18,050	18,050	0	18,050	66.00
67.00	06700	825,599	0	0	0	0	67.00
68.00	06800	520,808	0	0	0	0	68.00
69.00	06900	211,379	7,404	7,404	0	7,404	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	7,634,255	0	0	0	0	71.00
72.00	07200	5,789,248	0	0	0	0	72.00
73.00	07300	25,624,715	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	487,478	1,980	1,980	0	1,980	90.00
90.02	09002	1,777,617	19,574	19,574	0	19,574	90.02
90.03	09003	0	0	0	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description		OTHER ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		5.02	6.00	7.00	8.00	9.00		
91.00	09100	EMERGENCY	4,766,631	20,438	20,438	181,898	20,438	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	2,922,645	5,125	5,125	0	5,125	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	1,735,485	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	143,268,356	316,427	286,206	805,031	283,880	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,612,523	11,217	11,217	0	11,217	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	338,163	4,610	4,610	0	4,610	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	6,258,112	2,949	2,949	0	2,949	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	1,536,152	0	0	0	0	190.06
190.07	19007	FOUNDATION	35	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	1,039,261	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	36,058,324	0	4,503,906	850,631	2,236,990	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.232555	0.000000	14.767776	1.056644	7.391197	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,116,421	0	454,545	34,394	34,931	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.013650	0.000000	1.490399	0.042724	0.115415	205.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet B-1	
Date/Time Prepared: 5/25/2017 2:47 pm								
Cost Center	Description	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
		10.00	11.00	12.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100							1.00
2.00	00200							2.00
4.00	00400							4.00
5.01	00580							5.01
5.02	00590							5.02
6.00	00600							6.00
7.00	00700							7.00
8.00	00800							8.00
9.00	00900							9.00
10.00	01000	72,089						10.00
11.00	01100	0	1,716,703					11.00
12.00	01200	0	0	0				12.00
13.00	01300	0	32,009	0	697,807			13.00
14.00	01400	0	14,204	0	11	20,348,449		14.00
15.00	01500	0	34,390	0	8,073	28,830		15.00
16.00	01600	0	52,270	0	3,145	189		16.00
17.00	01700	0	28,312	0	15,770	674		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	61,715	315,376	0	212,284	638,647		30.00
31.00	03100	10,374	71,292	0	52,094	172,394		31.00
32.00	03200	0	0	0	0	0		32.00
33.00	03300	0	0	0	0	0		33.00
34.00	03400	0	0	0	0	0		34.00
40.00	04000	0	0	0	0	0		40.00
41.00	04100	0	0	0	0	0		41.00
42.00	04200	0	0	0	0	0		42.00
43.00	04300	0	9,287	0	7,573	0		43.00
44.00	04400	0	0	0	0	0		44.00
45.00	04500	0	0	0	0	0		45.00
46.00	04600	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	0	183,973	0	109,601	2,468,026		50.00
51.00	05100	0	3,980	0	18,760	15,851		51.00
52.00	05200	0	49,764	0	40,575	190,814		52.00
53.00	05300	0	0	0	0	0		53.00
53.01	05301	0	10,577	0	2,757	1,297		53.01
54.00	05400	0	343,564	0	53,045	1,225,483		54.00
55.00	05500	0	12,451	0	2,080	15,695		55.00
56.00	05600	0	0	0	0	0		56.00
56.01	05601	0	11,932	0	27,294	114,163		56.01
57.00	05700	0	0	0	0	0		57.00
58.00	05800	0	0	0	0	0		58.00
59.00	05900	0	0	0	0	0		59.00
60.00	06000	0	83,662	0	1,108	909,843		60.00
60.01	06001	0	0	0	0	0		60.01
61.00	06100	0	0	0	0	0		61.00
62.00	06200	0	0	0	0	0		62.00
63.00	06300	0	0	0	0	0		63.00
64.00	06400	0	0	0	0	0		64.00
65.00	06500	0	37,444	0	0	115,866		65.00
66.00	06600	0	72,481	0	0	6,743		66.00
67.00	06700	0	17,828	0	0	1,937		67.00
68.00	06800	0	10,637	0	0	914		68.00
69.00	06900	0	0	0	0	5,089		69.00
70.00	07000	0	0	0	0	0		70.00
71.00	07100	0	0	0	0	7,680,007		71.00
72.00	07200	0	0	0	0	5,723,399		72.00
73.00	07300	0	0	0	0	0		73.00
74.00	07400	0	0	0	0	0		74.00
75.00	07500	0	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	0	0	0	0	0		88.00
89.00	08900	0	0	0	0	0		89.00
90.00	09000	0	8,093	0	0	9,432		90.00
90.02	09002	0	0	0	0	113,668		90.02

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet B-1 Date/Time Prepared: 5/25/2017 2:47 pm
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Cost Center Description			DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
			10.00	11.00	12.00	13.00	14.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	95,834	0	66,032	384,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS	0	49,851	0	30,685	25,289	101.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	36,137	0	23,094	489,021	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,089	1,585,348	0	673,981	20,337,849	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51,538	0	15,020	5,844	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	5,251	0	0	88	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	48,720	0	13	4,317	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDTION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	25,846	0	8,793	351	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	798,322	1,007,902	0	3,666,633	1,041,508	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.074117	0.587115	0.000000	5.254509	0.051184	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	45,113	87,232	0	360,542	118,864	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.625796	0.050814	0.000000	0.516679	0.005841	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00580						5.01
5.02	00590						5.02
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	24,911,250					16.00
17.00	01700	0	567,538,085				17.00
19.00	01900	0	0	3,518	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	53,350,626	2,722	0	0	30.00
31.00	03100	0	12,900,646	297	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	2,251,076	11	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	62,521,271	0	0	0	50.00
51.00	05100	0	5,332,100	0	0	0	51.00
52.00	05200	0	8,119,620	61	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
53.01	05301	0	1,215,216	0	0	0	53.01
54.00	05400	0	103,755,566	0	0	0	54.00
55.00	05500	0	1,347,957	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	21,283,124	0	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	39,004,775	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	7,479,478	0	0	0	65.00
66.00	06600	0	6,308,233	0	0	0	66.00
67.00	06700	0	2,777,556	0	0	0	67.00
68.00	06800	0	1,565,993	0	0	0	68.00
69.00	06900	0	4,586,440	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	8,606,244	0	0	0	71.00
72.00	07200	0	15,626,280	0	0	0	72.00
73.00	07300	24,911,250	169,745,587	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	1,299,125	0	0	0	90.00
90.02	09002	0	5,367,462	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			15.00	16.00	17.00	19.00	20.00	
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	27,576,392	427	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900	CMHC	0	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	1,772,749	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	3,744,569	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,911,250	567,538,085	3,518	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,365,096	5,396,157	1,457,919	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.135083	0.009508	414.416998	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	79,053	161,265	35,678	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003173	0.000284	10.141558	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01 00580	CASHIERING/ACCOUNTS RECEIVABLE				5.01
5.02 00590	OTHER ADMIN & GENERAL				5.02
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0		22.00
23.00 02300	PARAMED PRGM			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
53.01 05301	PAIN MANAGEMENT	0	0	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
56.01 05601	CARDIAC CATH LAB	0	0	0	56.01
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet B-1
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description			INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
			21.00	22.00		
90.00	09000	CLINIC	0	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900	CMHC	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	19001	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	190.01
190.02	19002	GIFT, FLOWER, COFFEE SHOP, & CANTEE	0	0	0	190.02
190.03	19003	LIFELINE	0	0	0	190.03
190.04	19004	COMMUNITY RELATIONS	0	0	0	190.04
190.05	19005	PRIVATE DUTY	0	0	0	190.05
190.06	19006	PROFESSIONAL DEVELOPMENT	0	0	0	190.06
190.07	19007	FOUNDATION	0	0	0	190.07
190.08	19008	GOSHEN GACC CLINIC	0	0	0	190.08
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	279,651	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	2,796.510000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	6,092	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	60.920000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	21,545,332	21,545,332	0	21,545,332	30.00
31.00	03100 INTENSIVE CARE UNIT	4,943,828	4,943,828	0	4,943,828	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	1,025,558	1,025,558	0	1,025,558	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	18,622,679	18,622,679	0	18,622,679	50.00
51.00	05100 RECOVERY ROOM	1,319,782	1,319,782	0	1,319,782	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,722,448	3,722,448	0	3,722,448	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	771,876	771,876	8,978	780,854	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	32,108,935	32,108,935	349,359	32,458,294	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	780,940	780,940	0	780,940	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	3,103,904	3,103,904	0	3,103,904	56.01
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	7,769,015	7,769,015	0	7,769,015	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,401,399	2,401,399	0	2,401,399	65.00
66.00	06600 PHYSICAL THERAPY	4,368,148	4,368,148	0	4,368,148	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,054,571	1,054,571	0	1,054,571	67.00
68.00	06800 SPEECH PATHOLOGY	663,106	663,106	0	663,106	68.00
69.00	06900 ELECTROCARDIOLOGY	468,469	468,469	0	468,469	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,884,556	9,884,556	0	9,884,556	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,577,088	7,577,088	0	7,577,088	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,562,984	36,562,984	0	36,562,984	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	662,305	662,305	0	662,305	90.00
90.02	09002 WOUND CLINIC	2,681,602	2,681,602	0	2,681,602	90.02
90.03	09003 MOBILE CLINIC	0	0	0	0	90.03
91.00	09100 EMERGENCY	7,661,940	7,661,940	108,780	7,770,720	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,916,109	2,916,109	0	2,916,109	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	3,924,538	3,924,538	0	3,924,538	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600 HOSPICE	2,342,279	2,342,279	0	2,342,279	116.00
200.00	Subtotal (see instructions)	178,883,391	178,883,391	467,117	179,350,508	200.00
201.00	Less Observation Beds	2,916,109	2,916,109	0	2,916,109	201.00
202.00	Total (see instructions)	175,967,282	175,967,282	467,117	176,434,399	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet C Part I Date/Time Prepared: 5/25/2017 2:47 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	44,917,329		44,917,329				30.00
31.00	03100	INTENSIVE CARE UNIT	12,900,646		12,900,646				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	2,251,076		2,251,076				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	18,444,053	44,077,218	62,521,271	0.297861	0.000000		50.00
51.00	05100	RECOVERY ROOM	1,771,958	3,560,142	5,332,100	0.247516	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,119,620	0	8,119,620	0.458451	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
53.01	05301	PAIN MANAGEMENT	1,146	1,214,070	1,215,216	0.635176	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,416,249	92,339,317	103,755,566	0.309467	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	75,152	1,272,805	1,347,957	0.579351	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.01	05601	CARDIAC CATH LAB	9,782,443	11,500,681	21,283,124	0.145839	0.000000		56.01
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000		57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000		59.00
60.00	06000	LABORATORY	13,528,052	25,476,723	39,004,775	0.199181	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	6,076,325	1,403,153	7,479,478	0.321065	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,287,855	5,020,378	6,308,233	0.692452	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,128,875	1,648,681	2,777,556	0.379676	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	159,268	1,406,725	1,565,993	0.423441	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	1,193,318	3,393,122	4,586,440	0.102142	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,939,241	3,667,003	8,606,244	1.148533	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,841,862	6,784,418	15,626,280	0.484894	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,853,158	136,892,429	169,745,587	0.215399	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	3,300	1,295,825	1,299,125	0.509809	0.000000		90.00
90.02	09002	WOUND CLINIC	27,581	5,339,881	5,367,462	0.499603	0.000000		90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	0.000000		90.03
91.00	09100	EMERGENCY	5,015,172	22,561,220	27,576,392	0.277844	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	270,000	8,163,297	8,433,297	0.345785	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.00	09900	CMHC	0	0	0				99.00
101.00	10100	HOME HEALTH AGENCY	0	1,772,749	1,772,749				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	3,744,569	3,744,569				116.00
200.00		Subtotal (see instructions)	185,003,679	382,534,406	567,538,085				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	185,003,679	382,534,406	567,538,085				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				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	0.297861			50.00
51.00	05100 RECOVERY ROOM	0.247516			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.458451			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
53.01	05301 PAIN MANAGEMENT	0.642564			53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.312834			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.579351			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.01	05601 CARDIAC CATH LAB	0.145839			56.01
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.199181			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.321065			65.00
66.00	06600 PHYSICAL THERAPY	0.692452			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.379676			67.00
68.00	06800 SPEECH PATHOLOGY	0.423441			68.00
69.00	06900 ELECTROCARDIOLOGY	0.102142			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.148533			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484894			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215399			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.509809			90.00
90.02	09002 WOUND CLINIC	0.499603			90.02
90.03	09003 MOBILE CLINIC	0.000000			90.03
91.00	09100 EMERGENCY	0.281789			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.345785			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	21,545,332	21,545,332	0	21,545,332	30.00
31.00	03100 INTENSIVE CARE UNIT	4,943,828	4,943,828	0	4,943,828	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	1,025,558	1,025,558	0	1,025,558	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	18,622,679	18,622,679	0	18,622,679	50.00
51.00	05100 RECOVERY ROOM	1,319,782	1,319,782	0	1,319,782	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,722,448	3,722,448	0	3,722,448	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	771,876	771,876	8,978	780,854	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	32,108,935	32,108,935	349,359	32,458,294	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	780,940	780,940	0	780,940	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	3,103,904	3,103,904	0	3,103,904	56.01
57.00	05700 CT SCAN	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000 LABORATORY	7,769,015	7,769,015	0	7,769,015	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,401,399	2,401,399	0	2,401,399	65.00
66.00	06600 PHYSICAL THERAPY	4,368,148	4,368,148	0	4,368,148	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,054,571	1,054,571	0	1,054,571	67.00
68.00	06800 SPEECH PATHOLOGY	663,106	663,106	0	663,106	68.00
69.00	06900 ELECTROCARDIOLOGY	468,469	468,469	0	468,469	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	9,884,556	9,884,556	0	9,884,556	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,577,088	7,577,088	0	7,577,088	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	36,562,984	36,562,984	0	36,562,984	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	662,305	662,305	0	662,305	90.00
90.02	09002 WOUND CLINIC	2,681,602	2,681,602	0	2,681,602	90.02
90.03	09003 MOBILE CLINIC	0	0	0	0	90.03
91.00	09100 EMERGENCY	7,661,940	7,661,940	108,780	7,770,720	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,916,109	2,916,109	0	2,916,109	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0	0	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	3,924,538	3,924,538	0	3,924,538	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600 HOSPICE	2,342,279	2,342,279	0	2,342,279	116.00
200.00	Subtotal (see instructions)	178,883,391	178,883,391	467,117	179,350,508	200.00
201.00	Less Observation Beds	2,916,109	2,916,109	0	2,916,109	201.00
202.00	Total (see instructions)	175,967,282	175,967,282	467,117	176,434,399	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet C
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	44,917,329		44,917,329		30.00
31.00	03100	INTENSIVE CARE UNIT	12,900,646		12,900,646		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	2,251,076		2,251,076		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	18,444,053	44,077,218	62,521,271	0.297861	50.00
51.00	05100	RECOVERY ROOM	1,771,958	3,560,142	5,332,100	0.247516	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,119,620	0	8,119,620	0.458451	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	1,146	1,214,070	1,215,216	0.635176	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,416,249	92,339,317	103,755,566	0.309467	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	75,152	1,272,805	1,347,957	0.579351	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	CARDIAC CATH LAB	9,782,443	11,500,681	21,283,124	0.145839	56.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	13,528,052	25,476,723	39,004,775	0.199181	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	6,076,325	1,403,153	7,479,478	0.321065	65.00
66.00	06600	PHYSICAL THERAPY	1,287,855	5,020,378	6,308,233	0.692452	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,128,875	1,648,681	2,777,556	0.379676	67.00
68.00	06800	SPEECH PATHOLOGY	159,268	1,406,725	1,565,993	0.423441	68.00
69.00	06900	ELECTROCARDIOLOGY	1,193,318	3,393,122	4,586,440	0.102142	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,939,241	3,667,003	8,606,244	1.148533	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,841,862	6,784,418	15,626,280	0.484894	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,853,158	136,892,429	169,745,587	0.215399	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	3,300	1,295,825	1,299,125	0.509809	90.00
90.02	09002	WOUND CLINIC	27,581	5,339,881	5,367,462	0.499603	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	5,015,172	22,561,220	27,576,392	0.277844	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	270,000	8,163,297	8,433,297	0.345785	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	1,772,749	1,772,749		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	3,744,569	3,744,569		116.00
200.00		Subtotal (see instructions)	185,003,679	382,534,406	567,538,085		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	185,003,679	382,534,406	567,538,085		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/25/2017 2:47 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 - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
53.01	05301	PAIN MANAGEMENT	0.000000		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
56.01	05601	CARDIAC CATH LAB	0.000000		56.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.02	09002	WOUND CLINIC	0.000000		90.02
90.03	09003	MOBILE CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC			99.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/25/2017 2:47 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,049,399	0	1,049,399	20,222	51.89	30.00
31.00	INTENSIVE CARE UNIT	350,303		350,303	2,939	119.19	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	42,784		42,784	2,448	17.48	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,442,486		1,442,486	25,609		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	6,615	343,252				30.00
31.00	INTENSIVE CARE UNIT	1,045	124,554				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	7,660	467,806				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/25/2017 2:47 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	2,130,063	62,521,271	0.034069	5,355,592	182,460	50.00	
51.00	05100 RECOVERY ROOM	66,820	5,332,100	0.012532	605,474	7,588	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	209,378	8,119,620	0.025787	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00	
53.01	05301 PAIN MANAGEMENT	11,214	1,215,216	0.009228	748	7	53.01	
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,483,400	103,755,566	0.023935	5,124,990	122,667	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	69,265	1,347,957	0.051385	19,327	993	55.00	
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00	
56.01	05601 CARDIAC CATH LAB	295,175	21,283,124	0.013869	2,923,187	40,542	56.01	
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00	
58.00	05800 MRI	0	0	0.000000	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00	
60.00	06000 LABORATORY	275,378	39,004,775	0.007060	5,679,670	40,098	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	79,738	7,479,478	0.010661	1,953,550	20,827	65.00	
66.00	06600 PHYSICAL THERAPY	307,882	6,308,233	0.048806	670,142	32,707	66.00	
67.00	06700 OCCUPATIONAL THERAPY	14,111	2,777,556	0.005080	594,840	3,022	67.00	
68.00	06800 SPEECH PATHOLOGY	8,613	1,565,993	0.005500	88,220	485	68.00	
69.00	06900 ELECTROCARDIOLOGY	119,045	4,586,440	0.025956	594,949	15,442	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	152,751	8,606,244	0.017749	4,797,815	85,156	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	119,126	15,626,280	0.007623	4,446,492	33,896	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	501,463	169,745,587	0.002954	12,172,621	35,958	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00	
90.00	09000 CLINIC	50,133	1,299,125	0.038590	3,290	127	90.00	
90.02	09002 WOUND CLINIC	287,878	5,367,462	0.053634	25,642	1,375	90.02	
90.03	09003 MOBILE CLINIC	0	0	0.000000	0	0	90.03	
91.00	09100 EMERGENCY	491,601	27,576,392	0.017827	2,883,249	51,400	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	142,035	8,433,297	0.016842	269,948	4,546	92.00	
200.00	Total (Lines 50-199)	7,815,069	501,951,716		48,209,746	679,296	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part III Date/Time Prepared: 5/25/2017 2:47 pm
Title XVIII			Hospital	PPS

Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	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	20,222	0.00	6,615	0	
31.00	03100	INTENSIVE CARE UNIT	2,939	0.00	1,045	0	
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	
42.00	04200	SUBPROVIDER	0	0.00	0	0	
43.00	04300	NURSERY	2,448	0.00	0	0	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	
45.00	04500	NURSING FACILITY	0	0.00	0	0	
200.00		Total (lines 30-199)	25,609		7,660	0	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS
 Provider CCN: 15-0026
 Period: From 01/01/2016 To 12/31/2016
 Worksheet D Part IV Date/Time Prepared: 5/25/2017 2:47 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	53.01
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
56.01	05601	CARDIAC CATH LAB	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	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						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	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 PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.02	09002	WOUND CLINIC	0	0	0	0	0	90.02
90.03	09003	MOBILE CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	279,651	0	279,651	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	279,651	0	279,651	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 2:47 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	62,521,271	0.000000	0.000000	5,355,592	50.00
51.00	05100	RECOVERY ROOM	0	5,332,100	0.000000	0.000000	605,474	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,119,620	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
53.01	05301	PAIN MANAGEMENT	0	1,215,216	0.000000	0.000000	748	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	103,755,566	0.000000	0.000000	5,124,990	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,347,957	0.000000	0.000000	19,327	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	CARDIAC CATH LAB	0	21,283,124	0.000000	0.000000	2,923,187	56.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	39,004,775	0.000000	0.000000	5,679,670	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,479,478	0.000000	0.000000	1,953,550	65.00
66.00	06600	PHYSICAL THERAPY	0	6,308,233	0.000000	0.000000	670,142	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,777,556	0.000000	0.000000	594,840	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,565,993	0.000000	0.000000	88,220	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,586,440	0.000000	0.000000	594,949	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,606,244	0.000000	0.000000	4,797,815	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,626,280	0.000000	0.000000	4,446,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	169,745,587	0.000000	0.000000	12,172,621	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	1,299,125	0.000000	0.000000	3,290	90.00
90.02	09002	WOUND CLINIC	0	5,367,462	0.000000	0.000000	25,642	90.02
90.03	09003	MOBILE CLINIC	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	279,651	27,576,392	0.010141	0.010141	2,883,249	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,433,297	0.000000	0.000000	269,948	92.00
200.00		Total (Lines 50-199)	279,651	501,951,716			48,209,746	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/25/2017 2:47 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	8,679,038	0	50.00
51.00	05100 RECOVERY ROOM	0	736,917	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0	178,536	0	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	27,141,018	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	536,010	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0	3,729,583	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	4,827,388	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	414,640	0	65.00
66.00	06600 PHYSICAL THERAPY	0	50,345	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	51,825	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	8,152	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	904,487	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,667,003	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,266,030	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	35,353,897	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	411,601	0	90.00
90.02	09002 WOUND CLINIC	0	2,281,430	0	90.02
90.03	09003 MOBILE CLINIC	0	0	0	90.03
91.00	09100 EMERGENCY	29,239	4,057,189	41,144	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,022,693	0	92.00
200.00	Total (Lines 50-199)	29,239	97,317,782	41,144	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 2:47 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.297861	8,679,038	0	25	2,585,147	50.00
51.00	05100 RECOVERY ROOM	0.247516	736,917	0	0	182,399	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.458451	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0.635176	178,536	0	0	113,402	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.309467	27,141,018	68	134	8,399,249	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.579351	536,010	0	0	310,538	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	05601 CARDIAC CATH LAB	0.145839	3,729,583	0	0	543,919	56.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.199181	4,827,388	1,794	0	961,524	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.321065	414,640	40	0	133,126	65.00
66.00	06600 PHYSICAL THERAPY	0.692452	50,345	0	0	34,861	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.379676	51,825	0	0	19,677	67.00
68.00	06800 SPEECH PATHOLOGY	0.423441	8,152	0	0	3,452	68.00
69.00	06900 ELECTROCARDIOLOGY	0.102142	904,487	0	0	92,386	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1.148533	3,667,003	0	0	4,211,674	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.484894	2,266,030	1,604	0	1,098,784	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.215399	35,353,897	36,449	106,691	7,615,194	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	0.509809	411,601	0	0	209,838	90.00
90.02	09002 WOUND CLINIC	0.499603	2,281,430	57	0	1,139,809	90.02
90.03	09003 MOBILE CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.277844	4,057,189	152	0	1,127,266	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.345785	2,022,693	0	0	699,417	92.00
200.00	Subtotal (see instructions)		97,317,782	40,164	106,850	29,481,662	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		97,317,782	40,164	106,850	29,481,662	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/25/2017 2:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	7		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
53.01 05301 PAIN MANAGEMENT	0	0		53.01
54.00 05400 RADIOLOGY-DIAGNOSTIC	21	41		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
56.01 05601 CARDIAC CATH LAB	0	0		56.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	357	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	13	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	778	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	7,851	22,981		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.02 09002 WOUND CLINIC	28	0		90.02
90.03 09003 MOBILE CLINIC	0	0		90.03
91.00 09100 EMERGENCY	42	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	9,090	23,029		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,090	23,029		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 2:47 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,222	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,222	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)		17,485	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)		6,615	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,545,332	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)		21,545,332	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)		21,545,332	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)		1,065.44	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,047,886	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)		7,047,886	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 2:47 pm	
Title XVIII			Hospital	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	4,943,828	2,939	1,682.15	1,045	1,757,847	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)					17,541,658	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,347,391	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)					467,806	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					708,535	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,176,341	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,171,050	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)					2,737	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,065.44	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,916,109	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 2:47 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,049,399	21,545,332	0.048707	2,916,109	142,035	90.00
91.00	Nursing School cost	0	21,545,332	0.000000	2,916,109	0	91.00
92.00	Allied health cost	0	21,545,332	0.000000	2,916,109	0	92.00
93.00	All other Medical Education	0	21,545,332	0.000000	2,916,109	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 2:47 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,222	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,222	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		7,965	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,520	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,081	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)		2,448	15.00
16.00	Nursery days (title V or XIX only)		151	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)		21,545,332	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)		21,545,332	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		38,309,528	28.00
29.00	Private room charges (excluding swing-bed charges)		21,969,991	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		16,339,537	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.562401	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,758.32	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,716.34	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		1,041.98	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		586.01	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		4,667,570	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		16,877,762	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)		834.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		902,224	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)		902,224	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/25/2017 2:47 pm
Title XIX			Hospital	Cost		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	1,025,558	2,448	418.94	151	63,260	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	4,943,828	2,939	1,682.15	182	306,151	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)					473,831	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,745,466	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)					2,737	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,065.44	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,916,109	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/25/2017 2:47 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,049,399	21,545,332	0.048707	2,916,109	142,035	90.00
91.00	Nursing School cost	0	21,545,332	0.000000	2,916,109	0	91.00
92.00	Allied health cost	0	21,545,332	0.000000	2,916,109	0	92.00
93.00	All other Medical Education	0	21,545,332	0.000000	2,916,109	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 2:47 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,640,726	30.00
31.00	03100	INTENSIVE CARE UNIT		5,438,891	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
41.00	04100	SUBPROVIDER - 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	0.297861	5,355,592	1,595,222 50.00
51.00	05100	RECOVERY ROOM	0.247516	605,474	149,865 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.458451	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
53.01	05301	PAIN MANAGEMENT	0.642564	748	481 53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.312834	5,124,990	1,603,271 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.579351	19,327	11,197 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	CARDIAC CATH LAB	0.145839	2,923,187	426,315 56.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.199181	5,679,670	1,131,282 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.321065	1,953,550	627,217 65.00
66.00	06600	PHYSICAL THERAPY	0.692452	670,142	464,041 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379676	594,840	225,846 67.00
68.00	06800	SPEECH PATHOLOGY	0.423441	88,220	37,356 68.00
69.00	06900	ELECTROCARDIOLOGY	0.102142	594,949	60,769 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.148533	4,797,815	5,510,449 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.484894	4,446,492	2,156,077 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215399	12,172,621	2,621,970 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.509809	3,290	1,677 90.00
90.02	09002	WOUND CLINIC	0.499603	25,642	12,811 90.02
90.03	09003	MOBILE CLINIC	0.000000	0	0 90.03
91.00	09100	EMERGENCY	0.281789	2,883,249	812,468 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.345785	269,948	93,344 92.00
200.00		Total (sum of lines 50-94 and 96-98)		48,209,746	17,541,658 200.00
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)		48,209,746	17,541,658 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/25/2017 2:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		580,870	30.00
31.00	03100	INTENSIVE CARE UNIT		87,595	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		1,041,165	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.297861	162,176	50.00
51.00	05100	RECOVERY ROOM	0.247516	17,525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.458451	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
53.01	05301	PAIN MANAGEMENT	0.635176	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.309467	168,355	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.579351	740	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	CARDIAC CATH LAB	0.145839	28,635	56.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.199181	197,641	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 CELL	0.000000	0	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	0.321065	82,735	65.00
66.00	06600	PHYSICAL THERAPY	0.692452	10,244	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.379676	8,545	67.00
68.00	06800	SPEECH PATHOLOGY	0.423441	1,325	68.00
69.00	06900	ELECTROCARDIOLOGY	0.102142	9,122	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1.148533	141,383	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.484894	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.215399	449,082	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.509809	0	90.00
90.02	09002	WOUND CLINIC	0.499603	372	90.02
90.03	09003	MOBILE CLINIC	0.000000	0	90.03
91.00	09100	EMERGENCY	0.277844	98,694	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.345785	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,376,574	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)		1,376,574	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 2:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)			0 1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)			14,055,935 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)			883,265 2.00
2.01	Outlier reconciliation amount			0 2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)			0 2.02
3.00	Managed Care Simulated Payments			0 3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)			115.52 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)			2.55 30.00
31.00	Percentage of Medicaid patient days (see instructions)			20.48 31.00
32.00	Sum of lines 30 and 31			23.03 32.00
33.00	Allowable disproportionate share percentage (see instructions)			8.39 33.00
34.00	Disproportionate share adjustment (see instructions)			294,823 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 2:47 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	0	35.00
35.01	Factor 3 (see instructions)	0.000119355	0.000118167	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	764,606	706,339	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	572,410	178,036	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	750,446		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)	15,984,469		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		15,984,469	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,198,455	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		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		29,239	58.00
59.00	Total (sum of amounts on lines 49 through 58)		17,214,234	59.00
60.00	Primary payer payments		11,585	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		17,202,649	61.00
62.00	Deductibles billed to program beneficiaries		1,685,432	62.00
63.00	Coinurance billed to program beneficiaries		21,896	63.00
64.00	Allowable bad debts (see instructions)		66,748	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		43,386	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		22,368	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		15,538,707	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		41,526	70.93
70.94	HRR adjustment amount (see instructions)		-91,377	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/25/2017 2:47 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	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	0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			15,488,856	71.00
71.01	Sequestration adjustment (see instructions)			309,777	71.01
72.00	Interim payments			15,029,616	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)			149,463	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			2,162,251	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0026		Period: From 01/01/2016 To 12/31/2016		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2017 2:47 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 (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	0	0	0	0	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,055,935	14,055,935	14,055,935	14,055,935	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	883,265	0	883,265	883,265	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	0.0839	0.0839	0.0839		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	294,823	0	294,823	294,823	11.00
11.01	Uncompensated care payments	36.00	750,446	572,410	178,036	750,446	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	15,984,469	572,410	15,412,059	15,984,469	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	15,984,469	572,410	15,412,059	15,984,469	15.00
16.00	Payment for inpatient program capital	50.00	1,198,455	0	1,198,455	1,198,455	16.00
17.00	Special add-on payments for new technologies	54.00	2,071	0	2,071	2,071	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			572,410	16,612,585	17,184,995	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/25/2017 2:47 pm
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	1,121,976	0	1,121,976	1,121,976	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	22,961	0	22,961	22,961	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	0.0477	0.0477	0.0477		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	53,518	0	53,518	53,518	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,198,455	0	1,198,455	1,198,455	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	41,526	0	41,526	41,526	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	-91,377	0	-91,377	-91,377	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/25/2017 2:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		32,119	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		29,440,518	2.00
3.00	PPS payments		17,855,294	3.00
4.00	Outlier payment (see instructions)		583,736	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		41,144	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		32,119	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		147,014	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, col. 4, line 69)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		147,014	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		147,014	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		114,895	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)		32,119	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)		18,480,174	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		1,235	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,486,350	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)		15,024,708	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)		15,024,708	30.00
31.00	Primary payer payments		3,121	31.00
32.00	Subtotal (line 30 minus line 31)		15,021,587	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)		192,545	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		125,154	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		190,321	36.00
37.00	Subtotal (see instructions)		15,146,741	37.00
38.00	MSP-LCC reconciliation amount from PS&R		54	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)		15,146,687	40.00
40.01	Sequestration adjustment (see instructions)		302,934	40.01
41.00	Interim payments		14,916,452	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-72,699	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		319,476	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2017 2:47 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		14,979,316		14,851,252	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/12/2016	50,300	07/12/2016	65,200		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)		50,300		65,200		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,029,616		14,916,452		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		149,463		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		72,699		6.02
7.00	Total Medicare program liability (see instructions)		15,179,079		14,843,753		7.00
		0		Contractor Number	NPR Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/25/2017 2:47 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		6,721	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		7,660	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,670	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		20,424	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		567,538,085	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		0	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)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPSS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	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)		0	32.00

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

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet G
Date/Time Prepared:
5/25/2017 2:47 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,379,099	0	0	0	1.00
2.00	Temporary investments	32,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	73,947,798	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-44,153,015	0	0	0	6.00
7.00	Inventory	5,107,001	0	0	0	7.00
8.00	Prepaid expenses	6,307,843	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	42,620,726	0	0	0	11.00
FIXED ASSETS						
12.00	Land	4,027,467	0	0	0	12.00
13.00	Land improvements	2,988,795	0	0	0	13.00
14.00	Accumulated depreciation	-1,786,186	0	0	0	14.00
15.00	Buildings	110,030,840	0	0	0	15.00
16.00	Accumulated depreciation	-41,480,426	0	0	0	16.00
17.00	Leasehold improvements	113,748	0	0	0	17.00
18.00	Accumulated depreciation	-111,695	0	0	0	18.00
19.00	Fixed equipment	17,112,242	0	0	0	19.00
20.00	Accumulated depreciation	-8,696,399	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	115,821,618	0	0	0	23.00
24.00	Accumulated depreciation	-86,649,155	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	111,370,849	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	201,815,405	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	201,815,405	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	355,806,980	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,039,855	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,344,046	0	0	0	38.00
39.00	Payroll taxes payable	447,571	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	879,837	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	14,711,309	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	45,471,343	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	45,471,343	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	60,182,652	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	295,624,328				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)	295,624,328	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	355,806,980	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-1

Date/Time Prepared:
5/25/2017 2:47 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		284,764,166		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,087,268				2.00
3.00	Total (sum of line 1 and line 2)		312,851,434		0		3.00
4.00	TEMPORARILY RESTRICTED ASSETS	748,491		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		748,491		0		10.00
11.00	Subtotal (line 3 plus line 10)		313,599,925		0		11.00
12.00	EQUITY TRANSFER	17,975,597		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		17,975,597		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		295,624,328		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	TEMPORARILY RESTRICTED ASSETS		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	EQUITY TRANSFER		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2017 2:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	52,055,522		52,055,522	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)	52,055,522		52,055,522	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,371,612		13,371,612	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,371,612		13,371,612	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	65,427,134		65,427,134	17.00
18.00	Ancillary services	108,672,587	329,812,456	438,485,043	18.00
19.00	Outpatient services	6,801,184	34,080,270	40,881,454	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,772,749	1,772,749	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	3,744,569	3,744,569	26.00
27.00	PHYSICIAN REVENUE	0	16,784,116	16,784,116	27.00
27.01	NURSERY	16,029,159	2,709,706	18,738,865	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	196,930,064	388,903,866	585,833,930	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		218,244,367		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)		218,244,367		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0026

Period:
From 01/01/2016
To 12/31/2016

Worksheet G-3

Date/Time Prepared:
5/25/2017 2:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	585,833,930	1.00
2.00	Less contractual allowances and discounts on patients' accounts	357,923,087	2.00
3.00	Net patient revenues (line 1 minus line 2)	227,910,843	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	218,244,367	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,666,476	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	12,244,869	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	50,000	10.00
11.00	Rebates and refunds of expenses	781,254	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	613,266	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,152,122	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER OPER/NON OPER REVENUE	3,579,281	24.00
25.00	Total other income (sum of lines 6-24)	18,420,792	25.00
26.00	Total (line 5 plus line 25)	28,087,268	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,087,268	29.00

ANALYSIS OF HOSPITAL-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet H

HHA CCN: 15-7174

To 12/31/2016

Date/Time Prepared: 5/25/2017 2:47 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00	
2.00	Capital Related - Movable Equipment			0	3,784	3,784	2.00	
3.00	Plant Operation & Maintenance	0	0	60,655	377	61,032	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	705,403	0	62,869	17,245	80,295	865,812	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	664,932	0	0	0	664,932	6.00	
7.00	Physical Therapy	288,339	0	0	0	288,339	7.00	
8.00	Occupational Therapy	118,467	0	0	0	118,467	8.00	
9.00	Speech Pathology	39,491	0	0	0	39,491	9.00	
10.00	Medical Social Services	73,886	0	0	0	73,886	10.00	
11.00	Home Health Aide	51,414	0	0	0	51,414	11.00	
12.00	Supplies (see instructions)	0	0	0	29,002	29,002	12.00	
13.00	Drugs	0	0	0	1,553	1,553	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
23.50	Tel emedicine	0	0	0	0	0	23.50	
24.00	Total (sum of lines 1-23)	1,941,932	0	62,869	77,900	115,011	2,197,712	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)				
	7.00	8.00	9.00	10.00				
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00	
2.00	Capital Related - Movable Equipment	0	3,784	0	3,784		2.00	
3.00	Plant Operation & Maintenance	0	61,032	0	61,032		3.00	
4.00	Transportation	0	0	0	0		4.00	
5.00	Administrative and General	0	865,812	0	865,812		5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	664,932	0	664,932		6.00	
7.00	Physical Therapy	0	288,339	0	288,339		7.00	
8.00	Occupational Therapy	0	118,467	0	118,467		8.00	
9.00	Speech Pathology	0	39,491	0	39,491		9.00	
10.00	Medical Social Services	0	73,886	0	73,886		10.00	
11.00	Home Health Aide	0	51,414	0	51,414		11.00	
12.00	Supplies (see instructions)	-3,713	25,289	0	25,289		12.00	
13.00	Drugs	-1,553	0	0	0		13.00	
14.00	DME	0	0	0	0		14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0		15.00	
16.00	Respiratory Therapy	0	0	0	0		16.00	
17.00	Private Duty Nursing	0	0	0	0		17.00	
18.00	Clinic	0	0	0	0		18.00	
19.00	Health Promotion Activities	0	0	0	0		19.00	
20.00	Day Care Program	0	0	0	0		20.00	
21.00	Home Delivered Meals Program	0	0	0	0		21.00	
22.00	Homemaker Service	0	0	0	0		22.00	
23.00	All Others (specify)	0	0	0	0		23.00	
23.50	Tel emedicine	0	0	0	0		23.50	
24.00	Total (sum of lines 1-23)	-5,266	2,192,446	0	2,192,446		24.00	

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet H-1 Part I Date/Time Prepared: 5/25/2017 2:47 pm			
		HHA CCN: 15-7174	Home Health Agency I	PPS			
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
	0	1.00	2.00	3.00	4.00	4A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	3,784		3,784		0	2.00
3.00	Plant Operation & Maintenance	61,032	0	0	61,032	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	865,812	0	3,784	61,032	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	664,932	0	0	0	664,932	6.00
7.00	Physical Therapy	288,339	0	0	0	288,339	7.00
8.00	Occupational Therapy	118,467	0	0	0	118,467	8.00
9.00	Speech Pathology	39,491	0	0	0	39,491	9.00
10.00	Medical Social Services	73,886	0	0	0	73,886	10.00
11.00	Home Health Aide	51,414	0	0	0	51,414	11.00
12.00	Supplies (see instructions)	25,289	0	0	0	25,289	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
23.50	Tel emedicine	0	0	0	0	0	23.50
24.00	Total (sum of lines 1-23)	2,192,446	0	3,784	61,032	0	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	930,628					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	490,407	1,155,339				6.00
7.00	Physical Therapy	212,659	500,998				7.00
8.00	Occupational Therapy	87,373	205,840				8.00
9.00	Speech Pathology	29,126	68,617				9.00
10.00	Medical Social Services	54,493	128,379				10.00
11.00	Home Health Aide	37,919	89,333				11.00
12.00	Supplies (see instructions)	18,651	43,940				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
23.50	Tel emedicine	0	0				23.50
24.00	Total (sum of lines 1-23)		2,192,446				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 15-0026 HHA CCN: 15-7174		Period: From 01/01/2016 To 12/31/2016		Worksheet H-1 Part II Date/Time Prepared: 5/25/2017 2:47 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	5,125				0	1.00
2.00	Capital Related - Movable Equipment		27,273			0	2.00
3.00	Plant Operation & Maintenance	0	0	5,125		0	3.00
4.00	Transportation (see instructions)	0	0	0	117,423		4.00
5.00	Administrative and General	5,125	27,273	5,125	3,028	-930,628	1,261,818
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	69,314	0	664,932
7.00	Physical Therapy	0	0	0	13,428	0	288,339
8.00	Occupational Therapy	0	0	0	7,489	0	118,467
9.00	Speech Pathology	0	0	0	1,066	0	39,491
10.00	Medical Social Services	0	0	0	4,747	0	73,886
11.00	Home Health Aide	0	0	0	18,351	0	51,414
12.00	Supplies (see instructions)	0	0	0	0	0	25,289
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
23.50	Telemedicine	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	5,125	27,273	5,125	117,423	-930,628	1,261,818
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	3,784	61,032	0		930,628
26.00	Unit Cost Multiplier	0.000000	0.138745	11.908683	0.000000		0.737530

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2016 To 12/31/2016

Worksheet H-2 Part I

HHA CCN: 15-7174

Date/Time Prepared: 5/25/2017 2:47 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
	0	1.00	2.00	4.00	5.01	5A.01		
1.00 Administrative and General	0	58,810	22,479	233,002	7,470	321,761	1.00	
2.00 Skilled Nursing Care	1,155,339	0	0	219,634	0	1,374,973	2.00	
3.00 Physical Therapy	500,998	0	0	95,241	0	596,239	3.00	
4.00 Occupational Therapy	205,840	0	0	39,131	0	244,971	4.00	
5.00 Speech Pathology	68,617	0	0	13,044	0	81,661	5.00	
6.00 Medical Social Services	128,379	0	0	24,405	0	152,784	6.00	
7.00 Home Health Aide	89,333	0	0	16,983	0	106,316	7.00	
8.00 Supplies (see instructions)	43,940	0	0	0	0	43,940	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	2,192,446	58,810	22,479	641,440	7,470	2,922,645	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.000000	21.00	
Cost Center Description	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
	5.02	6.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	74,827	0	75,685	0	37,880	0	1.00	
2.00 Skilled Nursing Care	319,758	0	0	0	0	0	2.00	
3.00 Physical Therapy	138,658	0	0	0	0	0	3.00	
4.00 Occupational Therapy	56,969	0	0	0	0	0	4.00	
5.00 Speech Pathology	18,991	0	0	0	0	0	5.00	
6.00 Medical Social Services	35,531	0	0	0	0	0	6.00	
7.00 Home Health Aide	24,724	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	10,218	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
19.50 Telemedicine	0	0	0	0	0	0	19.50	
20.00 Total (sum of lines 1-19) (2)	679,676	0	75,685	0	37,880	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet H-2 Part I

HHA CCN: 15-7174

To 12/31/2016

Date/Time Prepared: 5/25/2017 2:47 pm

Home Health Agency I

PPS

Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	13,004	0	0	0	0	16,855	1.00
2.00	Skilled Nursing Care	8,773	0	161,235	0	0	0	2.00
3.00	Physical Therapy	2,864	0	0	0	0	0	3.00
4.00	Occupational Therapy	1,743	0	0	0	0	0	4.00
5.00	Speech Pathology	413	0	0	0	0	0	5.00
6.00	Medical Social Services	995	0	0	0	0	0	6.00
7.00	Home Health Aide	1,476	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	1,294	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	29,268	0	161,235	1,294	0	16,855	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMEDICAL PRGM	
		17.00	19.00	20.00	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV	23.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telmedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet H-2

HHA CCN: 15-7174

To 12/31/2016

Part I
Date/Time Prepared:
5/25/2017 2:47 pm

Home Health Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	540,012	0	540,012				1.00
2.00 Skilled Nursing Care	1,864,739	0	1,864,739	297,525	2,162,264		2.00
3.00 Physical Therapy	737,761	0	737,761	117,712	855,473		3.00
4.00 Occupational Therapy	303,683	0	303,683	48,454	352,137		4.00
5.00 Speech Pathology	101,065	0	101,065	16,125	117,190		5.00
6.00 Medical Social Services	189,310	0	189,310	30,205	219,515		6.00
7.00 Home Health Aide	132,516	0	132,516	21,143	153,659		7.00
8.00 Supplies (see instructions)	55,452	0	55,452	8,848	64,300		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
19.50 Telemedicine	0	0	0	0	0		19.50
20.00 Total (sum of lines 1-19) (2)	3,924,538	0	3,924,538	540,012	3,924,538		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.159553			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/25/2017 2:47 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	5,125	27,273	705,403	1,772,749	0	321,761	1.00
2.00 Skilled Nursing Care	0	0	664,932	0	0	1,374,973	2.00
3.00 Physical Therapy	0	0	288,339	0	0	596,239	3.00
4.00 Occupational Therapy	0	0	118,467	0	0	244,971	4.00
5.00 Speech Pathology	0	0	39,491	0	0	81,661	5.00
6.00 Medical Social Services	0	0	73,886	0	0	152,784	6.00
7.00 Home Health Aide	0	0	51,415	0	0	106,316	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	43,940	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	5,125	27,273	1,941,933	1,772,749		2,922,645	20.00
21.00 Total cost to be allocated	58,810	22,479	641,440	7,470		679,676	21.00
22.00 Unit cost multiplier	11.475122	0.824222	0.330310	0.004214		0.232555	22.00
Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	5,125	5,125	0	5,125	0	22,151	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	14,942	2.00
3.00 Physical Therapy	0	0	0	0	0	4,878	3.00
4.00 Occupational Therapy	0	0	0	0	0	2,968	4.00
5.00 Speech Pathology	0	0	0	0	0	703	5.00
6.00 Medical Social Services	0	0	0	0	0	1,695	6.00
7.00 Home Health Aide	0	0	0	0	0	2,514	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
19.50 Telemedicine	0	0	0	0	0	0	19.50
20.00 Total (sum of lines 1-19)	5,125	5,125	0	5,125	0	49,851	20.00
21.00 Total cost to be allocated	0	75,685	0	37,880	0	29,268	21.00
22.00 Unit cost multiplier	0.000000	14.767805	0.000000	7.391220	0.000000	0.587110	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2016 To 12/31/2016	Worksheet H-2 Part II Date/Time Prepared: 5/25/2017 2:47 pm
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Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	1,772,749	0	1.00
2.00	Skilled Nursing Care	0	30,685	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	25,289	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	30,685	25,289	0	1,772,749	0	20.00
21.00	Total cost to be allocated	0	161,235	1,294	0	16,855	0	21.00
22.00	Unit cost multiplier	0.000000	5.254522	0.051168	0.000000	0.009508	0.000000	22.00

Cost Center Description		INTERNS & RESIDENTS				PARAMED PRGM (ASSIGNED TIME)	
		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
		19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
19.50	Telemedicine	0	0	0	0	0	19.50
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet H-3

HHA CCN: 15-7174

To 12/31/2016

Part I
Date/Time Prepared: 5/25/2017 2:47 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,162,264		2,162,264	6,012	359.66	1.00
2.00	Physical Therapy	3.00	855,473	0	855,473	2,041	419.14	2.00
3.00	Occupational Therapy	4.00	352,137	0	352,137	913	385.69	3.00
4.00	Speech Pathology	5.00	117,190	0	117,190	128	915.55	4.00
5.00	Medical Social Services	6.00	219,515		219,515	206	1,065.61	5.00
6.00	Home Health Aide	7.00	153,659		153,659	1,163	132.12	6.00
7.00	Total (sum of lines 1-6)		3,860,238	0	3,860,238	10,463		7.00
Program Visits								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Part B				
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		21140	0	2,760			8.00
8.01	Skilled Nursing Care		99915	0	642			8.01
8.02	Skilled Nursing Care		23060	0	0			8.02
8.03	Skilled Nursing Care		43780	0	13			8.03
8.04	Skilled Nursing Care		50031	0	0			8.04
8.05	Skilled Nursing Care		50032	0	0			8.05
9.00	Physical Therapy		21140	0	966			9.00
9.01	Physical Therapy		99915	0	182			9.01
9.02	Physical Therapy		23060	0	0			9.02
9.03	Physical Therapy		43780	0	0			9.03
9.04	Physical Therapy		50031	0	0			9.04
9.05	Physical Therapy		50032	0	0			9.05
10.00	Occupational Therapy		21140	0	453			10.00
10.01	Occupational Therapy		99915	0	90			10.01
10.02	Occupational Therapy		23060	0	0			10.02
10.03	Occupational Therapy		43780	0	0			10.03
10.04	Occupational Therapy		50031	0	0			10.04
10.05	Occupational Therapy		50032	0	0			10.05
11.00	Speech Pathology		21140	0	45			11.00
11.01	Speech Pathology		99915	0	0			11.01
11.02	Speech Pathology		23060	0	0			11.02
11.03	Speech Pathology		43780	0	0			11.03
11.04	Speech Pathology		50031	0	0			11.04
11.05	Speech Pathology		50032	0	0			11.05
12.00	Medical Social Services		21140	0	115			12.00
12.01	Medical Social Services		99915	0	20			12.01
12.02	Medical Social Services		23060	0	0			12.02
12.03	Medical Social Services		43780	0	0			12.03
12.04	Medical Social Services		50031	0	0			12.04
12.05	Medical Social Services		50032	0	0			12.05
13.00	Home Health Aide		21140	0	472			13.00
13.01	Home Health Aide		99915	0	183			13.01
13.02	Home Health Aide		23060	0	0			13.02
13.03	Home Health Aide		43780	0	0			13.03
13.04	Home Health Aide		50031	0	0			13.04
13.05	Home Health Aide		50032	0	0			13.05
14.00	Total (sum of lines 8-13)			0	5,941			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet H-3

HHA CCN: 15-7174

To 12/31/2016

Part I
Date/Time Prepared: 5/25/2017 2:47 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (From HHA Records)	Ratio (col. 3 ÷ col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	64,300	0	64,300	0	0.000000		
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000		
Program Visits									
Cost Center Description	Part A	Part B		Part A	Part B	Part B	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance					Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00					8.00	9.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	0	3,415	0	1,228,239		1.00		
2.00	Physical Therapy	0	1,148	0	481,173		2.00		
3.00	Occupational Therapy	0	543	0	209,430		3.00		
4.00	Speech Pathology	0	45	0	41,200		4.00		
5.00	Medical Social Services	0	135	0	143,857		5.00		
6.00	Home Health Aide	0	655	0	86,539		6.00		
7.00	Total (sum of lines 1-6)	0	5,941	0	2,190,438		7.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care						8.00		
8.01	Skilled Nursing Care						8.01		
8.02	Skilled Nursing Care						8.02		
8.03	Skilled Nursing Care						8.03		
8.04	Skilled Nursing Care						8.04		
8.05	Skilled Nursing Care						8.05		
9.00	Physical Therapy						9.00		
9.01	Physical Therapy						9.01		
9.02	Physical Therapy						9.02		
9.03	Physical Therapy						9.03		
9.04	Physical Therapy						9.04		
9.05	Physical Therapy						9.05		
10.00	Occupational Therapy						10.00		
10.01	Occupational Therapy						10.01		
10.02	Occupational Therapy						10.02		
10.03	Occupational Therapy						10.03		
10.04	Occupational Therapy						10.04		
10.05	Occupational Therapy						10.05		
11.00	Speech Pathology						11.00		
11.01	Speech Pathology						11.01		
11.02	Speech Pathology						11.02		
11.03	Speech Pathology						11.03		
11.04	Speech Pathology						11.04		
11.05	Speech Pathology						11.05		
12.00	Medical Social Services						12.00		
12.01	Medical Social Services						12.01		
12.02	Medical Social Services						12.02		
12.03	Medical Social Services						12.03		
12.04	Medical Social Services						12.04		
12.05	Medical Social Services						12.05		
13.00	Home Health Aide						13.00		
13.01	Home Health Aide						13.01		
13.02	Home Health Aide						13.02		
13.03	Home Health Aide						13.03		
13.04	Home Health Aide						13.04		
13.05	Home Health Aide						13.05		
14.00	Total (sum of lines 8-13)						14.00		

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 15-0026	Period: From 01/01/2016	Worksheet H-3	
				HHA CCN: 15-7174	To 12/31/2016	Part I Date/Time Prepared: 5/25/2017 2:47 pm	
				Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	
16.00	Cost of Drugs	0	0	0	0	0	
Cost Center Description							
		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,228,239					1.00
2.00	Physical Therapy	481,173					2.00
3.00	Occupational Therapy	209,430					3.00
4.00	Speech Pathology	41,200					4.00
5.00	Medical Social Services	143,857					5.00
6.00	Home Health Aide	86,539					6.00
7.00	Total (sum of lines 1-6)	2,190,438					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2016 To 12/31/2016	Worksheet H-3 Part II Date/Time Prepared: 5/25/2017 2:47 pm
			Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.692452	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.379676	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.423441	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	1.148533	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.215399	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2016 To 12/31/2016	Worksheet H-4 Part I-II Date/Time Prepared: 5/25/2017 2:47 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	0	954,898	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	14,181	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	30,331	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	3,304	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	2,837	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)	0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	0	1,005,551	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	1,005,551	24.00
25.00	Coinurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	0	1,005,551	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	0	1,005,551	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)	0	0	30.50
31.00	Subtotal (see instructions)	0	1,005,551	31.00
31.01	Sequestration adjustment (see instructions)	0	20,112	31.01
32.00	Interim payments (see instructions)	0	985,439	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 15-0026 HHA CCN: 15-7174	Period: From 01/01/2016 To 12/31/2016	Worksheet H-5 Date/Time Prepared: 5/25/2017 2:47 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		985,439	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		985,439	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		985,439	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2016

Date/Time Prepared: 5/25/2017 2:47 pm

		Hospice I					
		SALARIES	OTHER	SUBTOTAL (col. 1 plus col. 2)	RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT*		0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*		736	736	0	736	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	232,639	0	232,639	0	232,639	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	70,936	70,936	0	70,936	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	679	679	0	679	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	0	0	0	6.00
7.00	HOUSEKEEPING*	0	0	0	0	0	7.00
8.00	DIETARY*	0	442	442	0	442	8.00
9.00	NURSING ADMINISTRATION*	0	0	0	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	159,482	159,482	-44,476	115,006	10.00
11.00	MEDICAL RECORDS*	0	0	0	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	27,269	27,269	0	27,269	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	0	0	0	13.00
14.00	PHARMACY*	0	181,624	181,624	-181,624	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	0	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	18,578	18,578	0	18,578	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
DIRECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED**	0	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	0	0	0	27.00
28.00	REGISTERED NURSE**	382,136	340,764	722,900	0	722,900	28.00
29.00	LPN/LVN**	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	241,652	0	241,652	0	241,652	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	5,982	5,982	0	5,982	38.00
39.00	PATIENT TRANSPORTATION**	0	0	0	0	0	39.00
40.00	IMAGING SERVICES**	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	0	0	0	46.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM *	0	0	0	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	0	0	0	61.00
62.00	FUNDRAISING*	0	0	0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	0	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	0	0	0	66.00
67.00	ADVERTISING*	0	0	0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	0	0	0	68.00
69.00	THRIFT STORE*	0	0	0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	0	0	0	71.00
100.00	TOTAL	856,427	806,492	1,662,919	-226,100	1,436,819	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0

Hospice CCN: 15-1527

To 12/31/2016

Date/Time Prepared: 5/25/2017 2:47 pm

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	Hospice I
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT*	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP*	0	736	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT*	0	232,639	3.00
4.00	ADMINISTRATIVE & GENERAL*	0	70,936	4.00
5.00	PLANT OPERATION & MAINTENANCE*	0	679	5.00
6.00	LAUNDRY & LINEN SERVICE*	0	0	6.00
7.00	HOUSEKEEPING*	0	0	7.00
8.00	DIETARY*	0	442	8.00
9.00	NURSING ADMINISTRATION*	0	0	9.00
10.00	ROUTINE MEDICAL SUPPLIES*	0	115,006	10.00
11.00	MEDICAL RECORDS*	0	0	11.00
12.00	STAFF TRANSPORTATION*	0	27,269	12.00
13.00	VOLUNTEER SERVICE COORDINATION*	0	0	13.00
14.00	PHARMACY*	0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES*	0	0	15.00
16.00	OTHER GENERAL SERVICE*	0	18,578	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			17.00
DIRECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED**	0	0	25.00
26.00	PHYSICIAN SERVICES**	0	0	26.00
27.00	NURSE PRACTITIONER**	0	0	27.00
28.00	REGISTERED NURSE**	0	722,900	28.00
29.00	LPN/LVN**	0	0	29.00
30.00	PHYSICAL THERAPY**	0	0	30.00
31.00	OCCUPATIONAL THERAPY**	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY**	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES**	0	0	33.00
34.00	SPIRITUAL COUNSELING**	0	0	34.00
35.00	DIETARY COUNSELING**	0	0	35.00
36.00	COUNSELING - OTHER**	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES**	0	241,652	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN**	0	5,982	38.00
39.00	PATIENT TRANSPORTATION**	0	0	39.00
40.00	IMAGING SERVICES**	0	0	40.00
41.00	LABS & DIAGNOSTICS**	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE**	0	0	42.00
43.00	OUTPATIENT SERVICES**	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY**	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY**	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)**	0	0	46.00
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM *	0	0	60.00
61.00	VOLUNTEER PROGRAM *	0	0	61.00
62.00	FUNDRAISING*	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS*	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM*	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES*	0	0	65.00
66.00	RESIDENTIAL CARE*	0	0	66.00
67.00	ADVERTISING*	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING*	0	0	68.00
69.00	THRIFT STORE*	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD*	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)*	0	0	71.00
100.00	TOTAL	0	1,436,819	100.00

* Transfer the amounts in column 7 to Wkst. 0-5, column 1, line as appropriate.

** See instructions. Do not transfer the amounts in column 7 to Wkst. 0-5.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE ROUTINE HOME CARE	Provider CCN: 15-0026 Hospice CCN: 15-1527	Period: From 01/01/2016 To 12/31/2016	Worksheet 0-2 Date/Time Prepared: 5/25/2017 2:47 pm
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		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	Hospice I RECLASSIFI- CATIONS	SUBTOTAL	
		1.00	2.00	3.00	4.00	5.00	
DI RECT PATIENT CARE SERVICE COST CENTERS							
25.00	INPATIENT CARE-CONTRACTED						25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	0	27.00
28.00	REGISTERED NURSE	372,564	332,228	704,792	0	704,792	28.00
29.00	LPN/LVN	0	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	235,599	0	235,599	0	235,599	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	5,982	5,982	0	5,982	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	0	46.00
100.00	TOTAL *	608,163	338,210	946,373	0	946,373	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)	
		6.00	7.00	
DI RECT PATIENT CARE SERVICE COST CENTERS				
25.00	INPATIENT CARE-CONTRACTED			25.00
26.00	PHYSICIAN SERVICES	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	27.00
28.00	REGISTERED NURSE	0	704,792	28.00
29.00	LPN/LVN	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	34.00
35.00	DIETARY COUNSELING	0	0	35.00
36.00	COUNSELING - OTHER	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	235,599	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	5,982	38.00
39.00	PATIENT TRANSPORTATION	0	0	39.00
40.00	IMAGING SERVICES	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	46.00
100.00	TOTAL *	0	946,373	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 51.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE INPATIENT RESPIRE CARE

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0-3

Hospice CCN: 15-1527

To 12/31/2016

Date/Time Prepared: 5/25/2017 2:47 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI - CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	1,613	1,438	3,051	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	1,020	0	1,020	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	2,633	1,438	4,071	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	3,051
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	1,020
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	4,071

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 52.

ANALYSIS OF HOSPITAL-BASED HOSPICE COSTS FOR HOSPICE GENERAL
INPATIENT CARE

Provider CCN: 15-0026

Period:

Worksheet 0-4

Hospice CCN: 15-1527

From 01/01/2016
To 12/31/2016

Date/Time Prepared:
5/25/2017 2:47 pm

		Hospice I				
		SALARIES	OTHER	SUBTOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	SUBTOTAL
		1.00	2.00	3.00	4.00	5.00
DI RECT PATIENT CARE SERVICE COST CENTERS						
25.00	INPATIENT CARE-CONTRACTED	0	0	0	0	25.00
26.00	PHYSICIAN SERVICES	0	0	0	0	26.00
27.00	NURSE PRACTITIONER	0	0	0	0	27.00
28.00	REGISTERED NURSE	7,959	7,098	15,057	0	28.00
29.00	LPN/LVN	0	0	0	0	29.00
30.00	PHYSICAL THERAPY	0	0	0	0	30.00
31.00	OCCUPATIONAL THERAPY	0	0	0	0	31.00
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0	0	0	32.00
33.00	MEDICAL SOCIAL SERVICES	0	0	0	0	33.00
34.00	SPIRITUAL COUNSELING	0	0	0	0	34.00
35.00	DIETARY COUNSELING	0	0	0	0	35.00
36.00	COUNSELING - OTHER	0	0	0	0	36.00
37.00	HOSPICE AIDE & HOME MAKER SERVICES	5,033	0	5,033	0	37.00
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0	0	0	38.00
39.00	PATIENT TRANSPORTATION	0	0	0	0	39.00
40.00	IMAGING SERVICES	0	0	0	0	40.00
41.00	LABS & DIAGNOSTICS	0	0	0	0	41.00
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0	0	0	42.00
43.00	OUTPATIENT SERVICES	0	0	0	0	43.00
44.00	PALLIATIVE RADIATION THERAPY	0	0	0	0	44.00
45.00	PALLIATIVE CHEMOTHERAPY	0	0	0	0	45.00
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0	0	0	46.00
100.00	TOTAL *	12,992	7,098	20,090	0	100.00

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

		ADJUSTMENTS	TOTAL (col. 5 ± col. 6)
		6.00	7.00
DI RECT PATIENT CARE SERVICE COST CENTERS			
25.00	INPATIENT CARE-CONTRACTED	0	0
26.00	PHYSICIAN SERVICES	0	0
27.00	NURSE PRACTITIONER	0	0
28.00	REGISTERED NURSE	0	15,057
29.00	LPN/LVN	0	0
30.00	PHYSICAL THERAPY	0	0
31.00	OCCUPATIONAL THERAPY	0	0
32.00	SPEECH/LANGUAGE PATHOLOGY	0	0
33.00	MEDICAL SOCIAL SERVICES	0	0
34.00	SPIRITUAL COUNSELING	0	0
35.00	DIETARY COUNSELING	0	0
36.00	COUNSELING - OTHER	0	0
37.00	HOSPICE AIDE & HOME MAKER SERVICES	0	5,033
38.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	0	0
39.00	PATIENT TRANSPORTATION	0	0
40.00	IMAGING SERVICES	0	0
41.00	LABS & DIAGNOSTICS	0	0
42.00	MEDICAL SUPPLIES-NON-ROUTINE	0	0
43.00	OUTPATIENT SERVICES	0	0
44.00	PALLIATIVE RADIATION THERAPY	0	0
45.00	PALLIATIVE CHEMOTHERAPY	0	0
46.00	OTHER PATIENT CARE SERVICES (SPECIFY)	0	0
100.00	TOTAL *	0	20,090

* Transfer the amount in column 7 to Wkst. 0-5, column 1, line 53.

COST ALLOCATION - DETERMINATION OF HOSPITAL-BASED HOSPICE NET EXPENSES FOR ALLOCATION

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0-5

Hospice CCN: 15-1527

To 12/31/2016

Date/Time Prepared: 5/25/2017 2:47 pm

Descriptions		Hospice I		
		HOSPICE DIRECT EXPENSES (see instructions)	GENERAL SERVICE EXPENSES FROM WKST B PART I (see instructions)	TOTAL EXPENSES (sum of col s. 1 + 2)
		1.00	2.00	3.00
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0
2.00	CAP REL COSTS-MVBLE EQUIP	736	0	736
3.00	EMPLOYEE BENEFITS DEPARTMENT	232,639	282,886	515,525
4.00	ADMINISTRATIVE & GENERAL	70,936	440,593	511,529
5.00	PLANT OPERATION & MAINTENANCE	679	0	679
6.00	LAUNDRY & LINEN SERVICE	0	0	0
7.00	HOUSEKEEPING	0	0	0
8.00	DIETARY	442	0	442
9.00	NURSING ADMINISTRATION	0	121,348	121,348
10.00	ROUTINE MEDICAL SUPPLIES	115,006	25,030	140,036
11.00	MEDICAL RECORDS	0	35,603	35,603
12.00	STAFF TRANSPORTATION	27,269	0	27,269
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0
14.00	PHARMACY	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0
16.00	OTHER GENERAL SERVICE	18,578	0	18,578
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0
LEVEL OF CARE				
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0
51.00	HOSPICE ROUTINE HOME CARE	946,373	0	946,373
52.00	HOSPICE INPATIENT RESPIRE CARE	4,071	0	4,071
53.00	HOSPICE GENERAL INPATIENT CARE	20,090	0	20,090
NONREIMBURSABLE COST CENTERS				
60.00	BEREAVEMENT PROGRAM	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0
62.00	FUNDRAISING	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0
66.00	RESIDENTIAL CARE	0	0	0
67.00	ADVERTISING	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0
69.00	THRIFT STORE	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0	0	0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0
100.00	TOTAL	1,436,819	905,460	2,342,279

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2016

Part I
Date/Time Prepared:
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Descriptions	TOTAL EXPENSES	CAP REL BLDG & FIX	CAP REL MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL	
	0	1.00	2.00	3.00	3A	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIX	0	0			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	736		736		2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	515,525	0	0	515,525	3.00
4.00	ADMINISTRATIVE & GENERAL	511,529	0	736	515,525	1,027,790
5.00	PLANT OPERATION & MAINTENANCE	679	0	0	0	679
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0
7.00	HOUSEKEEPING	0	0	0	0	0
8.00	DIETARY	442	0	0	0	442
9.00	NURSING ADMINISTRATION	121,348	0	0	0	121,348
10.00	ROUTINE MEDICAL SUPPLIES	140,036	0	0	0	140,036
11.00	MEDICAL RECORDS	35,603	0	0	0	35,603
12.00	STAFF TRANSPORTATION	27,269	0	0	0	27,269
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0
14.00	PHARMACY	0	0	0	0	0
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0
16.00	OTHER GENERAL SERVICE	18,578	0	0	0	18,578
17.00	PATIENT/RESIDENTIAL CARE SERVICES		0	0		0
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE	0			0	0
51.00	HOSPICE ROUTINE HOME CARE	946,373			0	946,373
52.00	HOSPICE INPATIENT RESPIRE CARE	4,071	0	0	0	4,071
53.00	HOSPICE GENERAL INPATIENT CARE	20,090	0	0	0	20,090
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0
61.00	VOLUNTEER PROGRAM	0	0	0	0	0
62.00	FUNDRAISING	0	0	0	0	0
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0
66.00	RESIDENTIAL CARE	0	0	0	0	0
67.00	ADVERTISING	0	0	0	0	0
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0
69.00	THRIFT STORE	0	0	0	0	0
70.00	NURSING FACILITY ROOM & BOARD	0				0
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0
99.00	NEGATIVE COST CENTER	0	0	0	0	0
100.00	TOTAL	2,342,279	0	736	515,525	2,342,279

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet 0-6 Part I
		Hospice CCN: 15-1527		Date/Time Prepared: 5/25/2017 2:47 pm

Descriptions	Hospice I					
	ADMINISTRATIVE & GENERAL	PLANT OPERATION & MAINTENANCE	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00	1,027,790					4.00
5.00	531	1,210				5.00
6.00	0	0	0			6.00
7.00	0	0		0		7.00
8.00	346	0		0	788	8.00
9.00	94,881	0		0		9.00
10.00	109,493	0		0		10.00
11.00	27,838	0		0		11.00
12.00	21,321	0		0		12.00
13.00	0	0		0		13.00
14.00	0	0		0		14.00
15.00	0	0		0		15.00
16.00	14,526	0		0		16.00
17.00	0	0		0		17.00
LEVEL OF CARE						
50.00	0					50.00
51.00	739,963					51.00
52.00	3,183	1,210	0	0	135	52.00
53.00	15,708	0	0	0	653	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0	0		0		60.00
61.00	0	0		0		61.00
62.00	0	0		0		62.00
63.00	0	0		0		63.00
64.00	0	0		0		64.00
65.00	0	0		0		65.00
66.00	0	0	0	0	0	66.00
67.00	0	0		0		67.00
68.00	0	0		0		68.00
69.00	0	0		0		69.00
70.00						70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	1,027,790	1,210	0	0	788	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS		Provider CCN: 15-0026	Period: From 01/01/2016	Worksheet 0-6
		Hospice CCN: 15-1527	To 12/31/2016	Part I
				Date/Time Prepared: 5/25/2017 2:47 pm

Descriptions	Hospice I					
	NURSING ADMINISTRATIVE	ROUTINE MEDICAL SUPPLIES	MEDICAL RECORDS	STAFF TRANSPORTATION	VOLUNTEER SERVICE COORDINATION	
	9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00	216,229					9.00
10.00	0	249,529				10.00
11.00	0		63,441			11.00
12.00	0			48,590		12.00
13.00	0			0	0	13.00
14.00	0			0	0	14.00
15.00	0			0	0	15.00
16.00	0			0	0	16.00
17.00						17.00
LEVEL OF CARE						
50.00	0	0	0	0	0	50.00
51.00	0	243,390	61,880	0	0	51.00
52.00	216,229	1,054	268	48,590	0	52.00
53.00	0	5,085	1,293	0	0	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0			0	0	60.00
61.00	0			0	0	61.00
62.00	0			0	0	62.00
63.00	0			0	0	63.00
64.00	0			0	0	64.00
65.00	0			0	0	65.00
66.00	0			0	0	66.00
67.00	0			0	0	67.00
68.00	0			0	0	68.00
69.00	0			0	0	69.00
70.00						70.00
71.00	0			0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	216,229	249,529	63,441	48,590	0	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2016

Part I
Date/Time Prepared:
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Descriptions	Hospice I				TOTAL	
	PHARMACY	PHYSICIAN ADMINISTRATIVE SERVICES	OTHER GENERAL SERVICE	PATIENT/ RESIDENTIAL CARE SERVICES		
	14.00	15.00	16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
3.00						3.00
4.00						4.00
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	0	0				15.00
16.00	0		33,104			16.00
17.00				0		17.00
LEVEL OF CARE						
50.00	0	0	0		0	50.00
51.00	0	0	0		1,991,606	51.00
52.00	0	0	33,104	0	307,844	52.00
53.00	0	0	0	0	42,829	53.00
NONREIMBURSABLE COST CENTERS						
60.00	0		0		0	60.00
61.00	0		0		0	61.00
62.00	0		0		0	62.00
63.00	0		0		0	63.00
64.00	0		0		0	64.00
65.00	0		0		0	65.00
66.00	0	0	0	0	0	66.00
67.00	0		0		0	67.00
68.00	0		0		0	68.00
69.00	0		0		0	69.00
70.00	0		0		0	70.00
71.00	0	0	0	0	0	71.00
99.00	0	0	0	0	0	99.00
100.00	0	0	33,104	0	2,342,279	100.00

COST ALLOCATION - HOSPITAL-BASED HOSPI CE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2016

Part II
Date/Time Prepared:
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Cost Center Descriptions		Hospice I				
		CAP REL BLDG & FIX (SQUARE FEET)	CAP REL MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUMULATED COSTS)
		1.00	2.00	3.00	4A	4.00
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		6,718			2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	856,427		3.00
4.00	ADMINISTRATIVE & GENERAL	0	6,718	856,427	-1,027,790	1,314,489 4.00
5.00	PLANT OPERATION & MAINTENANCE	0	0	0	0	679 5.00
6.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0 6.00
7.00	HOUSEKEEPING	0	0	0	0	0 7.00
8.00	DIETARY	0	0	0	0	442 8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	121,348 9.00
10.00	ROUTINE MEDICAL SUPPLIES	0	0	0	0	140,036 10.00
11.00	MEDICAL RECORDS	0	0	0	0	35,603 11.00
12.00	STAFF TRANSPORTATION	0	0	0	0	27,269 12.00
13.00	VOLUNTEER SERVICE COORDINATION	0	0	0	0	0 13.00
14.00	PHARMACY	0	0	0	0	0 14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0	0	0	0	0 15.00
16.00	OTHER GENERAL SERVICE	0	0	0	0	18,578 16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0	0	0	0	0 17.00
LEVEL OF CARE						
50.00	HOSPICE CONTINUOUS HOME CARE			0	0	0 50.00
51.00	HOSPICE ROUTINE HOME CARE			0	0	946,373 51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	0	0	0	4,071 52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	0	20,090 53.00
NONREIMBURSABLE COST CENTERS						
60.00	BEREAVEMENT PROGRAM	0	0	0	0	0 60.00
61.00	VOLUNTEER PROGRAM	0	0	0	0	0 61.00
62.00	FUNDRAISING	0	0	0	0	0 62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0	0	0	0	0 63.00
64.00	PALLIATIVE CARE PROGRAM	0	0	0	0	0 64.00
65.00	OTHER PHYSICIAN SERVICES	0	0	0	0	0 65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0 66.00
67.00	ADVERTISING	0	0	0	0	0 67.00
68.00	TELEHEALTH/TELEMONITORING	0	0	0	0	0 68.00
69.00	THRIFT STORE	0	0	0	0	0 69.00
70.00	NURSING FACILITY ROOM & BOARD	0	0	0	0	0 70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0 71.00
99.00	NEGATIVE COST CENTER					99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)		736	515,525		1,027,790 100.00
101.00	UNIT COST MULTIPLIER	0.000000	0.109556	0.601949		0.781893 101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0026
Hospice CCN: 15-1527

Period:
From 01/01/2016
To 12/31/2016

Worksheet 0-6
Part II
Date/Time Prepared:
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Cost Center Descriptions		Hospice I					
		PLANT OPERATION & MAINTENANCE (SQUARE FEET)	LAUNDRY & LINEN SERVICE (IN-FACILITY DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (IN-FACILITY DAYS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE	1,126					5.00
6.00	LAUNDRY & LINEN SERVICE	0	0				6.00
7.00	HOUSEKEEPING	0		0			7.00
8.00	DIETARY	0		0	536		8.00
9.00	NURSING ADMINISTRATION	0		0		183,126	9.00
10.00	ROUTINE MEDICAL SUPPLIES	0		0			10.00
11.00	MEDICAL RECORDS	0		0			11.00
12.00	STAFF TRANSPORTATION	0		0			12.00
13.00	VOLUNTEER SERVICE COORDINATION	0		0			13.00
14.00	PHARMACY	0		0			14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0		0			15.00
16.00	OTHER GENERAL SERVICE	0		0			16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES	0		0			17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE					0	50.00
51.00	HOSPICE ROUTINE HOME CARE					0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	1,126	0	0	92	183,126	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	444	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM	0		0		0	60.00
61.00	VOLUNTEER PROGRAM	0		0		0	61.00
62.00	FUNDRAISING	0		0		0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS	0		0		0	63.00
64.00	PALLIATIVE CARE PROGRAM	0		0		0	64.00
65.00	OTHER PHYSICIAN SERVICES	0		0		0	65.00
66.00	RESIDENTIAL CARE	0	0	0	0	0	66.00
67.00	ADVERTISING	0		0		0	67.00
68.00	TELEHEALTH/TELEMONITORING	0		0		0	68.00
69.00	THRIFT STORE	0		0		0	69.00
70.00	NURSING FACILITY ROOM & BOARD						70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	1,210	0	0	788	216,229	100.00
101.00	UNIT COST MULTIPLIER	1.074600	0.000000	0.000000	1.470149	1.180766	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0-6

Hospice CCN: 15-1527

To 12/31/2016

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Cost Center Descriptions		Hospice I					
		ROUTINE MEDICAL SUPPLIES (PATIENT DAYS)	MEDICAL RECORDS (PATIENT DAYS)	STAFF TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICE COORDINATION (HOURS OF SERVICE)	PHARMACY (CHARGES)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT						3.00
4.00	ADMINISTRATIVE & GENERAL						4.00
5.00	PLANT OPERATION & MAINTENANCE						5.00
6.00	LAUNDRY & LINEN SERVICE						6.00
7.00	HOUSEKEEPING						7.00
8.00	DIETARY						8.00
9.00	NURSING ADMINISTRATION						9.00
10.00	ROUTINE MEDICAL SUPPLIES	21,787					10.00
11.00	MEDICAL RECORDS		21,787				11.00
12.00	STAFF TRANSPORTATION			45,213			12.00
13.00	VOLUNTEER SERVICE COORDINATION				0		13.00
14.00	PHARMACY				0	0	14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES				0	0	15.00
16.00	OTHER GENERAL SERVICE				0	0	16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES						17.00
LEVEL OF CARE							
50.00	HOSPICE CONTINUOUS HOME CARE	0	0	0	0	0	50.00
51.00	HOSPICE ROUTINE HOME CARE	21,251	21,251	0	0	0	51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	92	92	45,213	0	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	444	444	0	0	0	53.00
NONREIMBURSABLE COST CENTERS							
60.00	BEREAVEMENT PROGRAM			0	0	0	60.00
61.00	VOLUNTEER PROGRAM			0	0	0	61.00
62.00	FUNDRAISING			0	0	0	62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS			0	0	0	63.00
64.00	PALLIATIVE CARE PROGRAM			0	0	0	64.00
65.00	OTHER PHYSICIAN SERVICES			0	0	0	65.00
66.00	RESIDENTIAL CARE			0	0	0	66.00
67.00	ADVERTISING			0	0	0	67.00
68.00	TELEHEALTH/TELEMONITORING			0	0	0	68.00
69.00	THRIFT STORE			0	0	0	69.00
70.00	NURSING FACILITY ROOM & BOARD			0	0	0	70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)			0	0	0	71.00
99.00	NEGATIVE COST CENTER						99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)	249,529	63,441	48,590	0	0	100.00
101.00	UNIT COST MULTIPLIER	11.453114	2.911874	1.074691	0.000000	0.000000	101.00

COST ALLOCATION - HOSPITAL-BASED HOSPICE GENERAL SERVICE COSTS
STATISTICAL BASIS

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0-6

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To 12/31/2016

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Cost Center Descriptions		PHYSICIAN ADMINISTRATIVE SERVICES (PATIENT DAYS)	OTHER GENERAL SERVICE (SPECIFY BASIS)	PATIENT/ RESIDENTIAL CARE SERVICES (IN-FACILITY DAYS)	Hospice I
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	CAP REL COSTS-BLDG & FIXT				1.00
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT				3.00
4.00	ADMINISTRATIVE & GENERAL				4.00
5.00	PLANT OPERATION & MAINTENANCE				5.00
6.00	LAUNDRY & LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	ROUTINE MEDICAL SUPPLIES				10.00
11.00	MEDICAL RECORDS				11.00
12.00	STAFF TRANSPORTATION				12.00
13.00	VOLUNTEER SERVICE COORDINATION				13.00
14.00	PHARMACY				14.00
15.00	PHYSICIAN ADMINISTRATIVE SERVICES	0			15.00
16.00	OTHER GENERAL SERVICE		30,803		16.00
17.00	PATIENT/RESIDENTIAL CARE SERVICES			0	17.00
LEVEL OF CARE					
50.00	HOSPICE CONTINUOUS HOME CARE	0	0		50.00
51.00	HOSPICE ROUTINE HOME CARE	0	0		51.00
52.00	HOSPICE INPATIENT RESPIRE CARE	0	30,803	0	52.00
53.00	HOSPICE GENERAL INPATIENT CARE	0	0	0	53.00
NONREIMBURSABLE COST CENTERS					
60.00	BEREAVEMENT PROGRAM		0		60.00
61.00	VOLUNTEER PROGRAM		0		61.00
62.00	FUNDRAISING		0		62.00
63.00	HOSPICE/PALLIATIVE MEDICINE FELLOWS		0		63.00
64.00	PALLIATIVE CARE PROGRAM		0		64.00
65.00	OTHER PHYSICIAN SERVICES		0		65.00
66.00	RESIDENTIAL CARE	0	0	0	66.00
67.00	ADVERTISING		0		67.00
68.00	TELEHEALTH/TELEMONITORING		0		68.00
69.00	THRIFT STORE		0		69.00
70.00	NURSING FACILITY ROOM & BOARD		0		70.00
71.00	OTHER NONREIMBURSABLE (SPECIFY)	0	0	0	71.00
99.00	NEGATIVE COST CENTER				99.00
100.00	COST TO BE ALLOCATED (per Wkst. 0-6, Part I)		33,104	0	100.00
101.00	UNIT COST MULTIPLIER	0.000000	1.074701	0.000000	101.00

APPORTIONMENT OF HOSPITAL-BASED HOSPICE SHARED SERVICE COSTS BY LEVEL OF CARE

Provider CCN: 15-0026

Period: From 01/01/2016 To 12/31/2016

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Hospice CCN: 15-1527

Date/Time Prepared: 5/25/2017 2:47 pm

Cost Center Descriptions		From Wkst. C, Part I, Col. 9 line	Cost to Charge Ratio	Charges by LOC (from Provider Records)			
				HCHC	HRHC	HIRC	
				0	1.00	2.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.692452	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.379676	0	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.423441	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.215399	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00					5.00
6.00	LABORATORY	60.00	0.199181	0	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	1.148533	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00					8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.579351	0	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00					10.00
11.00	Totals (sum of lines 1-11)						11.00
Cost Center Descriptions		Charges by LOC (from Provider Records)	Shared Service Costs by LOC				
		HGIP	HCHC (col. 1 x col. 2)	HRHC (col. 1 x col. 3)	HIRC (col. 1 x col. 4)	HGIP (col. 1 x col. 5)	
		5.00	6.00	7.00	8.00	9.00	
ANCILLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	0	0	0	0	0	1.00
2.00	OCCUPATIONAL THERAPY	0	0	0	0	0	2.00
3.00	SPEECH PATHOLOGY	0	0	0	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED						5.00
6.00	LABORATORY	0	0	0	0	0	6.00
6.01	BLOOD LABORATORY	0	0	0	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER						8.00
9.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS						10.00
11.00	Totals (sum of lines 1-11)		0	0	0	0	11.00

CALCULATION OF HOSPITAL-BASED HOSPICE PER DIEM COST

Provider CCN: 15-0026

Period: From 01/01/2016

Worksheet 0-8

Hospice CCN: 15-1527

To 12/31/2016

Date/Time Prepared: 5/25/2017 2:47 pm

		Hospice I		TOTAL	
		TITLE XVII MEDI CARE	TITLE XIX MEDI CAID		
		1.00	2.00	3.00	
HOSPICE CONTINUOUS HOME CARE					
1.00	Total cost (Wkst. 0-6, Part I, col. 18, line 50 plus Wkst. 0-7, col. 6, line 11)			0	1.00
2.00	Total unduplicated days (Wkst. S-9, col. 4, line 10)			0	2.00
3.00	Total average cost per diem (line 1 divided by line 2)			0.00	3.00
4.00	Unduplicated program days (Wkst. S-9 col. as appropriate, line 10)				4.00
5.00	Program cost (line 3 times line 4)	0	0	0	5.00
HOSPICE ROUTINE HOME CARE					
6.00	Total cost (Wkst. 0-6, Part I, col. 18, line 51 plus Wkst. 0-7, col. 7, line 11)			1,991,606	6.00
7.00	Total unduplicated days (Wkst. S-9, col. 4, line 11)			21,251	7.00
8.00	Total average cost per diem (line 6 divided by line 7)			93.72	8.00
9.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 11)	16,815	0		9.00
10.00	Program cost (line 8 times line 9)	1,575,902	0		10.00
HOSPICE INPATIENT RESPITE CARE					
11.00	Total cost (Wkst. 0-6, Part I, col. 18, line 52 plus Wkst. 0-7, col. 8, line 11)			307,844	11.00
12.00	Total unduplicated days (Wkst. S-9, col. 4, line 12)			92	12.00
13.00	Total average cost per diem (line 11 divided by line 12)			3,346.13	13.00
14.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 12)	84	0		14.00
15.00	Program cost (line 13 times line 14)	281,075	0		15.00
HOSPICE GENERAL INPATIENT CARE					
16.00	Total cost (Wkst. 0-6, Part I, col. 18, line 53 plus Wkst. 0-7, col. 9, line 11)			42,829	16.00
17.00	Total unduplicated days (Wkst. S-9, col. 4, line 13)			444	17.00
18.00	Total average cost per diem (line 16 divided by line 17)			96.46	18.00
19.00	Unduplicated program days (Wkst. S-9, col. as appropriate, line 13)	299	0		19.00
20.00	Program cost (line 18 times line 19)	28,842	0		20.00
TOTAL HOSPICE CARE					
21.00	Total cost (sum of line 1 + line 6 + line 11 + line 16)			2,342,279	21.00
22.00	Total unduplicated days (Wkst. S-9, col. 4, line 14)			21,787	22.00
23.00	Average cost per diem (line 21 divided by line 22)			107.51	23.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0026	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/25/2017 2:47 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,121,976	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		22,961	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		56.45	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)		2.55	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		20.48	8.00
9.00	Sum of lines 7 and 8		23.03	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.77	10.00
11.00	Disproportionate share adjustment (see instructions)		53,518	11.00
12.00	Total prospective capital payments (see instructions)		1,198,455	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