

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S Parts I-III Date/Time Prepared: 5/27/2016 1:55 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 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.	Date: 5/27/2016	Time: 1:55 pm
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 IU HEALTH BLOOMINGTON HOSPITAL (150051) for the cost reporting period beginning 01/01/2015 and ending 12/31/2015 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title XVII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	308,218	-115,383	1,698	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	56,694	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	910	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	364,912	-114,473	1,698	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: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 1:53 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box: 1149		3.00 Zip Code: 47402		4.00 County: MONROE		1.00
1.00	Street: 601 WEST SECOND STREET	State: IN		Zip Code: 47402		County: MONROE		2.00
2.00	City: BLOOMINGTON							

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	N	P	P	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	IU HEALTH BLOOMINGTON HOME HEALTH	157011	14020		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	IU HEALTH BLOOMINGTON HOSPICE	151509	14020		03/13/1991				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:	
						1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2015	12/31/2015	20.00
21.00	Type of Control (see instructions)					2		21.00

Inpatient PPS Information								
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y	22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N	22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N	22.03
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,300	1,581	0	17	5,346	402	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150051			Period: From 01/01/2015 To 12/31/2015		Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 1:53 pm		
		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		
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.	227	132	0	0	6		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 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)					N			60.00
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N				0.00	0.00	61.00	
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150051

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

Worksheet S-2
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06
		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	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					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) <u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>					0.00	62.01
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 Nonprovider Site	Unweighted FTEs in Hospital	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	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

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	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		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
			1.00	2.00	3.00		
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	67.00	
				1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 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.			Y			75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 1:53 pm	
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		1.00	2.00	3.00	
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital a "subclause (II)" LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter "Y" for yes or "N" for no.	N			87.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	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
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. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
		1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.	N			110.00
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N	0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			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.	2			118.00

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	679,276	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	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
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	121.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
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
		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 PARTNERS	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101
142.00	Street: 340 WEST TENTH STREET	PO Box:		
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202-3082	
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00
			1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part I Date/Time Prepared: 5/27/2016 1:53 pm
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		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	Y	Y	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

						1.00
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Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00

						1.00
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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)						0168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.25	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/03/2015	12/31/2015	170.00

						1.00
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171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)					Y	171.00
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HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 1:53 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N			9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	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)	Y	04/12/2016	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S-2 Part II Date/Time Prepared: 5/27/2016 1:53 pm
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	1.00 N	2.00	3.00 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				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	STEVE		HOWELL	41.00
42.00	Enter the employer/company name of the cost report preparer.	INDIANA UNIVERSITY HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317.962.1035		SHOWELL7@IUHEALTH.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/12/2016		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		MANAGER	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: 150051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	241	87,965	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		241	87,965	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		257	93,805	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	16	5,840		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	31,915			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		273				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: 150051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	19,337	1,551	44,885			1.00
2.00 HMO and other (see instructions)	3,098	7,962				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	229	355				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)	19,337	1,551	44,885			7.00
8.00 INTENSIVE CARE UNIT	2,648	229	3,949			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		2,502	4,718			13.00
14.00 Total (see instructions)	21,985	4,282	53,552	0.00	1,758.71	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	1,734	10	2,821	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	11,841	742	20,558	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	28,685	37	31,915	0.00	0.00	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
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,758.71	27.00
28.00 Observation Bed Days		632	4,020			28.00
29.00 Ambulance Trips	7,237					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	402	648			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: 150051

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2016 1:53 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	4,452	384	13,796	1.00
2.00 HMO and other (see instructions)			638	2,400		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				26		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	4,452	384	13,796	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	147	1	242	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150051		Period: From 01/01/2015 To 12/31/2015		Worksheet S-3 Part II Date/Time Prepared: 5/27/2016 1:53 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	101,968,743	-613,842	101,354,901	3,658,124.49	27.71	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		14,965,337	99,555	15,064,892	95,202.79	158.24	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		3,458,735	0	3,458,735	52,157.63	66.31	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		1,038,077	0	1,038,077	9,036.37	114.88	13.00
14.00	Home office salaries & wage-related costs		21,301,295	0	21,301,295	537,471.73	39.63	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		26,251,761	0	26,251,761			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		928,892	0	928,892			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,225,228	-1,163	3,224,065	30,389.88	106.09	26.00
27.00	Administrative & General	5.00	10,097,195	115,887	10,213,082	258,312.94	39.54	27.00
28.00	Administrative & General under contract (see inst.)		1,034,675	0	1,034,675	24,082.25	42.96	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,492,555	-8,787	2,483,768	99,978.69	24.84	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,482,791	-10,963	1,471,828	119,153.14	12.35	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,003,651	-726,444	1,277,207	77,309.92	16.52	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	713,480	713,480	57,352.90	12.44	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,354,455	-8,963	3,345,492	104,800.46	31.92	38.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150051

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2016 1:53 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)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
39.00	Central Services and Supply	14.00 1,167	0	1,167	49.73	23.47	39.00
40.00	Pharmacy	15.00 4,435,834	-47,008	4,388,826	116,333.20	37.73	40.00
41.00	Medical Records & Medical Records Library	16.00 0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 376,462	-1,964	374,498	22,710.51	16.49	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150051

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2016 1:53 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)	103,003,418	-613,842	102,389,576	3,682,206.74	27.81	1.00
2.00	Excluded area salaries (see instructions)	14,965,337	99,555	15,064,892	95,202.79	158.24	2.00
3.00	Subtotal salaries (line 1 minus line 2)	88,038,081	-713,397	87,324,684	3,587,003.95	24.34	3.00
4.00	Subtotal other wages & related costs (see inst.)	25,798,107	0	25,798,107	598,665.73	43.09	4.00
5.00	Subtotal wage-related costs (see inst.)	26,251,761	0	26,251,761	0.00	30.06	5.00
6.00	Total (sum of lines 3 thru 5)	140,087,949	-713,397	139,374,552	4,185,669.68	33.30	6.00
7.00	Total overhead cost (see instructions)	28,504,013	24,075	28,528,088	910,473.62	31.33	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2016 1:53 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,927,311	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		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)		13,910,844	8.00
9.00	Prescription Drug Plan		45,658	9.00
10.00	Dental, Hearing and Vision Plan		437,288	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		67,798	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)		155,285	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,455	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,185,353	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		106,706	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		342,953	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		27,180,651	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: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S-3 Part V Date/Time Prepared: 5/27/2016 1:53 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	3,458,735	27,180,653	1.00
2.00	Hospital	3,458,735	27,180,653	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S-4
		Component CCN: 157011		Date/Time Prepared: 5/27/2016 1:53 pm
			Home Health Agency I	PPS

					1.00	
0.00	County	MONROE				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	1,392	87	938	2,417	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	614.00	40.00	857.00	1,511.00	2.00

		Number of Employees (Full Time Equivalent)			
		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)			0.58	0.00	0.58	4.00
5.00	Other Administrative Personnel			10.27	0.00	10.27	5.00
6.00	Direct Nursing Service			11.51	0.00	11.51	6.00
7.00	Nursing Supervisor			15.39	0.00	15.39	7.00
8.00	Physical Therapy Service			6.94	0.00	6.94	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.07	0.00	2.07	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.29	0.00	0.29	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.17	0.00	1.17	16.00
17.00	Home Health Aide Supervisor			0.96	0.00	0.96	17.00
18.00	NONREIMBURSABLE			20.56	0.00	20.56	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.			5			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	14020					20.00
20.01		26900					20.01
20.02		50031					20.02
20.03		50032					20.03
20.04		99915					20.04

		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	5,182	687	169	115	6,153	21.00
22.00	Skilled Nursing Visit Charges	651,308	85,624	21,416	14,607	772,955	22.00
23.00	Physical Therapy Visits	3,375	78	50	26	3,529	23.00
24.00	Physical Therapy Visit Charges	467,737	10,984	7,000	3,624	489,345	24.00
25.00	Occupational Therapy Visits	1,252	28	14	12	1,306	25.00
26.00	Occupational Therapy Visit Charges	174,388	3,953	1,964	1,630	181,935	26.00
27.00	Speech Pathology Visits	73	5	0	1	79	27.00
28.00	Speech Pathology Visit Charges	10,642	782	0	131	11,555	28.00
29.00	Medical Social Service Visits	128	9	3	3	143	29.00
30.00	Medical Social Service Visit Charges	26,102	1,869	599	615	29,185	30.00
31.00	Home Health Aide Visits	489	135	1	6	631	31.00
32.00	Home Health Aide Visit Charges	27,952	7,630	58	348	35,988	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,499	942	237	163	11,841	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)	1,358,129	110,842	31,037	20,955	1,520,963	35.00
36.00	Total Number of Episodes (standard/non outlier)	670		82	7	759	36.00
37.00	Total Number of Outlier Episodes		21		4	25	37.00
38.00	Total Non-Routine Medical Supply Charges	29,156	11,539	1,793	841	43,329	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150051 Component CCN: 151509	Period: From 01/01/2015 To 12/31/2015	Worksheet S-9 Parts I & II Date/Time Prepared: 5/27/2016 1:53 pm
		Hospice I		

		Unduplicated Days					Total (sum of cols. 1, 2 & 5)	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
		1.00	2.00	3.00	4.00	5.00		
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	26,937	0	0	0	0	26,937	2.00
3.00	Inpatient Respite Care	425	0	0	0	0	425	3.00
4.00	General Inpatient Care	1,323	0	0	0	0	1,323	4.00
5.00	Total Hospice Days	28,685	0	0	0	0	28,685	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	609	0	0	0	0	609	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet S-10 Date/Time Prepared: 5/27/2016 1:53 pm	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.226106	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		8,996,380	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		86,747,432	6.00	
7.00	Medicaid cost (line 1 times line 6)		19,614,115	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)		10,617,735	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		13,639,659	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		91,329,873	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		20,650,232	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)		7,010,573	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		17,628,308	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	24,681,369	5,096,143	29,777,512	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,580,606	1,152,269	6,732,875	21.00
22.00	Partial payment by patients approved for charity care	480	0	480	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,580,126	1,152,269	6,732,395	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		23,794,304	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		481,521	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		23,312,783	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		5,271,160	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,003,555	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		29,631,863	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet A Date/Time Prepared: 5/27/2016 1:53 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	CAP REL COSTS-BLDG & FIXT	0	0	10,093,055	10,093,055	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	10,595,192	10,595,192	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,225,228	3,381,439	6,606,667	17,518,945	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	10,097,195	84,813,912	94,911,107	-20,302,300	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,492,555	8,778,079	11,270,634	-562,643	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	659,010	659,010	-36,522	8.00
9.00	00900	HOUSEKEEPING	1,482,791	1,198,070	2,680,861	-617,911	9.00
10.00	01000	DIETARY	2,003,651	2,329,325	4,332,976	-1,972,376	10.00
11.00	01100	CAFETERIA	0	0	0	1,481,041	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	3,354,455	1,821,037	5,175,492	-722,182	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,167	155,215	156,382	11,681,522	14.00
15.00	01500	PHARMACY	4,435,834	18,920,140	23,355,974	-18,389,456	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	345,996	345,996	-42	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	376,462	308,274	684,736	-253,650	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	46,030	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,326,249	9,934,607	30,260,856	-5,127,693	30.00
31.00	03100	INTENSIVE CARE UNIT	2,575,286	1,630,582	4,205,868	-858,952	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	797,071	307,942	1,105,013	-236,683	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	1,169,821	615,831	1,785,652	-374,893	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,075,690	19,716,094	25,791,784	-17,603,259	50.00
50.01	05001	CV SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	903,198	246,851	1,150,049	-173,561	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,770,652	1,604,871	4,375,523	-1,019,290	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,953,905	2,574,517	5,528,422	-1,850,158	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,043,565	2,134,044	4,177,609	-922,698	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	565,665	648,191	1,213,856	-353,285	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	316,423	264,091	580,514	-121,230	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,017,312	6,897,325	7,914,637	-6,400,949	59.00
60.00	06000	LABORATORY	0	10,069,763	10,069,763	-30,523	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	76,472	162,073	238,545	-112,791	64.00
65.00	06500	RESPIRATORY THERAPY	1,601,520	796,752	2,398,272	-616,858	65.00
66.00	06600	PHYSICAL THERAPY	7,039,511	3,322,324	10,361,835	-2,117,969	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	682,247	609,233	1,291,480	-200,551	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	940,507	342,300	1,282,807	-239,502	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,246,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,692,449	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	765,405	442,433	1,207,838	18,610,610	73.00
74.00	07400	RENAL DIALYSIS	0	33,142	33,142	774,272	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,398,060	549,146	1,947,206	-388,867	75.01
76.97	07697	CARDIAC REHABILITATION	696,749	185,858	882,607	-120,970	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A

Date/Time Prepared:
5/27/2016 1:53 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	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,614,344	554,007	2,168,351	-640,713	1,527,638	90.00
91.00	09100	EMERGENCY	4,001,487	2,894,876	6,896,363	-1,501,858	5,394,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	4,292,426	2,473,914	6,766,340	-1,465,490	5,300,850	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,925,799	2,986,613	6,912,412	-1,362,790	5,549,622	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	1,388,681	1,388,681	-490,065	898,616	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	2,723,921	2,431,129	5,155,050	-1,204,136	3,950,914	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,742,623	198,527,687	297,270,310	2,346,783	299,617,093	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	64,044	108,157	172,201	-24,033	148,168	190.00
190.01	19001	PROMPTCARE	1,034,493	1,162,562	2,197,055	-747,010	1,450,045	190.01
190.02	19002	RENTAL PROPERTIES	0	105,239	105,239	-55,149	50,090	190.02
190.03	19003	OLCOTT	250,531	107,669	358,200	-72,842	285,358	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	432,811	432,811	190.04
190.05	19005	FOUNDATION	579,474	311,567	891,041	-145,022	746,019	190.05
190.06	19006	MARKETING	0	0	0	265,734	265,734	190.06
190.07	19007	HME STORE	812,369	2,294,304	3,106,673	-2,137,618	969,055	190.07
190.08	19008	UNUSED SPACE	0	0	0	323,967	323,967	190.08
190.09	19009	CLINICAL TRIALS	178,456	266,484	444,940	-58,232	386,708	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	302,753	125,828	428,581	-106,124	322,457	190.10
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
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	90	90	-90	0	194.02
194.03	07953	IU HEALTH SIP	4,000	23,481	27,481	-23,175	4,306	194.03
200.00		TOTAL (SUM OF LINES 118-199)	101,968,743	203,033,068	305,001,811	0	305,001,811	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A
Date/Time Prepared:
5/27/2016 1:53 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	2,728,221	12,821,276	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	645,400	11,240,592	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,399,208	27,524,820	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-21,886,548	52,722,259	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-784,052	9,923,939	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-223,786	398,702	8.00
9.00	00900	HOUSEKEEPING	0	2,062,950	9.00
10.00	01000	DIETARY	-307,428	2,053,172	10.00
11.00	01100	CAFETERIA	-1,606,424	-125,383	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-25,113	4,428,197	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,837,904	14.00
15.00	01500	PHARMACY	-38,812	4,927,706	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	345,954	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	431,086	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	46,030	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-367,085	24,766,078	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,346,916	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	868,330	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-8,429	1,402,330	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	8,188,525	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	976,488	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-15,070	3,341,163	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-727	3,677,537	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-61,560	3,193,351	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	860,571	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	459,284	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,513,688	59.00
60.00	06000	LABORATORY	-263,602	9,775,638	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	-24,110	101,644	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,781,414	65.00
66.00	06600	PHYSICAL THERAPY	-622,193	7,621,673	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-355,261	735,668	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-7,300	1,036,005	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,246,483	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,692,449	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,818,448	73.00
74.00	07400	RENAL DIALYSIS	0	807,414	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-447,371	1,110,968	75.01
76.97	07697	CARDIAC REHABILITATION	-60,263	701,374	76.97
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.00	09000	CLINIC	-120,497	1,407,141	90.00
91.00	09100	EMERGENCY	314,914	5,709,419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-197,974	5,102,876	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	-218,617	5,331,005	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-898,616	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	3,950,914	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-21,453,095	278,163,998	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	148,168	190.00
190.01	19001	PROMPTCARE	-75,017	1,375,028	190.01
190.02	19002	RENTAL PROPERTIES	0	50,090	190.02
190.03	19003	OLCOTT	0	285,358	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	432,811	190.04
190.05	19005	FOUNDATION	0	746,019	190.05
190.06	19006	MARKETING	0	265,734	190.06
190.07	19007	HME STORE	-783,769	185,286	190.07
190.08	19008	UNUSED SPACE	0	323,967	190.08
190.09	19009	CLINICAL TRIALS	0	386,708	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	322,457	190.10
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	19,324,896	19,324,896	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	41,594,253	41,594,253	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	18,084,812	18,084,812	194.02
194.03	07953	IU HEALTH SIP	0	4,306	194.03
200.00		TOTAL (SUM OF LINES 118-199)	56,692,080	361,693,891	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,617,540	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	9,459,970	2.00
	TOTALS		0	17,077,510	
B - LEASE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		2,055,746	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00		445,474	2.00
3.00	INTENSIVE CARE UNIT	31.00		297	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
	TOTALS		0	2,501,517	
C - PROPERTY TAX					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	229,229	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
	TOTALS		0	229,229	
D - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00		490,065	1.00
	TOTALS		0	490,065	
E - PHARMACY RESIDENCY					
1.00	PARAMED PRGM-PHARMACY RESIDENCY	23.00	41,080	4,950	1.00
	TOTALS		41,080	4,950	
F - INSURANCE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		531,219	1.00
2.00	HME STORE	190.07		42,751	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
	TOTALS		0	573,970	
G - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	17,834,576	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	216	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

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
TOTALS			0	17,834,792		
H - COMPUTER LI CENSE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00		182,971		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
TOTALS			0	182,971		
I - RECRUITING						
1.00	PHYSICIAN RECRUITMENT	190.04		432,811		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
TOTALS			0	432,811		
J - CAFE						
1.00	CAFETERIA	11.00	713,480	767,561		1.00
TOTALS			713,480	767,561		
K - UTILITIES						
1.00	OPERATION OF PLANT	7.00		355,448		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00		6,409		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
TOTALS			0	361,857		
L - MARKETING						
1.00	MARKETING	190.06		265,734		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
TOTALS			0	265,734		
M - BCC DEPRECIATION						
1.00	UNUSED SPACE	190.08		20,802		1.00
TOTALS			0	20,802		
N - LIBERTY BUILDING DEPRECIATION						
1.00	UNUSED SPACE	190.08		131,719		1.00
2.00		0.00	0	0		2.00
TOTALS			0	131,719		

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
Q - SHORT-TERM DISABILITY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		1,163	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		36,803	2.00
3.00	OPERATION OF PLANT	7.00		8,787	3.00
4.00	HOUSEKEEPING	9.00		10,963	4.00
5.00	DIETARY	10.00		12,964	5.00
6.00	NURSING ADMINISTRATION	13.00		8,963	6.00
7.00	PHARMACY	15.00		5,928	7.00
8.00	CENTRAL STERILIZATION	18.01		1,964	8.00
9.00	ADULTS & PEDIATRICS	30.00		187,232	9.00
10.00	INTENSIVE CARE UNIT	31.00		21,832	10.00
11.00	SUBPROVIDER - IRF	41.00		5,325	11.00
12.00	NURSERY	43.00		7,099	12.00
13.00	OPERATING ROOM	50.00		46,237	13.00
14.00	RECOVERY ROOM	51.00		2,331	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00		10,735	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00		13,870	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00		6,255	17.00
18.00	CT SCAN	57.00		4,134	18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,394	19.00
20.00	CARDIAC CATHETERIZATION	59.00		8,277	20.00
21.00	RESPIRATORY THERAPY	65.00		13,700	21.00
22.00	PHYSICAL THERAPY	66.00		40,870	22.00
23.00	ELECTROCARDIOLOGY	69.00		15,959	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00		9,508	24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00		5,983	25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01		3,741	26.00
27.00	CARDIAC REHABILITATION	76.97		834	27.00
28.00	CLINIC	90.00		5,976	28.00
29.00	EMERGENCY	91.00		34,733	29.00
30.00	AMBULANCE SERVICES	95.00		22,942	30.00
31.00	HOME HEALTH AGENCY	101.00		8,945	31.00
32.00	HOSPICE	116.00		18,929	32.00
33.00	PROMPTCARE	190.01		277	33.00
34.00	HME STORE	190.07		29,189	34.00
TOTALS			0	613,842	
P - ANTI COAGULATION					
1.00	HOME HEALTH AGENCY	101.00	296,772	0	1.00
TOTALS			296,772	0	
Q - CHILDREN'S THERAPY ANNEX RENT					
1.00	UNUSED SPACE	190.08		171,446	1.00
TOTALS			0	171,446	
R - URGENT CARE BILLING					
1.00	ADMINISTRATIVE & GENERAL	5.00	152,690	0	1.00
TOTALS			152,690	0	
S - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00		18,938,310	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	TOTALS		0	18,938,310	
T - NON-BILLABLE DRUGS					
1.00	PHARMACY	15.00		5,961	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
	TOTALS		0	5,961	
U - BILLABLE IMPLANTS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		10,692,449	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
	TOTALS		0	10,692,449	
V - BILLABLE SUPPLIES					
1.00	OPERATION OF PLANT	7.00		624	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00		6,229	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		2,124	3.00
4.00	PHARMACY	15.00		121	4.00
5.00	ADULTS & PEDIATRICS	30.00		62,432	5.00
6.00	INTENSIVE CARE UNIT	31.00		30,849	6.00
7.00	SUBPROVIDER - IRF	41.00		4,206	7.00
8.00	RECOVERY ROOM	51.00		3,789	8.00
9.00	ELECTROCARDIOLOGY	69.00		1,282	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00		9,246,483	10.00
11.00	EMERGENCY	91.00		7,058	11.00
12.00	HOSPICE	116.00		1,403	12.00
13.00	HME STORE	190.07		41,137	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
	TOTALS		0	9,407,737	
W - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,808,432	1.00
2.00	IU HEALTH SIP	194.03	0	14	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

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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
	TOTALS		0	11,808,446		
X - RENAL DIALYSIS						
1.00	RENAL DIALYSIS	74.00	0	799,625		1.00
	TOTALS		0	799,625		
500.00	Grand Total: Increases		1,204,022	93,313,304		500.00

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,077,510	9		1.00
2.00		0.00	0	0	9		2.00
TOTALS			0	17,077,510			
B - LEASE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		117,788	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		126,965	10		2.00
3.00	OPERATION OF PLANT	7.00		379,400	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00		2,455	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00		129,208	0		5.00
6.00	ADULTS & PEDIATRICS	30.00		10,028	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00		8,084	0		7.00
8.00	LABORATORY	60.00		26,902	0		8.00
9.00	INTRAVENOUS THERAPY	64.00		50,000	0		9.00
10.00	RESPIRATORY THERAPY	65.00		15,091	0		10.00
11.00	PHYSICAL THERAPY	66.00		515,385	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00		299	0		12.00
13.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01		147,990	0		13.00
14.00	CLINIC	90.00		25,430	0		14.00
15.00	AMBULANCE SERVICES	95.00		116,608	0		15.00
16.00	HOME HEALTH AGENCY	101.00		54,592	0		16.00
17.00	HOSPICE	116.00		227,154	0		17.00
18.00	PROMPTCARE	190.01		92,995	0		18.00
19.00	FOUNDATION	190.05		31,303	0		19.00
20.00	HME STORE	190.07		357,915	0		20.00
21.00	MORGAN OP BEHAVIORAL HEALTH CLINIC	190.10		65,925	0		21.00
TOTALS			0	2,501,517			
C - PROPERTY TAX							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	980	13		1.00
2.00	OPERATION OF PLANT	7.00	0	19,550	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	7,338	0		3.00
4.00	LABORATORY	60.00	0	3,427	0		4.00
5.00	INTRAVENOUS THERAPY	64.00	0	30,064	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	12,381	0		6.00
7.00	PROMPTCARE	190.01	0	100,340	0		7.00
8.00	RENTAL PROPERTIES	190.02	0	55,149	0		8.00
TOTALS			0	229,229			
D - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	490,065	11		1.00
TOTALS			0	490,065			
E - PHARMACY RESIDENCY							
1.00	PHARMACY	15.00	41,080	4,950	0		1.00
TOTALS			41,080	4,950			
F - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00		569,668	12		1.00
2.00	INTRAVENOUS THERAPY	64.00		1,120	0		2.00
3.00	PHYSICAL THERAPY	66.00		1,448	0		3.00
4.00	HOME HEALTH AGENCY	101.00		926	0		4.00
5.00	PROMPTCARE	190.01		808	0		5.00
TOTALS			0	573,970			
G - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,104,988	0		1.00
2.00	OPERATION OF PLANT	7.00	0	501,881	0		2.00
3.00	HOUSEKEEPING	9.00	0	536,045	0		3.00
4.00	DIETARY	10.00	0	454,310	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	486,300	0		5.00
6.00	PHARMACY	15.00	0	641,045	0		6.00
7.00	CENTRAL STERILIZATION	18.01	0	106,594	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	3,597,555	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	472,885	0		9.00
10.00	SUBPROVIDER - IRF	41.00	0	194,617	0		10.00
11.00	NURSERY	43.00	0	212,990	0		11.00
12.00	OPERATING ROOM	50.00	0	1,063,235	0		12.00
13.00	RECOVERY ROOM	51.00	0	129,548	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	452,277	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	634,880	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	337,493	0		16.00
17.00	CT SCAN	57.00	0	104,635	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	52,509	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	155,918	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	14,719	0		20.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
21.00	RESPIRATORY THERAPY	65.00	0	315,259	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	1,265,199	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	112,711	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	200,965	0		24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0	114,223	0		25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	229,457	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	114,417	0		27.00
28.00	CLINIC	90.00	0	289,651	0		28.00
29.00	EMERGENCY	91.00	0	701,230	0		29.00
30.00	AMBULANCE SERVICES	95.00	0	1,047,169	0		30.00
31.00	HOME HEALTH AGENCY	101.00	0	1,072,971	0		31.00
32.00	HOSPICE	116.00	0	575,657	0		32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	24,025	0		33.00
34.00	PROMPTCARE	190.01	0	226,664	0		34.00
35.00	OLCOTT	190.03	0	49,765	0		35.00
36.00	FOUNDATION	190.05	0	94,051	0		36.00
37.00	HME STORE	190.07	0	72,190	0		37.00
38.00	CLINICAL TRIALS	190.09	0	34,565	0		38.00
39.00	MORGAN OP BEHAVIORAL HEALTH CLINIC	190.10	0	40,199	0		39.00
TOTALS			0	17,834,792			
H - COMPUTER LICENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		8,321	14		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		88,850			2.00
3.00	OPERATION OF PLANT	7.00		2,140			3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00		1,286			4.00
5.00	CT SCAN	57.00		35,381			5.00
6.00	PHYSICAL THERAPY	66.00		7,314			6.00
7.00	AMBULANCE SERVICES	95.00		150			7.00
8.00	HOME HEALTH AGENCY	101.00		864			8.00
9.00	OLCOTT	190.03		15,000			9.00
10.00	CLINICAL TRIALS	190.09		23,665			10.00
TOTALS			0	182,971			
I - RECRUITING							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		63,159	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		368,189	0		2.00
3.00	PHARMACY	15.00		370	0		3.00
4.00	ADULTS & PEDIATRICS	30.00		1,093	0		4.00
TOTALS			0	432,811			
J - CAFE							
1.00	DIETARY	10.00	713,480	767,561	0		1.00
TOTALS			713,480	767,561			
K - UTILITIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		4,476	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		19,842	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00		792	0		3.00
4.00	DIETARY	10.00		130	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00		8,523	0		5.00
6.00	RADIOLOGY-THERAPEUTIC	55.00		160,098	0		6.00
7.00	LABORATORY	60.00		194	0		7.00
8.00	INTRAVENOUS THERAPY	64.00		2,995	0		8.00
9.00	PHYSICAL THERAPY	66.00		54,024	0		9.00
10.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01		9,744	0		10.00
11.00	CLINIC	90.00		3,677	0		11.00
12.00	AMBULANCE SERVICES	95.00		25,401	0		12.00
13.00	HOME HEALTH AGENCY	101.00		33,023	0		13.00
14.00	HOSPICE	116.00		19,565	0		14.00
15.00	PROMPTCARE	190.01		13,309	0		15.00
16.00	FOUNDATION	190.05		6,064	0		16.00
TOTALS			0	361,857			
L - MARKETING							
1.00	ADMINISTRATIVE & GENERAL	5.00		251,602	0		1.00
2.00	DIETARY	10.00		404	0		2.00
3.00	PHYSICAL THERAPY	66.00		2,331	0		3.00
4.00	CLINIC	90.00		266	0		4.00
5.00	HOME HEALTH AGENCY	101.00		26	0		5.00
6.00	HOSPICE	116.00		37	0		6.00
7.00	FOUNDATION	190.05		11,068	0		7.00
TOTALS			0	265,734			

RECLASSIFICATIONS

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Period:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
M - BCC DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	20,802	9		1.00
	TOTALS	0	20,802			
N - LIBERTY BUILDING DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	128,079	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	3,640	9		2.00
	TOTALS	0	131,719			
O - SHORT-TERM DISABILITY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,163	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	36,803	0		2.00
3.00	OPERATION OF PLANT	7.00	8,787	0		3.00
4.00	HOUSEKEEPING	9.00	10,963	0		4.00
5.00	DIETARY	10.00	12,964	0		5.00
6.00	NURSING ADMINISTRATION	13.00	8,963	0		6.00
7.00	PHARMACY	15.00	5,928	0		7.00
8.00	CENTRAL STERILIZATION	18.01	1,964	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	187,232	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	21,832	0		10.00
11.00	SUBPROVIDER - IRF	41.00	5,325	0		11.00
12.00	NURSERY	43.00	7,099	0		12.00
13.00	OPERATING ROOM	50.00	46,237	0		13.00
14.00	RECOVERY ROOM	51.00	2,331	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	10,735	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	13,870	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	6,255	0		17.00
18.00	CT SCAN	57.00	4,134	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,394	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	8,277	0		20.00
21.00	RESPIRATORY THERAPY	65.00	13,700	0		21.00
22.00	PHYSICAL THERAPY	66.00	40,870	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	15,959	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	9,508	0		24.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	5,983	0		25.00
26.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	3,741	0		26.00
27.00	CARDIAC REHABILITATION	76.97	834	0		27.00
28.00	CLINIC	90.00	5,976	0		28.00
29.00	EMERGENCY	91.00	34,733	0		29.00
30.00	AMBULANCE SERVICES	95.00	22,942	0		30.00
31.00	HOME HEALTH AGENCY	101.00	8,945	0		31.00
32.00	HOSPICE	116.00	18,929	0		32.00
33.00	PROMPTCARE	190.01	277	0		33.00
34.00	HME STORE	190.07	29,189	0		34.00
	TOTALS		613,842	0		
P - ANTI COAGULATION						
1.00	CLINIC	90.00	296,772	0	0	1.00
	TOTALS		296,772	0		
Q - CHILDREN'S THERAPY ANNEX RENT						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	171,446	9		1.00
	TOTALS	0	171,446			
R - URGENT CARE BILLING						
1.00	PROMPTCARE	190.01	152,690	0	0	1.00
	TOTALS		152,690	0		
S - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	75,242	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	2,024	0		2.00
3.00	HOUSEKEEPING	9.00	240	0		3.00
4.00	NURSING ADMINISTRATION	13.00	424	0		4.00
5.00	PHARMACY	15.00	17,636,045	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	2,256	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	308	0		7.00
8.00	NURSERY	43.00	173	0		8.00
9.00	OPERATING ROOM	50.00	54,035	0		9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	269	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	51,721	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	6,729	0		12.00
13.00	CT SCAN	57.00	90,383	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	57,050	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	106,136	0		15.00
16.00	PHYSICAL THERAPY	66.00	31,903	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	72,632	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	451	0		18.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	RENAL DIALYSIS	74.00		546		0	19.00
20.00	CARDIAC REHABILITATION	76.97		80		0	20.00
21.00	CLINIC	90.00		10,992		0	21.00
22.00	EMERGENCY	91.00		2,329		0	22.00
23.00	AMBULANCE SERVICES	95.00		59,168		0	23.00
24.00	HOME HEALTH AGENCY	101.00		311,849		0	24.00
25.00	HOSPICE	116.00		269,333		0	25.00
26.00	PROMPTCARE	190.01		71,102		0	26.00
27.00	HME STORE	190.07		1,701		0	27.00
28.00	IU HEALTH SLP	194.03		23,189		0	28.00
	TOTALS		0	18,938,310			
T - NON-BILLABLE DRUGS							
1.00	OPERATING ROOM	50.00		998		0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00		1,318		0	2.00
3.00	CT SCAN	57.00		1,404		0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		649		0	4.00
5.00	CARDIAC CATHETERIZATION	59.00		1,592		0	5.00
	TOTALS		0	5,961			
U - BILLABLE IMPLANTS							
1.00	ADMINISTRATIVE & GENERAL	5.00		1,252		0	1.00
2.00	NURSING ADMINISTRATION	13.00		24,556		0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00		42		0	3.00
4.00	PHARMACY	15.00		7		0	4.00
5.00	CENTRAL STERILIZATION	18.01		4,031		0	5.00
6.00	ADULTS & PEDIATRICS	30.00		3,353		0	6.00
7.00	INTENSIVE CARE UNIT	31.00		4,300		0	7.00
8.00	SUBPROVIDER - IRF	41.00		58		0	8.00
9.00	OPERATING ROOM	50.00		8,738,762		0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		244,246		0	10.00
11.00	CT SCAN	57.00		1,208		0	11.00
12.00	CARDIAC CATHETERIZATION	59.00		1,645,217		0	12.00
13.00	INTRAVENOUS THERAPY	64.00		269		0	13.00
14.00	PHYSICAL THERAPY	66.00		14,280		0	14.00
15.00	DRUGS CHARGED TO PATIENTS	73.00		6,507		0	15.00
16.00	RENAL DIALYSIS	74.00		58		0	16.00
17.00	EMERGENCY	91.00		3,166		0	17.00
18.00	HOME HEALTH AGENCY	101.00		130		0	18.00
19.00	PROMPTCARE	190.01		2		0	19.00
20.00	OLCOTT	190.03		1,005		0	20.00
	TOTALS		0	10,692,449			
V - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		64		0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00		15,153		0	2.00
3.00	HOUSEKEEPING	9.00		155		0	3.00
4.00	DIETARY	10.00		140		0	4.00
5.00	NURSING ADMINISTRATION	13.00		75,895		0	5.00
6.00	CENTRAL STERILIZATION	18.01		7,201		0	6.00
7.00	NURSERY	43.00		12,121		0	7.00
8.00	OPERATING ROOM	50.00		3,912,661		0	8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00		236,761		0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00		741,681		0	10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00		5,110		0	11.00
12.00	CT SCAN	57.00		7,792		0	12.00
13.00	CARDIAC CATHETERIZATION	59.00		4,081,037		0	13.00
14.00	INTRAVENOUS THERAPY	64.00		51		0	14.00
15.00	RESPIRATORY THERAPY	65.00		11,545		0	15.00
16.00	PHYSICAL THERAPY	66.00		56,891		0	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00		5,370		0	17.00
18.00	DRUGS CHARGED TO PATIENTS	73.00		99,608		0	18.00
19.00	RENAL DIALYSIS	74.00		392		0	19.00
20.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01		58		0	20.00
21.00	CARDIAC REHABILITATION	76.97		84		0	21.00
22.00	CLINIC	90.00		5,767		0	22.00
23.00	AMBULANCE SERVICES	95.00		21,610		0	23.00
24.00	HOME HEALTH AGENCY	101.00		100,115		0	24.00
25.00	PROMPTCARE	190.01		4,337		0	25.00
26.00	OLCOTT	190.03		3,512		0	26.00
27.00	FOUNDATION	190.05		2,536		0	27.00
28.00	IU HEALTH MORGAN HOSPITAL	194.02		90		0	28.00
	TOTALS		0	9,407,737			

RECLASSIFICATIONS

Provider CCN: 150051

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
W - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	46,581	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	28,342	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	15,744	0	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	39,504	0	4.00	
5.00	HOUSEKEEPING	9.00	0	81,471	0	5.00	
6.00	DIETARY	10.00	0	36,351	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	135,007	0	7.00	
8.00	PHARMACY	15.00	0	72,041	0	8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	42	0	9.00	
10.00	CENTRAL STERILIZATION	18.01	0	135,824	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	1,575,840	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	412,605	0	12.00	
13.00	SUBPROVIDER - IRF	41.00	0	46,214	0	13.00	
14.00	NURSERY	43.00	0	149,609	0	14.00	
15.00	OPERATING ROOM	50.00	0	3,833,568	0	15.00	
16.00	RECOVERY ROOM	51.00	0	47,802	0	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	336,392	0	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	158,419	0	18.00	
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	405,930	0	19.00	
20.00	CT SCAN	57.00	0	112,482	0	20.00	
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,022	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	411,049	0	22.00	
23.00	INTRAVENOUS THERAPY	64.00	0	13,573	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	274,963	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	156,813	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	16,490	0	26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	32,417	0	27.00	
28.00	DRUGS CHARGED TO PATIENTS	73.00	0	107,362	0	28.00	
29.00	RENAL DIALYSIS	74.00	0	24,357	0	29.00	
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	1,618	0	30.00	
31.00	CARDIAC REHABILITATION	76.97	0	6,389	0	31.00	
32.00	CLINIC	90.00	0	8,158	0	32.00	
33.00	EMERGENCY	91.00	0	802,191	0	33.00	
34.00	AMBULANCE SERVICES	95.00	0	195,384	0	34.00	
35.00	HOME HEALTH AGENCY	101.00	0	85,066	0	35.00	
36.00	HOSPICE	116.00	0	113,793	0	36.00	
37.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	8	0	37.00	
38.00	PROMPTCARE	190.01	0	84,763	0	38.00	
39.00	OLCOTT	190.03	0	3,560	0	39.00	
40.00	HME STORE	190.07	0	1,789,700	0	40.00	
41.00	CLINICAL TRIALS	190.09	0	2	0	41.00	
	TOTALS		0	11,808,446			
X - RENAL DIALYSIS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	799,625	0	1.00	
	TOTALS		0	799,625			
500.00	Grand Total: Decreases		1,817,864	92,699,462		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150051

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,760,652	0	0	0	1.00
2.00	Land Improvements	2,074,567	0	0	2,045	2.00
3.00	Buildings and Fixtures	156,047,066	0	0	1,536,240	3.00
4.00	Building Improvements	2,315,155	6,324,992	0	210,106	4.00
5.00	Fixed Equipment	19,910,257	561,515	0	0	5.00
6.00	Movable Equipment	123,092,597	48,346,492	0	74,762	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	323,200,294	55,232,999	0	1,823,153	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	323,200,294	55,232,999	0	1,823,153	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	19,760,652	0			1.00
2.00	Land Improvements	2,072,522	0			2.00
3.00	Buildings and Fixtures	154,510,826	0			3.00
4.00	Building Improvements	8,430,041	0			4.00
5.00	Fixed Equipment	20,471,772	0			5.00
6.00	Movable Equipment	171,364,327	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	376,610,140	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	376,610,140	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150051

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150051

Period:
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Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	184,774,041	0	184,774,041	0.490624	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	191,836,099	0	191,836,099	0.509376	0	2.00
3.00	Total (sum of lines 1-2)	376,610,140	0	376,610,140	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	10,050,547	2,055,746	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	10,080,928	445,474	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,131,475	2,501,220	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	485,754	0	229,229	0	12,821,276	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	531,219	0	182,971	11,240,592	2.00
3.00	Total (sum of lines 1-2)	485,754	531,219	229,229	182,971	24,061,868	3.00

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.	
			3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-13,841,255			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	27,283,014			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-536,300	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		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN 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		0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY	68.00		31.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150051

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

Worksheet A-8

Date/Time Prepared:
5/27/2016 1:53 pm

32.00	CAH HIT Adjustment for Depreciation and Interest	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	32.00
				Cost Center	Line #		
				1.00	2.00		
		B	0		0.00	0	32.00
33.00	MI SCCELLANEOUS INCOME	B	-47,799	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01	MI SCCELLANEOUS INCOME	B	-919,107	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02	MI SCCELLANEOUS INCOME	B	-784,052	OPERATION OF PLANT	7.00	0	33.02
33.03	MI SCCELLANEOUS INCOME	B	-223,786	LAUNDRY & LINEN SERVICE	8.00	0	33.03
33.04	MI SCCELLANEOUS INCOME	B	-307,478	DIETARY	10.00	0	33.04
33.05	MI SCCELLANEOUS INCOME	B	-25,113	NURSING ADMINISTRATION	13.00	0	33.05
33.06	MI SCCELLANEOUS INCOME	B	-45,717	PHARMACY	15.00	0	33.06
33.07	MI SCCELLANEOUS INCOME	B	-14,642	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	MI SCCELLANEOUS INCOME	B	-8,429	NURSERY	43.00	0	33.08
33.09	MI SCCELLANEOUS INCOME	B	-15,070	DELIVERY ROOM & LABOR ROOM	52.00	0	33.09
33.10	MI SCCELLANEOUS INCOME	B	-727	RADIOLOGY-DIAGNOSTIC	54.00	0	33.10
33.11	MI SCCELLANEOUS INCOME	B	-22,760	RADIOLOGY-THERAPEUTIC	55.00	0	33.11
33.12	MI SCCELLANEOUS INCOME	B	690	LABORATORY	60.00	0	33.12
33.13	MI SCCELLANEOUS INCOME	B	-24,110	INTRAVENOUS THERAPY	64.00	0	33.13
33.14	MI SCCELLANEOUS INCOME	B	-495,030	PHYSICAL THERAPY	66.00	0	33.14
33.15	MI SCCELLANEOUS INCOME	B	-7,300	ELECTROENCEPHALOGRAPHY	70.00	0	33.15
33.16	MI SCCELLANEOUS INCOME	B	-1,890	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	33.16
33.17	MI SCCELLANEOUS INCOME	B	-60,263	CARDIAC REHABILITATION	76.97	0	33.17
33.18	MI SCCELLANEOUS INCOME	B	-120,497	CLINIC	90.00	0	33.18
33.19	MI SCCELLANEOUS INCOME	B	-197,974	AMBULANCE SERVICES	95.00	0	33.19
33.20	MI SCCELLANEOUS INCOME	B	-218,617	HOME HEALTH AGENCY	101.00	0	33.20
33.21	MI SCCELLANEOUS INCOME	B	-75,017	PROMPTCARE	190.01	0	33.21
33.22	MI SCCELLANEOUS INCOME	B	-783,769	HME STORE	190.07	0	33.22
33.23	ACCELERATED DEPRECIATION	A	-1,900,653	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24	ACCRUED PTO	A	-2,499,243	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.24
33.25	UNNECESSARY BORROWING	A	-898,616	INTEREST EXPENSE	113.00	0	33.25
33.26	UNNECESSARY BORROWING	A	-641	ADMINISTRATIVE & GENERAL	5.00	0	33.26
33.27	TV DEPRECIATION	A	-8,298	CAP REL COSTS-BLDG & FIXT	1.00	9	33.27
33.28	TELEPHONE EXPENSE	A	-276	PHYSICAL THERAPY	66.00	0	33.28
33.29	NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-37,192	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.30	BENEFIT EXPENSE	A	-19,542,027	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.30
33.31	CONTRIBUTION EXPENSE	A	-3,000	ADMINISTRATIVE & GENERAL	5.00	0	33.31
33.32	PHYSICIAN RECRUITMENT	A	-368,189	ADMINISTRATIVE & GENERAL	5.00	0	33.32
33.33	HAF FEES	A	-12,027,855	ADMINISTRATIVE & GENERAL	5.00	0	33.33
33.34	UBI TAX	A	-250,044	LABORATORY	60.00	0	33.34
33.35	UBI TAX	A	-225,001	ADMINISTRATIVE & GENERAL	5.00	0	33.35
33.36	PHYSICIAN COMPENSATION	A	-322,335	ELECTROCARDIOLOGY	69.00	0	33.36
33.37	GUEST MEALS	B	-1,070,124	CAFETERIA	11.00	0	33.37
33.38	PENSION EXPENSE	A	8,214,228	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.38
33.39	WEGMILLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-BLDG & FIXT	1.00	11	33.39
33.40	1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-BLDG & FIXT	1.00	11	33.40
33.41	OTHER CARRYFORWARD ADJUSTMENTS	A	153,996	CAP REL COSTS-BLDG & FIXT	1.00	9	33.41
33.42	HHA USEFUL LIFE	A	22,859	CAP REL COSTS-BLDG & FIXT	1.00	9	33.42
33.43	PENALTY TAX	A	-18,584	ADMINISTRATIVE & GENERAL	5.00	0	33.43
33.44	PAOLI HOSPITAL OPERATING EXPENSE	A	19,324,896	IU HEALTH PAOLI HOSPITAL	194.00	0	33.44
33.45	BEDFORD HOSPITAL OPERATING EXPENSE	A	41,594,253	IU HEALTH BEDFORD HOSPITAL	194.01	0	33.45
33.46	MORGAN HOSPITAL OPERATING EXPENSE	A	18,084,812	IU HEALTH MORGAN HOSPITAL	194.02	0	33.46
33.47	PAOLI CAH HIT ADJUSTMENT FOR DEPR	A	-33,577	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.47
33.48			0		0.00	0	33.48
33.49			0		0.00	0	33.49
33.50			0		0.00	0	33.50
33.51			0		0.00	0	33.51
33.52			0		0.00	0	33.52
33.53			0		0.00	0	33.53
33.54			0		0.00	0	33.54
33.55			0		0.00	0	33.55
33.56			0		0.00	0	33.56
33.57			0		0.00	0	33.57

Provider CCN: 150051 Period: From 01/01/2015 To 12/31/2015 Worksheet A-8
 Date/Time Prepared: 5/27/2016 1:53 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.58		0			0	33.58
33.59		0			0	33.59
33.60		0			0	33.60
33.61		0			0	33.61
33.62		0			0	33.62
33.63		0			0	33.63
33.64		0			0	33.64
33.65		0			0	33.65
33.66		0			0	33.66
33.67		0			0	33.67
33.68		0			0	33.68
33.69		0			0	33.69
33.70		0			0	33.70
33.71		0			0	33.71
33.72		0			0	33.72
33.73		0			0	33.73
33.74		0			0	33.74
33.75		0			0	33.75
33.76		0			0	33.76
33.77		0			0	33.77
33.78		0			0	33.78
33.79		0			0	33.79
33.80		0			0	33.80
33.81		0			0	33.81
33.82		0			0	33.82
33.83		0			0	33.83
33.84		0			0	33.84
33.85		0			0	33.85
33.86		0			0	33.86
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	56,692,080				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: 150051

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2016 1:53 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	IU HEALTH HOME OFFICE EXP AL 2,563,975	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	IU HEALTH HOME OFFICE EXP AL 678,977	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	IU HEALTH HOME OFFICE EXP AL 17,279,226	5,177	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	IU HEALTH HOME OFFICE EXP AL 42,585,795	41,418,691	4.00
4.01	10.00	DIETARY	IU HEALTH HOME OFFICE EXP AL 0	-50	4.01
4.02	15.00	PHARMACY	IU HEALTH HOME OFFICE EXP AL 0	-6,905	4.02
4.03	30.00	ADULTS & PEDIATRICS	IU HEALTH HOME OFFICE EXP AL 616,987	616,987	4.03
4.04	43.00	NURSERY	IU HEALTH HOME OFFICE EXP AL 108,024	108,024	4.04
4.05	50.00	OPERATING ROOM	IU HEALTH HOME OFFICE EXP AL 197,954	197,954	4.05
4.06	60.00	LABORATORY	IU HEALTH HOME OFFICE EXP AL 8,426,350	8,426,350	4.06
4.07	66.00	PHYSICAL THERAPY	IU HEALTH HOME OFFICE EXP AL 249,942	249,942	4.07
4.08	91.00	EMERGENCY	IU HEALTH SOUTHERN IN PHYSIC 5,591,954	0	4.08
4.09	95.00	AMBULANCE SERVICES	IU HEALTH HOME OFFICE EXP AL 87,268	87,268	4.09
4.10	113.00	INTEREST EXPENSE	IU HEALTH HOME OFFICE EXP AL 1,388,681	1,388,681	4.10
4.11	0.00		0	0	4.11
4.12	0.00		0	0	4.12
4.13	0.00		0	0	4.13
4.14	0.00		0	0	4.14
4.15	0.00		0	0	4.15
5.00	0		79,775,133	52,492,119	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	Name	Percentage of Ownership	Related Organization(s) and/or Home Office
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	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	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: 150051

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2016 1:53 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	2,563,975	9	1.00
2.00	678,977	9	2.00
3.00	17,274,049	0	3.00
4.00	1,167,104	0	4.00
4.01	50	0	4.01
4.02	6,905	0	4.02
4.03	0	0	4.03
4.04	0	0	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	5,591,954	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
5.00	27,283,014		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	PHYSICIAN GROUP	6.00
7.00	HOSPITAL	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: 150051

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2016 1:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,600,008	1,600,008	0	171,400	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	554,245	554,245	0	204,100	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	994,442	994,442	0	204,100	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	2,062,224	2,062,224	0	171,400	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	753,500	753,500	0	200,300	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	339,058	0	339,058	204,100	1,170	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	136,700	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	577,850	577,850	0	231,100	0	8.00
9.00	91.00	EMERGENCY	5,277,040	5,277,040	0	171,400	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	137,943	137,943	0	171,400	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	38,800	38,800	0	231,100	0	11.00
12.00	60.00	LABORATORY	308,568	0	308,568	219,500	2,789	12.00
13.00	30.00	ADULTS & PEDIATRICS	350,392	331,157	19,234	142,500	178	13.00
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	440,115	416,833	23,282	142,500	206	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	267,853	267,853	0	142,500	0	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	154,899	154,899	0	152,100	0	16.00
17.00	30.00	ADULTS & PEDIATRICS	14,246	14,246	0	142,500	0	17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	163,714	163,714	0	142,500	0	18.00
19.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	137,930	19,479	118,451	142,500	2,418	19.00
20.00	69.00	ELECTROCARDIOLOGY	107,511	32,925	74,585	142,500	1,443	20.00
21.00	5.00	ADMINISTRATIVE & GENERAL	62,500	62,500	0	219,500	0	21.00
22.00	66.00	PHYSICAL THERAPY	126,887	126,887	0	136,700	0	22.00
200.00			14,469,725	13,586,545	883,178		8,204	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	114,806	5,740	0	0	0	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	11.00
12.00	60.00	LABORATORY	294,320	14,716	0	0	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	12,195	610	0	0	0	13.00
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,113	706	0	0	0	14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	16.00
17.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	18.00
19.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	165,656	8,283	0	0	0	19.00
20.00	69.00	ELECTROCARDIOLOGY	98,859	4,943	0	0	0	20.00
21.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	0	0	22.00
200.00			699,949	34,998	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,600,008		1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	554,245		2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	994,442		3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	2,062,224		4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	753,500		5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	0	114,806	224,252	224,252		6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0		7.00
8.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	577,850		8.00
9.00	91.00	EMERGENCY	0	0	0	5,277,040		9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	137,943		10.00
11.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	38,800		11.00
12.00	60.00	LABORATORY	0	294,320	14,248	14,248		12.00
13.00	30.00	ADULTS & PEDIATRICS	0	12,195	7,039	338,197		13.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150051

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2016 1:53 pm

	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		
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	14,113	9,169	426,002		14.00
15.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	267,853		15.00
16.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	154,899		16.00
17.00	30.00	ADULTS & PEDIATRICS	0	0	0	14,246		17.00
18.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	163,714		18.00
19.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	165,656	0	19,479		19.00
20.00	69.00	ELECTROCARDIOLOGY	0	98,859	0	32,926		20.00
21.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	62,500		21.00
22.00	66.00	PHYSICAL THERAPY	0	0	0	126,887		22.00
200.00			0	699,949	254,708	13,841,255		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	12,821,276	12,821,276			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	11,240,592		11,240,592		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,524,820	40,384	157,134	27,722,338	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	52,722,259	2,365,808	2,721,702	2,885,237	60,695,006
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	9,923,939	1,704,509	1,420,010	701,674	13,750,132
8.00 00800	LAUNDRY & LINEN SERVICE	398,702	245,472	166,144	0	810,318
9.00 00900	HOUSEKEEPING	2,062,950	58,488	44,003	415,797	2,581,238
10.00 01000	DIETARY	2,053,172	168,918	152,187	360,816	2,735,093
11.00 01100	CAFETERIA	-125,383	112,183	75,930	201,561	264,291
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	4,428,197	164,481	212,292	945,115	5,750,085
14.00 01400	CENTRAL SERVICES & SUPPLY	11,837,904	73,366	49,656	330	11,961,256
15.00 01500	PHARMACY	4,927,706	1,864	0	1,251,466	6,181,036
16.00 01600	MEDICAL RECORDS & LIBRARY	345,954	99,878	75,803	0	521,635
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01 01851	CENTRAL STERILIZATION	431,086	57,984	39,246	105,797	634,113
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	46,030	0	0	0	46,030
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,766,078	2,303,442	1,491,019	5,689,334	34,249,873
31.00 03100	INTENSIVE CARE UNIT	3,346,916	191,590	129,675	721,361	4,389,542
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	868,330	226,735	153,462	223,671	1,472,198
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,402,330	110,953	75,097	328,474	1,916,854
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,188,525	920,064	622,731	1,703,345	11,434,665
50.01 05001	CV SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	976,488	64,603	43,725	254,499	1,339,315
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,341,163	645,059	436,598	779,688	5,202,508
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,677,537	352,118	278,329	830,572	5,138,556
55.00 05500	RADIOLOGY-THERAPEUTIC	3,193,351	426,491	288,664	575,548	4,484,054
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	860,571	25,151	17,023	158,635	1,061,380
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	459,284	36,189	24,494	88,997	608,964
59.00 05900	CARDIAC CATHETERIZATION	1,513,688	120,778	81,747	285,056	2,001,269
60.00 06000	LABORATORY	9,775,638	296,372	225,555	0	10,297,565
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
60.02 06002	PHYSICIAN LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	101,644	0	0	21,604	123,248
65.00 06500	RESPIRATORY THERAPY	1,781,414	24,611	29,781	448,566	2,284,372
66.00 06600	PHYSICAL THERAPY	7,621,673	165,786	434,857	1,977,144	10,199,460
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	735,668	45,735	34,110	188,229	1,003,742
70.00 07000	ELECTROENCEPHALOGRAPHY	1,036,005	68,332	46,249	263,011	1,413,597
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,246,483	0	0	0	9,246,483
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	10,692,449	0	0	0	10,692,449
73.00 07300	DRUGS CHARGED TO PATIENTS	19,818,448	108,529	88,599	214,540	20,230,116
74.00 07400	RENAL DIALYSIS	807,414	14,692	9,944	0	832,050
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,110,968	0	96,410	393,901	1,601,279
76.97 07697	CARDIAC REHABILITATION	701,374	70,084	52,458	196,599	1,020,515

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/27/2016 1:53 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
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	1,407,141	0	87,691	370,531	1,865,363	90.00	
91.00 09100 EMERGENCY	5,709,419	493,667	334,130	1,120,624	7,657,840	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	5,102,876	189,297	178,599	1,206,146	6,676,918	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	5,331,005	282,612	209,453	1,190,366	7,013,436	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	3,950,914	89,419	186,701	764,171	4,991,205	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	278,163,998	12,365,644	10,771,208	26,862,405	276,379,049	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	148,168	17,582	11,900	18,093	195,743	190.00	
190.01 19001 PROMPTCARE	1,375,028	159,745	181,073	249,035	1,964,881	190.01	
190.02 19002 RENTAL PROPERTIES	50,090	78,940	0	0	129,030	190.02	
190.03 19003 OLCOTT	285,358	51,272	34,703	70,776	442,109	190.03	
190.04 19004 PHYSICIAN RECRUITMENT	432,811	0	0	0	432,811	190.04	
190.05 19005 FOUNDATION	746,019	0	81,356	163,704	991,079	190.05	
190.06 19006 MARKETING	265,734	0	0	0	265,734	190.06	
190.07 19007 HME STORE	185,286	0	80,763	221,251	487,300	190.07	
190.08 19008 UNUSED SPACE	323,967	148,093	79,589	0	551,649	190.08	
190.09 19009 CLINICAL TRIALS	386,708	0	0	50,415	437,123	190.09	
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	322,457	0	0	85,529	407,986	190.10	
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	
194.00 07950 IU HEALTH PAOLI HOSPITAL	19,324,896	0	0	0	19,324,896	194.00	
194.01 07951 IU HEALTH BEDFORD HOSPITAL	41,594,253	0	0	0	41,594,253	194.01	
194.02 07952 IU HEALTH MORGAN HOSPITAL	18,084,812	0	0	0	18,084,812	194.02	
194.03 07953 IU HEALTH SIP	4,306	0	0	1,130	5,436	194.03	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	361,693,891	12,821,276	11,240,592	27,722,338	361,693,891	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/27/2016 1:53 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	60,695,006				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	2,772,645	0	16,522,777		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	163,397	0	400,044	1,373,759	8.00
9.00	00900	HOUSEKEEPING	520,494	0	105,951	0	3,207,683
10.00	01000	DIETARY	551,518	0	366,438	8,384	13,019
11.00	01100	CAFETERIA	53,293	0	182,824	6,218	6,382
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,159,476	0	511,160	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	2,411,927	0	119,563	0	15,316
15.00	01500	PHARMACY	1,246,375	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	105,185	0	182,520	0	8,934
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	127,866	0	94,496	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	9,282	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,906,316	0	3,590,091	399,912	1,356,488
31.00	03100	INTENSIVE CARE UNIT	885,129	0	312,232	101,269	225,911
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	296,861	0	369,507	33,628	87,557
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	386,524	0	180,819	6,870	132,483
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	2,305,743	0	1,499,419	167,633	228,464
50.01	05001	CV SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	270,066	0	105,283	0	16,082
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,049,060	0	1,051,246	143,886	378,561
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,036,164	0	670,163	76,877	75,559
55.00	05500	RADIOLOGY-THERAPEUTIC	904,187	0	695,048	15,964	13,274
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	214,022	0	40,989	0	5,871
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	122,795	0	58,976	0	8,424
59.00	05900	CARDIAC CATHETERIZATION	403,546	0	196,831	41,706	60,498
60.00	06000	LABORATORY	2,076,452	0	543,094	0	1,787
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	24,852	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	460,632	0	71,708	0	0
66.00	06600	PHYSICAL THERAPY	2,056,670	0	1,047,053	53,843	61,519
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	202,400	0	82,130	29,705	25,271
70.00	07000	ELECTROENCEPHALOGRAPHY	285,045	0	111,360	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,864,507	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,156,079	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,079,302	0	213,330	0	87,812
74.00	07400	RENAL DIALYSIS	167,779	0	23,943	0	511
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	322,890	0	232,138	0	0
76.97	07697	CARDIAC REHABILITATION	205,782	0	126,309	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	376,141	0	211,143	0	0
91.00	09100	EMERGENCY	1,544,165	0	804,523	215,101	357,884

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	1,346,367	0	430,033	49,426	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,414,224	0	504,323	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,006,452	0	449,540	18,452	36,758	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	43,491,610	0	15,584,227	1,368,874	3,204,365	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,471	0	28,653	0	3,318	190.00
190.01	19001 PROMPTCARE	396,208	0	435,989	4,885	0	190.01
190.02	19002 RENTAL PROPERTIES	26,018	0	0	0	0	190.02
190.03	19003 OLCOTT	89,149	0	83,558	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	87,274	0	0	0	0	190.04
190.05	19005 FOUNDATION	199,846	0	195,889	0	0	190.05
190.06	19006 MARKETING	53,584	0	0	0	0	190.06
190.07	19007 HME STORE	98,262	0	194,461	0	0	190.07
190.08	19008 UNUSED SPACE	111,237	0	0	0	0	190.08
190.09	19009 CLINICAL TRIALS	88,144	0	0	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	82,268	0	0	0	0	190.10
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
194.00	07950 IU HEALTH PAOLI HOSPITAL	3,896,769	0	0	0	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	8,387,358	0	0	0	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	3,646,712	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	1,096	0	0	0	0	194.03
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)	60,695,006	0	16,522,777	1,373,759	3,207,683	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,674,452					10.00
11.00	01100	CAFETERIA	0	513,008				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	17,832		7,438,553		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9		0	14,508,071	14.00
15.00	01500	PHARMACY	0	19,794		0	4,901,790	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		0	12	16.00
17.00	01700	SOCIAL SERVICE	0	0		0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0		0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	3,864		0	37,597	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0	0	22.00
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,184,384	136,713	0	3,229,461	493,941	30.00
31.00	03100	INTENSIVE CARE UNIT	285,863	16,443	0	450,688	134,426	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	204,205	5,191	0	149,268	13,286	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	6,020	0	214,394	45,886	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	35,818	0	743,584	1,114,557	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	5,142	0	156,415	14,795	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	15,927	0	476,526	98,313	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,373	0	111,462	64,137	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	10,810	0	51,475	114,503	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	3,154	0	0	58,082	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,737	0	0	19,210	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,244	0	153,668	147,219	59.00
60.00	06000	LABORATORY	0	488	0	0	374,248	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	579	0	13,157	4,177	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,266	0	0	78,023	65.00
66.00	06600	PHYSICAL THERAPY	0	41,673	0	147,308	52,412	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	3,921	0	29,875	24,975	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,851	0	13	9,780	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,559,519	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,959,777	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,659	0	134,095	33,755	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	8,175	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,083	0	65,696	448	75.01
76.97	07697	CARDIAC REHABILITATION	0	3,884	0	40,559	1,848	76.97
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	7,689	0	83,841	5,482	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	27,366	0	668,869	256,896	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	37,140	0	739	76,828	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	26,172	0	213,449	131,994	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	17,966	0	263,947	125,376	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,674,452	496,808	0	7,398,489	13,961,467	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	829	0	0	2	190.00
190.01	19001	PROMPTCARE	0	6,524	0	33,981	43,309	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	1,458	0	131	985	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	2,502	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	2,991	0	294	495,882	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	954	0	5,408	11	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	928	0	250	0	190.10
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
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	14	0	0	6,415	194.03
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)	3,674,452	513,008	0	7,438,553	14,508,071	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part I Date/Time Prepared: 5/27/2016 1:53 pm
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	CENTRAL STERILIZATION	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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	12,348,995				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	818,286			16.00
17.00 01700	SOCIAL SERVICE	0	0	0		17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	0	0	0	897,936	18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	71,409	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	10,991	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	3,038	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	6,856	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	125,012	0	0	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	16,309	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	21,787	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	30,029	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	45,272	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	22,062	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,255	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	43,640	0	0	59.00
60.00 06000	LABORATORY	0	86,917	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
60.02 06002	PHYSICIAN LABORATORY	0	0	0	0	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	533	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	7,171	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	19,746	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	14,889	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	11,577	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	29,288	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	63,371	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,348,995	93,377	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	2,252	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,838	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	0	1,982	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	CENTRAL STERILIZATION	
				18.00	18.01	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	875	0	0	0	90.00
91.00 09100 EMERGENCY	0	57,177	0	0	2,019	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	25,633	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	12,348,995	818,286	0	0	895,761	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 PROMPTCARE	0	0	0	0	0	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003 OLCOTT	0	0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	0	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
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
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	0	0	2,175	194.03
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)	12,348,995	818,286	0	0	897,936	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY RESIDENCY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01 01851 CENTRAL STERILIZATION						18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL		0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMED PRGM-PHARMACY RESIDENCY					55,312	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	55,312	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
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY RESIDENCY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
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
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	55,312	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 PROMPTCARE	0	0	0	0	0	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003 OLCOTT	0	0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	0	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
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
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	0	0	0	194.03
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	0	55,312	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				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				16.00
17.00	01700				17.00
18.00	01850				18.00
18.01	01851				18.01
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	53,630,455	0	53,630,455	30.00
31.00	03100	6,813,550	0	6,813,550	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	2,635,485	0	2,635,485	41.00
42.00	04200	0	0	0	42.00
43.00	04300	2,897,980	0	2,897,980	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	18,523,660	0	18,523,660	50.00
50.01	05001	0	0	0	50.01
51.00	05100	1,923,407	0	1,923,407	51.00
52.00	05200	8,438,218	0	8,438,218	52.00
53.00	05300	0	0	0	53.00
54.00	05400	7,222,097	0	7,222,097	54.00
55.00	05500	6,334,587	0	6,334,587	55.00
56.00	05600	0	0	0	56.00
57.00	05700	1,405,560	0	1,405,560	57.00
58.00	05800	825,361	0	825,361	58.00
59.00	05900	3,058,038	0	3,058,038	59.00
60.00	06000	13,380,551	0	13,380,551	60.00
60.01	06001	0	0	0	60.01
60.02	06002	0	0	0	60.02
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	0	0	0	63.00
64.00	06400	166,546	0	166,546	64.00
65.00	06500	2,913,657	0	2,913,657	65.00
66.00	06600	13,679,684	0	13,679,684	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	1,416,908	0	1,416,908	69.00
70.00	07000	1,840,174	0	1,840,174	70.00
71.00	07100	13,699,797	0	13,699,797	71.00
72.00	07200	15,871,676	0	15,871,676	72.00
73.00	07300	37,280,753	0	37,280,753	73.00
74.00	07400	1,034,710	0	1,034,710	74.00
75.00	07500	0	0	0	75.00
75.01	03550	2,231,372	0	2,231,372	75.01
76.97	07697	1,400,879	0	1,400,879	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	2,550,534	0	2,550,534	90.00
91.00	09100	EMERGENCY	11,591,840	0	11,591,840	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	8,643,084	0	8,643,084	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	9,303,598	0	9,303,598	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	6,909,696	0	6,909,696	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	257,623,857	0	257,623,857	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	268,016	0	268,016	190.00
190.01	19001	PROMPTCARE	2,885,777	0	2,885,777	190.01
190.02	19002	RENTAL PROPERTIES	155,048	0	155,048	190.02
190.03	19003	OLCOTT	617,390	0	617,390	190.03
190.04	19004	PHYSICIAN RECRUITMENT	520,085	0	520,085	190.04
190.05	19005	FOUNDATION	1,389,316	0	1,389,316	190.05
190.06	19006	MARKETING	319,318	0	319,318	190.06
190.07	19007	HME STORE	1,279,190	0	1,279,190	190.07
190.08	19008	UNUSED SPACE	662,886	0	662,886	190.08
190.09	19009	CLINICAL TRIALS	531,640	0	531,640	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	491,432	0	491,432	190.10
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
194.00	07950	IU HEALTH PAOLI HOSPITAL	23,221,665	0	23,221,665	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	49,981,611	0	49,981,611	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	21,731,524	0	21,731,524	194.02
194.03	07953	IU HEALTH SIP	15,136	0	15,136	194.03
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	361,693,891	0	361,693,891	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 1:53 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	40,384	157,134	197,518	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,365,808	2,721,702	5,087,510	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	1,704,509	1,420,010	3,124,519	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	245,472	166,144	411,616	8.00
9.00 00900	HOUSEKEEPING	0	58,488	44,003	102,491	9.00
10.00 01000	DIETARY	0	168,918	152,187	321,105	10.00
11.00 01100	CAFETERIA	0	112,183	75,930	188,113	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	164,481	212,292	376,773	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	73,366	49,656	123,022	14.00
15.00 01500	PHARMACY	0	1,864	0	1,864	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	99,878	75,803	175,681	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	0	57,984	39,246	97,230	18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,303,442	1,491,019	3,794,461	30.00
31.00 03100	INTENSIVE CARE UNIT	0	191,590	129,675	321,265	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	226,735	153,462	380,197	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	110,953	75,097	186,050	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	920,064	622,731	1,542,795	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	64,603	43,725	108,328	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	645,059	436,598	1,081,657	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	352,118	278,329	630,447	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	426,491	288,664	715,155	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	25,151	17,023	42,174	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	36,189	24,494	60,683	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	120,778	81,747	202,525	59.00
60.00 06000	LABORATORY	0	296,372	225,555	521,927	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
60.02 06002	PHYSICIAN LABORATORY	0	0	0	0	60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	24,611	29,781	54,392	65.00
66.00 06600	PHYSICAL THERAPY	0	165,786	434,857	600,643	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	45,735	34,110	79,845	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	68,332	46,249	114,581	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	108,529	88,599	197,128	73.00
74.00 07400	RENAL DIALYSIS	0	14,692	9,944	24,636	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	96,410	96,410	75.01
76.97 07697	CARDIAC REHABILITATION	0	70,084	52,458	122,542	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
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	87,691	87,691	2,640	90.00
91.00 09100 EMERGENCY	0	493,667	334,130	827,797	7,985	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	189,297	178,599	367,896	8,594	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	282,612	209,453	492,065	8,482	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	89,419	186,701	276,120	5,445	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	12,365,644	10,771,208	23,136,852	191,391	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,582	11,900	29,482	129	190.00
190.01 19001 PROMPTCARE	0	159,745	181,073	340,818	1,775	190.01
190.02 19002 RENTAL PROPERTIES	0	78,940	0	78,940	0	190.02
190.03 19003 OLCOTT	0	51,272	34,703	85,975	504	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	81,356	81,356	1,166	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	80,763	80,763	1,577	190.07
190.08 19008 UNUSED SPACE	0	148,093	79,589	227,682	0	190.08
190.09 19009 CLINICAL TRIALS	0	0	0	0	359	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	609	190.10
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
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	0	0	8	194.03
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	12,821,276	11,240,592	24,061,868	197,518	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 1:53 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,108,069				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	233,340	0	3,362,859		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,751	0	81,420	506,787	8.00
9.00	00900	HOUSEKEEPING	43,804	0	21,564	0	170,822
10.00	01000	DIETARY	46,415	0	74,581	3,093	693
11.00	01100	CAFETERIA	4,485	0	37,210	2,294	340
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	97,579	0	104,036	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	202,983	0	24,335	0	816
15.00	01500	PHARMACY	104,892	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	8,852	0	37,148	0	476
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	10,761	0	19,233	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PHARMACY RESIDENCY	781	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	581,220	0	730,687	147,531	72,236
31.00	03100	INTENSIVE CARE UNIT	74,491	0	63,548	37,359	12,031
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	24,983	0	75,205	12,405	4,663
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	32,529	0	36,802	2,534	7,055
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	194,046	0	305,175	61,841	12,167
50.01	05001	CV SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	22,728	0	21,428	0	856
52.00	05200	DELIVERY ROOM & LABOR ROOM	88,287	0	213,959	53,080	20,160
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	87,201	0	136,397	28,360	4,024
55.00	05500	RADIOLOGY-THERAPEUTIC	76,094	0	141,462	5,889	707
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	18,012	0	8,342	0	313
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,334	0	12,003	0	449
59.00	05900	CARDIAC CATHETERIZATION	33,962	0	40,061	15,386	3,222
60.00	06000	LABORATORY	174,750	0	110,535	0	95
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	2,092	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	38,766	0	14,595	0	0
66.00	06600	PHYSICAL THERAPY	173,085	0	213,105	19,863	3,276
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	17,034	0	16,716	10,958	1,346
70.00	07000	ELECTROENCEPHALOGRAPHY	23,989	0	22,665	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	156,913	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	181,451	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	343,305	0	43,419	0	4,676
74.00	07400	RENAL DIALYSIS	14,120	0	4,873	0	27
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	27,174	0	47,247	0	0
76.97	07697	CARDIAC REHABILITATION	17,318	0	25,707	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	31,655	0	42,974	0	0
91.00	09100	EMERGENCY	129,954	0	163,744	79,352	19,059

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	113,307	0	87,524	18,233	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	119,018	0	102,644	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	84,701	0	91,494	6,807	1,958	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	3,660,162	0	3,171,838	504,985	170,645	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,322	0	5,832	0	177	190.00
190.01	19001 PROMPTCARE	33,344	0	88,736	1,802	0	190.01
190.02	19002 RENTAL PROPERTIES	2,190	0	0	0	0	190.02
190.03	19003 OLCOTT	7,503	0	17,006	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	7,345	0	0	0	0	190.04
190.05	19005 FOUNDATION	16,819	0	39,869	0	0	190.05
190.06	19006 MARKETING	4,510	0	0	0	0	190.06
190.07	19007 HME STORE	8,269	0	39,578	0	0	190.07
190.08	19008 UNUSED SPACE	9,361	0	0	0	0	190.08
190.09	19009 CLINICAL TRIALS	7,418	0	0	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	6,924	0	0	0	0	190.10
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
194.00	07950 IU HEALTH PAOLI HOSPITAL	327,943	0	0	0	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	705,968	0	0	0	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	306,899	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	92	0	0	0	0	194.03
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)	5,108,069	0	3,362,859	506,787	170,822	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150051		Period: From 01/01/2015 To 12/31/2015		Worksheet B Part II Date/Time Prepared: 5/27/2016 1:53 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	448,458					10.00
11.00	01100	CAFETERIA	0	187,943				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	6,533	0	591,655		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3	0	0	351,161	14.00
15.00	01500	PHARMACY	0	7,252	0	0	118,648	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	1,416	0	0	910	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	388,646	50,082	0	256,869	11,956	30.00
31.00	03100	INTENSIVE CARE UNIT	34,889	6,024	0	35,847	3,254	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	24,923	1,902	0	11,873	322	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,206	0	17,053	1,111	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	13,122	0	59,144	26,977	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	1,884	0	12,441	358	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,835	0	37,902	2,380	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,731	0	8,866	1,552	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,960	0	4,094	2,771	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	1,155	0	0	1,406	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	636	0	0	465	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,287	0	12,223	3,563	59.00
60.00	06000	LABORATORY	0	179	0	0	9,058	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	212	0	1,046	101	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,395	0	0	1,888	65.00
66.00	06600	PHYSICAL THERAPY	0	15,267	0	11,717	1,269	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	1,437	0	2,376	604	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,144	0	1	237	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	61,951	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	71,639	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,707	0	10,666	817	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	198	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,595	0	5,225	11	75.01
76.97	07697	CARDIAC REHABILITATION	0	1,423	0	3,226	45	76.97
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	2,817	0	6,669	133	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
91.00	09100	EMERGENCY	0	10,026	0	53,201	6,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	13,607	0	59	1,860	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	9,588	0	16,977	3,195	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	6,582	0	20,994	3,035	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	448,458	182,007	0	588,469	337,932	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	304	0	0	0	190.00
190.01	19001	PROMPTCARE	0	2,390	0	2,703	1,048	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	534	0	10	24	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	917	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	1,096	0	23	12,002	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	350	0	430	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	340	0	20	0	190.10
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
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	5	0	0	155	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	45,935	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	448,458	233,878	0	591,655	351,161	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	CENTRAL STERILIZATION	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	241,573					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	222,157				16.00
17.00 01700 SOCIAL SERVICE	0	0	0			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01 01851 CENTRAL STERILIZATION	0	0	0	0	130,304	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	19,403	0	0	1,722	30.00
31.00 03100 INTENSIVE CARE UNIT	0	2,987	0	0	153	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	826	0	0	108	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	1,863	0	0	185	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	33,775	0	0	126,070	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	4,431	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,920	0	0	59	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	8,160	0	0	113	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	12,301	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	5,995	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,428	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	11,858	0	0	496	59.00
60.00 06000 LABORATORY	0	23,618	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	145	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	1,949	0	0	361	65.00
66.00 06600 PHYSICAL THERAPY	0	5,366	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	4,046	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	3,146	0	0	428	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,958	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	17,220	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	241,573	25,373	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	612	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	499	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	539	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	CENTRAL STERILIZATION	
				18.00	18.01	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	238	0	0	0	90.00
91.00 09100 EMERGENCY	0	15,536	0	0	293	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	6,965	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	241,573	222,157	0	0	129,988	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 PROMPTCARE	0	0	0	0	0	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003 OLCOTT	0	0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	0	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
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
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	0	0	316	194.03
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)	241,573	222,157	0	0	130,304	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM-PHARMACY RESIDENCY
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
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
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01 01851	CENTRAL STERILIZATION					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			0		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00 02300	PARAMED PRGM-PHARMACY RESIDENCY					781 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
45.00 04500	NURSING FACILITY					45.00
46.00 04600	OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 05001	CV SURGERY					50.01
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD LABORATORY					60.01
60.02 06002	PHYSICIAN LABORATORY					60.02
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00
74.00 07400	RENAL DIALYSIS					74.00
75.00 07500	ASC (NON-DISTINCT PART)					75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					75.01
76.97 07697	CARDIAC REHABILITATION					76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC					88.00

ALLOCATION OF CAPITAL RELATED COSTS

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY RESIDENCY		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			19.00	20.00			21.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00 09000	CLINIC						90.00
91.00 09100	EMERGENCY						91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400	HOME PROGRAM DIALYSIS						94.00
95.00 09500	AMBULANCE SERVICES						95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED						96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD						97.00
98.00 09850	OTHER REIMBURSABLE COST CENTERS						98.00
99.00 09900	CMHC						99.00
99.10 09910	CORF						99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM						100.00
101.00 10100	HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500	KIDNEY ACQUISITION						105.00
106.00 10600	HEART ACQUISITION						106.00
107.00 10700	LIVER ACQUISITION						107.00
108.00 10800	LUNG ACQUISITION						108.00
109.00 10900	PANCREAS ACQUISITION						109.00
110.00 11000	INTESTINAL ACQUISITION						110.00
111.00 11100	ISLET ACQUISITION						111.00
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
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01 19001	PROMPTCARE						190.01
190.02 19002	RENTAL PROPERTIES						190.02
190.03 19003	OLCOTT						190.03
190.04 19004	PHYSICIAN RECRUITMENT						190.04
190.05 19005	FOUNDATION						190.05
190.06 19006	MARKETING						190.06
190.07 19007	HME STORE						190.07
190.08 19008	UNUSED SPACE						190.08
190.09 19009	CLINICAL TRIALS						190.09
190.10 19010	MORGAN OP BEHAVIORAL HEALTH CLINIC						190.10
191.00 19100	RESEARCH						191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES						192.00
193.00 19300	NONPAID WORKERS						193.00
194.00 07950	IU HEALTH PAOLI HOSPITAL						194.00
194.01 07951	IU HEALTH BEDFORD HOSPITAL						194.01
194.02 07952	IU HEALTH MORGAN HOSPITAL						194.02
194.03 07953	IU HEALTH SIP						194.03
200.00	Cross Foot Adjustments	0	0	0	0	781	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	0	781	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet B Part II Date/Time Prepared: 5/27/2016 1:53 pm
Cost Center	Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				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				16.00
17.00	01700				17.00
18.00	01850				18.00
18.01	01851				18.01
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	6,095,337	0	6,095,337	30.00
31.00	03100	596,988	0	596,988	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	539,001	0	539,001	41.00
42.00	04200	0	0	0	42.00
43.00	04300	289,729	0	289,729	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,387,249	0	2,387,249	50.00
50.01	05001	0	0	0	50.01
51.00	05100	174,267	0	174,267	51.00
52.00	05200	1,514,795	0	1,514,795	52.00
53.00	05300	0	0	0	53.00
54.00	05400	917,769	0	917,769	54.00
55.00	05500	966,534	0	966,534	55.00
56.00	05600	0	0	0	56.00
57.00	05700	78,527	0	78,527	57.00
58.00	05800	86,632	0	86,632	58.00
59.00	05900	327,614	0	327,614	59.00
60.00	06000	840,162	0	840,162	60.00
60.01	06001	0	0	0	60.01
60.02	06002	0	0	0	60.02
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	0	0	0	63.00
64.00	06400	3,750	0	3,750	64.00
65.00	06500	118,542	0	118,542	65.00
66.00	06600	1,057,679	0	1,057,679	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	135,703	0	135,703	69.00
70.00	07000	169,065	0	169,065	70.00
71.00	07100	226,822	0	226,822	71.00
72.00	07200	270,310	0	270,310	72.00
73.00	07300	870,193	0	870,193	73.00
74.00	07400	44,466	0	44,466	74.00
75.00	07500	0	0	0	75.00
75.01	03550	181,968	0	181,968	75.01
76.97	07697	172,201	0	172,201	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	174,817	0	174,817	90.00
91.00	09100	EMERGENCY	1,313,165	0	1,313,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	618,045	0	618,045	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	751,969	0	751,969	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	497,136	0	497,136	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,420,435	0	21,420,435	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,246	0	39,246	190.00
190.01	19001	PROMPTCARE	472,616	0	472,616	190.01
190.02	19002	RENTAL PROPERTIES	81,130	0	81,130	190.02
190.03	19003	OLCOTT	111,556	0	111,556	190.03
190.04	19004	PHYSICIAN RECRUITMENT	7,345	0	7,345	190.04
190.05	19005	FOUNDATION	140,127	0	140,127	190.05
190.06	19006	MARKETING	4,510	0	4,510	190.06
190.07	19007	HME STORE	143,308	0	143,308	190.07
190.08	19008	UNUSED SPACE	237,043	0	237,043	190.08
190.09	19009	CLINICAL TRIALS	8,557	0	8,557	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	7,893	0	7,893	190.10
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
194.00	07950	IU HEALTH PAOLI HOSPITAL	327,943	0	327,943	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	705,968	0	705,968	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	306,899	0	306,899	194.02
194.03	07953	IU HEALTH SIP	576	0	576	194.03
200.00		Cross Foot Adjustments	781	0	781	200.00
201.00		Negative Cost Centers	45,935	0	45,935	201.00
202.00		TOTAL (sum lines 118-201)	24,061,868	0	24,061,868	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	687,674				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		890,755			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,166	12,452	98,130,837		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	126,891	215,680	10,213,082	-60,695,006	300,998,885
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	91,422	112,528	2,483,768	0	13,750,132
8.00 00800	LAUNDRY & LINEN SERVICE	13,166	13,166	0	0	810,318
9.00 00900	HOUSEKEEPING	3,137	3,487	1,471,828	0	2,581,238
10.00 01000	DIETARY	9,060	12,060	1,277,208	0	2,735,093
11.00 01100	CAFETERIA	6,017	6,017	713,480	0	264,291
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	8,822	16,823	3,345,492	0	5,750,085
14.00 01400	CENTRAL SERVICES & SUPPLY	3,935	3,935	1,167	0	11,961,256
15.00 01500	PHARMACY	100	0	4,429,906	0	6,181,036
16.00 01600	MEDICAL RECORDS & LIBRARY	5,357	6,007	0	0	521,635
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01 01851	CENTRAL STERILIZATION	3,110	3,110	374,498	0	634,113
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0	46,030
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	123,546	118,155	20,139,017	0	34,249,873
31.00 03100	INTENSIVE CARE UNIT	10,276	10,276	2,553,454	0	4,389,542
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	12,161	12,161	791,746	0	1,472,198
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	5,951	5,951	1,162,722	0	1,916,854
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	49,348	49,348	6,029,453	0	11,434,665
50.01 05001	CV SURGERY	0	0	0	0	0
51.00 05100	RECOVERY ROOM	3,465	3,465	900,867	0	1,339,315
52.00 05200	DELIVERY ROOM & LABOR ROOM	34,598	34,598	2,759,917	0	5,202,508
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	18,886	22,056	2,940,035	0	5,138,556
55.00 05500	RADIOLOGY-THERAPEUTIC	22,875	22,875	2,037,310	0	4,484,054
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	1,349	1,349	561,531	0	1,061,380
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	1,941	315,029	0	608,964
59.00 05900	CARDIAC CATHETERIZATION	6,478	6,478	1,009,035	0	2,001,269
60.00 06000	LABORATORY	15,896	17,874	0	0	10,297,565
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
60.02 06002	PHYSICIAN LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	76,472	0	123,248
65.00 06500	RESPIRATORY THERAPY	1,320	2,360	1,587,820	0	2,284,372
66.00 06600	PHYSICAL THERAPY	8,892	34,460	6,998,641	0	10,199,460
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	2,453	2,703	666,288	0	1,003,742
70.00 07000	ELECTROENCEPHALOGRAPHY	3,665	3,665	930,999	0	1,413,597
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	9,246,483
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	10,692,449
73.00 07300	DRUGS CHARGED TO PATIENTS	5,821	7,021	759,422	0	20,230,116
74.00 07400	RENAL DIALYSIS	788	788	0	0	832,050
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,640	1,394,319	0	1,601,279
76.97 07697	CARDIAC REHABILITATION	3,759	4,157	695,915	0	1,020,515

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
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	6,949	1,311,596	0	1,865,363	90.00
91.00 09100 EMERGENCY	26,478	26,478	3,966,754	0	7,657,840	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	10,153	14,153	4,269,484	0	6,676,918	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	15,158	16,598	4,213,626	0	7,013,436	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	4,796	14,795	2,704,992	0	4,991,205	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	663,236	853,559	95,086,873	-60,695,006	215,684,043	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	943	64,044	0	195,743	190.00
190.01 19001 PROMPTCARE	8,568	14,349	881,526	0	1,964,881	190.01
190.02 19002 RENTAL PROPERTIES	4,234	0	0	0	129,030	190.02
190.03 19003 OLCOTT	2,750	2,750	250,531	0	442,109	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	432,811	190.04
190.05 19005 FOUNDATION	0	6,447	579,474	0	991,079	190.05
190.06 19006 MARKETING	0	0	0	0	265,734	190.06
190.07 19007 HME STORE	0	6,400	783,180	0	487,300	190.07
190.08 19008 UNUSED SPACE	7,943	6,307	0	0	551,649	190.08
190.09 19009 CLINICAL TRIALS	0	0	178,456	0	437,123	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	302,753	0	407,986	190.10
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
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	19,324,896	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	41,594,253	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	18,084,812	194.02
194.03 07953 IU HEALTH SIP	0	0	4,000	0	5,436	194.03
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)	12,821,276	11,240,592	27,722,338		60,695,006	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18.644410	12.619174	0.282504		0.201645	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			197,518		5,108,069	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002013		0.016970	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

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Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		543,788				7.00
8.00	00800		13,166	1,759,054			8.00
9.00	00900	0	3,487	0	12,566		9.00
10.00	01000	0	12,060	10,735	51	220,714	10.00
11.00	01100	0	6,017	7,962	25	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	16,823	0	0	0	13.00
14.00	01400	0	3,935	0	60	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	6,007	0	35	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	0	3,110	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	118,155	512,077	5,314	191,277	30.00
31.00	03100	0	10,276	129,672	885	17,171	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	12,161	43,059	343	12,266	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	5,951	8,797	519	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	49,348	214,648	895	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	3,465	0	63	0	51.00
52.00	05200	0	34,598	184,241	1,483	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	22,056	98,438	296	0	54.00
55.00	05500	0	22,875	20,442	52	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	1,349	0	23	0	57.00
58.00	05800	0	1,941	0	33	0	58.00
59.00	05900	0	6,478	53,403	237	0	59.00
60.00	06000	0	17,874	0	7	0	60.00
60.01	06001	0	0	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
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	2,360	0	0	0	65.00
66.00	06600	0	34,460	68,944	241	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	2,703	38,036	99	0	69.00
70.00	07000	0	3,665	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	7,021	0	344	0	73.00
74.00	07400	0	788	0	2	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03550	0	7,640	0	0	0	75.01
76.97	07697	0	4,157	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.00	09000	CLINIC	0	6,949	0	0	0	90.00
91.00	09100	EMERGENCY	0	26,478	275,430	1,402	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	14,153	63,288	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	16,598	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	14,795	23,627	144	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	512,899	1,752,799	12,553	220,714	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	943	0	13	0	190.00
190.01	19001	PROMPTCARE	0	14,349	6,255	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	0	2,750	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	6,447	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	6,400	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
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
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
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	16,522,777	1,373,759	3,207,683	3,674,452	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	30.384593	0.780965	255.266831	16.648024	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	3,362,859	506,787	170,822	448,458	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	6.184136	0.288102	13.593984	2.031851	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description		CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,015,004					11.00
12.00	01200	0	0				12.00
13.00	01300	104,800	0	1,188,434			13.00
14.00	01400	50	0	0	52,411,666		14.00
15.00	01500	116,333	0	0	17,708,145	100	15.00
16.00	01600	0	0	0	42	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	22,711	0	0	135,824	0	18.01
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	803,478	0	515,961	1,784,404	0	30.00
31.00	03100	96,639	0	72,005	485,625	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	30,507	0	23,848	47,996	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	35,382	0	34,253	165,766	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	210,508	0	118,800	4,026,435	0	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	30,219	0	24,990	53,450	0	51.00
52.00	05200	93,602	0	76,133	355,164	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	107,979	0	17,808	231,700	0	54.00
55.00	05500	63,531	0	8,224	413,653	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	18,536	0	0	209,828	0	57.00
58.00	05800	10,207	0	0	69,398	0	58.00
59.00	05900	36,696	0	24,551	531,843	0	59.00
60.00	06000	2,868	0	0	1,352,002	0	60.00
60.01	06001	0	0	0	0	0	60.01
60.02	06002	0	0	0	0	0	60.02
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	3,405	0	2,102	15,090	0	64.00
65.00	06500	54,460	0	0	281,864	0	65.00
66.00	06600	244,915	0	23,535	189,343	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	23,046	0	4,773	90,223	0	69.00
70.00	07000	34,389	0	2	35,332	0	70.00
71.00	07100	0	0	0	9,246,483	0	71.00
72.00	07200	0	0	0	10,692,449	0	72.00
73.00	07300	27,384	0	21,424	121,943	100	73.00
74.00	07400	0	0	0	29,534	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03550	41,627	0	10,496	1,618	0	75.01
76.97	07697	22,826	0	6,480	6,675	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description		CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	45,188	0	13,395	19,804	90.00
91.00	09100	EMERGENCY	160,835	0	106,863	928,059	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	218,278	0	118	277,548	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	153,817	0	34,102	476,841	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	105,586	0	42,170	452,931	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,919,802	0	1,182,033	50,437,012	100
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,871	0	0	8	190.00
190.01	19001	PROMPTCARE	38,340	0	5,429	156,458	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	8,568	0	21	3,560	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	14,703	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	17,578	0	47	1,791,415	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	5,609	0	864	38	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	5,453	0	40	0	190.10
191.00	19100	RESEARCH	0	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
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	80	0	0	23,175	194.03
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)	513,008	0	7,438,553	14,508,071	12,348,995
203.00		Unit cost multiplier (Wkst. B, Part I)	0.170152	0.000000	6.259122	0.276810	123,489.950000
204.00		Cost to be allocated (per Wkst. B, Part II)	233,878	0	591,655	351,161	241,573
205.00		Unit cost multiplier (Wkst. B, Part II)	0.062336	0.000000	0.497844	0.006700	2,415.730000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)		
	16.00	17.00	18.00	18.01	19.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	1,128,382,514					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
18.01 01851 CENTRAL STERILIZATION	0	0	0	28,904		18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	98,494,741	0	0	382	0	30.00
31.00 03100 INTENSIVE CARE UNIT	15,160,291	0	0	34	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	4,190,982	0	0	24	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	9,456,956	0	0	41	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	172,139,054	0	0	27,965	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	22,494,835	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	30,050,434	0	0	13	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	41,419,927	0	0	25	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	62,444,096	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	30,430,071	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	7,247,587	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	60,192,727	0	0	110	0	59.00
60.00 06000 LABORATORY	119,886,202	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	735,624	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	9,891,660	0	0	80	0	65.00
66.00 06600 PHYSICAL THERAPY	27,236,336	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	20,536,760	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	15,968,683	0	0	95	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	40,396,576	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	87,408,699	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	128,795,373	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	3,106,544	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,534,851	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	2,734,177	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
			(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)		
			16.00	17.00		
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	1,207,395	0	0	0	0	90.00
91.00 09100 EMERGENCY	78,865,393	0	0	65	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	35,356,540	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,128,382,514	0	0	28,834	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 PROMPTCARE	0	0	0	0	0	190.01
190.02 19002 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 19003 OLCOTT	0	0	0	0	0	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	0	0	0	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19009 CLINICAL TRIALS	0	0	0	0	0	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
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
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	0	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	0	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	0	0	70	0	194.03
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)	818,286	0	0	897,936	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000725	0.000000	0.000000	31.066150	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	222,157	0	0	130,304	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000197	0.000000	0.000000	4.508165	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY RESIDENCY (COSTED REQUIS.)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		20.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
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
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01 01851 CENTRAL STERILIZATION					18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		0			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			0		22.00
23.00 02300 PARAMED PRGM-PHARMACY RESIDENCY				100	23.00
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
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	100	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
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM-PHARMACY RESIDENCY (COSTED REQUIS.)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			22.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001 PROMPTCARE	0	0	0	0	190.01
190.02	19002 RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003 OLCOTT	0	0	0	0	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005 FOUNDATION	0	0	0	0	190.05
190.06	19006 MARKETING	0	0	0	0	190.06
190.07	19007 HME STORE	0	0	0	0	190.07
190.08	19008 UNUSED SPACE	0	0	0	0	190.08
190.09	19009 CLINICAL TRIALS	0	0	0	0	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
191.00	19100 RESEARCH	0	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
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	0	0	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	0	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	0	0	0	0	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	55,312	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	553.120000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	781	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	7.810000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 1:53 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		53,630,455	7,039	53,637,494	30.00
31.00	03100 INTENSIVE CARE UNIT		6,813,550	0	6,813,550	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		2,635,485	0	2,635,485	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		2,897,980	0	2,897,980	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		18,523,660	0	18,523,660	50.00
50.01	05001 CV SURGERY		0	0	0	50.01
51.00	05100 RECOVERY ROOM		1,923,407	0	1,923,407	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,438,218	0	8,438,218	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,222,097	0	7,222,097	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		6,334,587	0	6,334,587	55.00
56.00	05600 RADIOISOTOPE		0	0	0	56.00
57.00	05700 CT SCAN		1,405,560	0	1,405,560	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		825,361	0	825,361	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,058,038	0	3,058,038	59.00
60.00	06000 LABORATORY		13,380,551	14,248	13,394,799	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY		0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		166,546	0	166,546	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,913,657	0	2,913,657	65.00
66.00	06600 PHYSICAL THERAPY	0	13,679,684	0	13,679,684	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		1,416,908	0	1,416,908	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,840,174	0	1,840,174	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,699,797	0	13,699,797	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,871,676	0	15,871,676	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		37,280,753	0	37,280,753	73.00
74.00	07400 RENAL DIALYSIS		1,034,710	0	1,034,710	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		2,231,372	9,169	2,240,541	75.01
76.97	07697 CARDIAC REHABILITATION		1,400,879	0	1,400,879	76.97
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		2,550,534	0	2,550,534	90.00
91.00	09100 EMERGENCY		11,591,840	0	11,591,840	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,409,015	0	4,409,015	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		8,643,084	0	8,643,084	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY		9,303,598	0	9,303,598	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600 HEART ACQUISITION		0	0	0	106.00
107.00	10700 LIVER ACQUISITION		0	0	0	107.00
108.00	10800 LUNG ACQUISITION		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 1:53 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	
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	6,909,696		6,909,696			116.00
200.00		Subtotal (see instructions)	262,032,872	0	262,032,872	30,456	262,063,328	200.00
201.00		Less Observation Beds	4,409,015		4,409,015		4,409,015	201.00
202.00		Total (see instructions)	257,623,857	0	257,623,857	30,456	257,654,313	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150051		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/27/2016 1:53 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	84,810,384		84,810,384			30.00
31.00	03100	INTENSIVE CARE UNIT	15,160,291		15,160,291			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 - IRF	4,190,982		4,190,982			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	9,456,956		9,456,956			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	71,267,813	100,871,241	172,139,054	0.107609	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	6,892,780	15,602,055	22,494,835	0.085504	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,118,879	1,931,555	30,050,434	0.280802	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,565,731	29,854,196	41,419,927	0.174363	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,392,793	59,051,303	62,444,096	0.101444	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	11,659,250	18,770,821	30,430,071	0.046190	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,966,850	4,280,737	7,247,587	0.113881	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,644,698	35,548,029	60,192,727	0.050804	0.000000	59.00
60.00	06000	LABORATORY	50,559,794	69,326,408	119,886,202	0.111610	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0.000000	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	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	928	734,696	735,624	0.226401	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,281,347	1,610,313	9,891,660	0.294557	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,503,392	16,732,944	27,236,336	0.502259	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,273,041	11,263,719	20,536,760	0.068994	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,158,284	11,810,399	15,968,683	0.115236	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,587,159	20,809,417	40,396,576	0.339133	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,675,569	35,733,130	87,408,699	0.181580	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,638,401	62,156,972	128,795,373	0.289457	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,106,544	0	3,106,544	0.333074	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,220	2,514,631	2,534,851	0.880277	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	347,082	2,387,095	2,734,177	0.512359	0.000000	76.97
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	33,045	1,174,350	1,207,395	2.112427	0.000000	90.00
91.00	09100	EMERGENCY	14,425,901	64,439,492	78,865,393	0.146983	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,605,106	12,079,251	13,684,357	0.322194	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	33,265	35,323,275	35,356,540	0.244455	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	3,866,826	3,866,826			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	7,144,650	7,144,650			116.00
200.00		Subtotal (see instructions)	514,376,485	625,017,505	1,139,393,990			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	514,376,485	625,017,505	1,139,393,990			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 1:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - 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	0.107609		50.00
50.01	05001 CV SURGERY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.085504		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.280802		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174363		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101444		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.046190		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113881		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050804		59.00
60.00	06000 LABORATORY	0.111729		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
60.02	06002 PHYSICIAN LABORATORY	0.000000		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.226401		64.00
65.00	06500 RESPIRATORY THERAPY	0.294557		65.00
66.00	06600 PHYSICAL THERAPY	0.502259		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.068994		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115236		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339133		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.181580		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289457		73.00
74.00	07400 RENAL DIALYSIS	0.333074		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.883895		75.01
76.97	07697 CARDIAC REHABILITATION	0.512359		76.97
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	2.112427		90.00
91.00	09100 EMERGENCY	0.146983		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.322194		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.244455		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 1:53 pm
		Title XVII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
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: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 1:53 pm		
		Title XIX	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		53,630,455	7,039	53,637,494	30.00
31.00	03100 INTENSIVE CARE UNIT		6,813,550	0	6,813,550	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		2,635,485	0	2,635,485	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		2,897,980	0	2,897,980	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		18,523,660	0	18,523,660	50.00
50.01	05001 CV SURGERY		0	0	0	50.01
51.00	05100 RECOVERY ROOM		1,923,407	0	1,923,407	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,438,218	0	8,438,218	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,222,097	0	7,222,097	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		6,334,587	0	6,334,587	55.00
56.00	05600 RADIOISOTOPE		0	0	0	56.00
57.00	05700 CT SCAN		1,405,560	0	1,405,560	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		825,361	0	825,361	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,058,038	0	3,058,038	59.00
60.00	06000 LABORATORY		13,380,551	14,248	13,394,799	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY		0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		166,546	0	166,546	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,913,657	0	2,913,657	65.00
66.00	06600 PHYSICAL THERAPY	0	13,679,684	0	13,679,684	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		1,416,908	0	1,416,908	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,840,174	0	1,840,174	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,699,797	0	13,699,797	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		15,871,676	0	15,871,676	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		37,280,753	0	37,280,753	73.00
74.00	07400 RENAL DIALYSIS		1,034,710	0	1,034,710	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		2,231,372	9,169	2,240,541	75.01
76.97	07697 CARDIAC REHABILITATION		1,400,879	0	1,400,879	76.97
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		2,550,534	0	2,550,534	90.00
91.00	09100 EMERGENCY		11,591,840	0	11,591,840	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		4,409,015	0	4,409,015	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		8,643,084	0	8,643,084	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY		9,303,598	0	9,303,598	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600 HEART ACQUISITION		0	0	0	106.00
107.00	10700 LIVER ACQUISITION		0	0	0	107.00
108.00	10800 LUNG ACQUISITION		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

			Title XIX		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	
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	6,909,696		6,909,696			116.00
200.00		Subtotal (see instructions)	262,032,872	0	262,032,872	30,456	262,063,328	200.00
201.00		Less Observation Beds	4,409,015		4,409,015		4,409,015	201.00
202.00		Total (see instructions)	257,623,857	0	257,623,857	30,456	257,654,313	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150051		Period: From 01/01/2015 To 12/31/2015		Worksheet C Part I Date/Time Prepared: 5/27/2016 1:53 pm	
			Title XIX		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	84,810,384		84,810,384			30.00
31.00	03100	INTENSIVE CARE UNIT	15,160,291		15,160,291			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 - IRF	4,190,982		4,190,982			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	9,456,956		9,456,956			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	71,267,813	100,871,241	172,139,054	0.107609	0.000000	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	6,892,780	15,602,055	22,494,835	0.085504	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	28,118,879	1,931,555	30,050,434	0.280802	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,565,731	29,854,196	41,419,927	0.174363	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,392,793	59,051,303	62,444,096	0.101444	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	11,659,250	18,770,821	30,430,071	0.046190	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,966,850	4,280,737	7,247,587	0.113881	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,644,698	35,548,029	60,192,727	0.050804	0.000000	59.00
60.00	06000	LABORATORY	50,559,794	69,326,408	119,886,202	0.111610	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0.000000	0.000000	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	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	928	734,696	735,624	0.226401	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,281,347	1,610,313	9,891,660	0.294557	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,503,392	16,732,944	27,236,336	0.502259	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	9,273,041	11,263,719	20,536,760	0.068994	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,158,284	11,810,399	15,968,683	0.115236	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,587,159	20,809,417	40,396,576	0.339133	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	51,675,569	35,733,130	87,408,699	0.181580	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	66,638,401	62,156,972	128,795,373	0.289457	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,106,544	0	3,106,544	0.333074	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	20,220	2,514,631	2,534,851	0.880277	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	347,082	2,387,095	2,734,177	0.512359	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	33,045	1,174,350	1,207,395	2.112427	0.000000	90.00
91.00	09100	EMERGENCY	14,425,901	64,439,492	78,865,393	0.146983	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,605,106	12,079,251	13,684,357	0.322194	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	33,265	35,323,275	35,356,540	0.244455	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	3,866,826	3,866,826			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00				
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	7,144,650	7,144,650			116.00
200.00		Subtotal (see instructions)	514,376,485	625,017,505	1,139,393,990			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	514,376,485	625,017,505	1,139,393,990			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 1:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - 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	0.107609		50.00
50.01	05001 CV SURGERY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.085504		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.280802		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174363		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101444		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.046190		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113881		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050804		59.00
60.00	06000 LABORATORY	0.111729		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
60.02	06002 PHYSICIAN LABORATORY	0.000000		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.226401		64.00
65.00	06500 RESPIRATORY THERAPY	0.294557		65.00
66.00	06600 PHYSICAL THERAPY	0.502259		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.068994		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115236		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339133		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.181580		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289457		73.00
74.00	07400 RENAL DIALYSIS	0.333074		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.883895		75.01
76.97	07697 CARDIAC REHABILITATION	0.512359		76.97
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	2.112427		90.00
91.00	09100 EMERGENCY	0.146983		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.322194		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.244455		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part I Date/Time Prepared: 5/27/2016 1:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
200.00	Subtotal (see instructions)	11.00		200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150051

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

Worksheet C Part II Date/Time Prepared: 5/27/2016 1:53 pm

Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	18,523,660	2,387,249	16,136,411	0	0	50.00
50.01	05001 CV SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	1,923,407	174,267	1,749,140	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,438,218	1,514,795	6,923,423	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,222,097	917,769	6,304,328	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,334,587	966,534	5,368,053	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	1,405,560	78,527	1,327,033	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	825,361	86,632	738,729	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	3,058,038	327,614	2,730,424	0	0	59.00
60.00	06000 LABORATORY	13,380,551	840,162	12,540,389	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	166,546	3,750	162,796	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,913,657	118,542	2,795,115	0	0	65.00
66.00	06600 PHYSICAL THERAPY	13,679,684	1,057,679	12,622,005	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	1,416,908	135,703	1,281,205	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,840,174	169,065	1,671,109	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,699,797	226,822	13,472,975	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,871,676	270,310	15,601,366	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,280,753	870,193	36,410,560	0	0	73.00
74.00	07400 RENAL DIALYSIS	1,034,710	44,466	990,244	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,231,372	181,968	2,049,404	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	1,400,879	172,201	1,228,678	0	0	76.97
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	2,550,534	174,817	2,375,717	0	0	90.00
91.00	09100 EMERGENCY	11,591,840	1,313,165	10,278,675	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,409,015	501,036	3,907,979	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	8,643,084	618,045	8,025,039	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	9,303,598	751,969	8,551,629	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	6,909,696	497,136	6,412,560	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	196,055,402	14,400,416	181,654,986	0	0	200.00
201.00	Less Observation Beds	4,409,015	501,036	3,907,979	0	0	201.00
202.00	Total (line 200 minus line 201)	191,646,387	13,899,380	177,747,007	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet C Part II Date/Time Prepared: 5/27/2016 1:53 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	18,523,660	172,139,054	0.107609		50.00
50.01	05001 CV SURGERY	0	0	0.000000		50.01
51.00	05100 RECOVERY ROOM	1,923,407	22,494,835	0.085504		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,438,218	30,050,434	0.280802		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,222,097	41,419,927	0.174363		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,334,587	62,444,096	0.101444		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,405,560	30,430,071	0.046190		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	825,361	7,247,587	0.113881		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,058,038	60,192,727	0.050804		59.00
60.00	06000 LABORATORY	13,380,551	119,886,202	0.111610		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0.000000		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	166,546	735,624	0.226401		64.00
65.00	06500 RESPIRATORY THERAPY	2,913,657	9,891,660	0.294557		65.00
66.00	06600 PHYSICAL THERAPY	13,679,684	27,236,336	0.502259		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	1,416,908	20,536,760	0.068994		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,840,174	15,968,683	0.115236		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,699,797	40,396,576	0.339133		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	15,871,676	87,408,699	0.181580		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	37,280,753	128,795,373	0.289457		73.00
74.00	07400 RENAL DIALYSIS	1,034,710	3,106,544	0.333074		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,231,372	2,534,851	0.880277		75.01
76.97	07697 CARDIAC REHABILITATION	1,400,879	2,734,177	0.512359		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	2,550,534	1,207,395	2.112427		90.00
91.00	09100 EMERGENCY	11,591,840	78,865,393	0.146983		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,409,015	13,684,357	0.322194		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	8,643,084	35,356,540	0.244455		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	9,303,598	3,866,826	2.406004		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	6,909,696	7,144,650	0.967115		116.00
200.00	Subtotal (sum of lines 50 thru 199)	196,055,402	1,025,775,377			200.00
201.00	Less Observation Beds	4,409,015	0			201.00
202.00	Total (line 200 minus line 201)	191,646,387	1,025,775,377			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/27/2016 1:53 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	6,095,337	0	6,095,337	48,905	124.64	30.00
31.00	INTENSIVE CARE UNIT	596,988		596,988	3,949	151.17	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	539,001	0	539,001	2,821	191.07	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	289,729		289,729	4,718	61.41	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)	7,521,055		7,521,055	60,393		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	19,337	2,410,164				30.00
31.00	INTENSIVE CARE UNIT	2,648	400,298				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	1,734	331,315				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)	23,719	3,141,777				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/27/2016 1:53 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)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,387,249	172,139,054	0.013868	34,010,587	471,659	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	174,267	22,494,835	0.007747	3,282,854	25,432	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,514,795	30,050,434	0.050408	153,487	7,737	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	917,769	41,419,927	0.022158	6,225,911	137,954	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	966,534	62,444,096	0.015478	2,163,901	33,493	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	78,527	30,430,071	0.002581	5,786,212	14,934	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	86,632	7,247,587	0.011953	1,375,712	16,444	58.00
59.00	05900 CARDIAC CATHETERIZATION	327,614	60,192,727	0.005443	10,930,010	59,492	59.00
60.00	06000 LABORATORY	840,162	119,886,202	0.007008	23,299,401	163,282	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0.000000	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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	3,750	735,624	0.005098	870	4	64.00
65.00	06500 RESPIRATORY THERAPY	118,542	9,891,660	0.011984	4,790,779	57,413	65.00
66.00	06600 PHYSICAL THERAPY	1,057,679	27,236,336	0.038833	3,016,633	117,145	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	135,703	20,536,760	0.006608	5,212,856	34,447	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	169,065	15,968,683	0.010587	2,155,527	22,821	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	226,822	40,396,576	0.005615	9,152,824	51,393	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	270,310	87,408,699	0.003092	26,543,003	82,071	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	870,193	128,795,373	0.006756	30,354,708	205,076	73.00
74.00	07400 RENAL DIALYSIS	44,466	3,106,544	0.014314	1,519,312	21,747	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	181,968	2,534,851	0.071786	10,068	723	75.01
76.97	07697 CARDIAC REHABILITATION	172,201	2,734,177	0.062981	166,032	10,457	76.97
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	174,817	1,207,395	0.144789	27,084	3,921	90.00
91.00	09100 EMERGENCY	1,313,165	78,865,393	0.016651	7,519,522	125,208	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	501,036	13,684,357	0.036614	918,657	33,636	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	12,533,266	979,407,361		178,615,950	1,696,489	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/27/2016 1:53 pm
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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	48,905	0.00	19,337	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,949	0.00	2,648	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,821	0.00	1,734	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	4,718	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	60,393		23,719	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2016 1:53 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	
50.01	05001	CV SURGERY	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
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	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
				PPS			
				Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	172,139,054	0.000000	0.000000	34,010,587	50.00	
50.01 05001 CV SURGERY	0	0	0.000000	0.000000	0	50.01	
51.00 05100 RECOVERY ROOM	0	22,494,835	0.000000	0.000000	3,282,854	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	30,050,434	0.000000	0.000000	153,487	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	41,419,927	0.000000	0.000000	6,225,911	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	62,444,096	0.000000	0.000000	2,163,901	55.00	
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00	
57.00 05700 CT SCAN	0	30,430,071	0.000000	0.000000	5,786,212	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,247,587	0.000000	0.000000	1,375,712	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	60,192,727	0.000000	0.000000	10,930,010	59.00	
60.00 06000 LABORATORY	0	119,886,202	0.000000	0.000000	23,299,401	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01	
60.02 06002 PHYSICIAN LABORATORY	0	0	0.000000	0.000000	0	60.02	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	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	735,624	0.000000	0.000000	870	64.00	
65.00 06500 RESPIRATORY THERAPY	0	9,891,660	0.000000	0.000000	4,790,779	65.00	
66.00 06600 PHYSICAL THERAPY	0	27,236,336	0.000000	0.000000	3,016,633	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	20,536,760	0.000000	0.000000	5,212,856	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	15,968,683	0.000000	0.000000	2,155,527	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,396,576	0.000000	0.000000	9,152,824	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	87,408,699	0.000000	0.000000	26,543,003	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	128,795,373	0.000000	0.000000	30,354,708	73.00	
74.00 07400 RENAL DIALYSIS	0	3,106,544	0.000000	0.000000	1,519,312	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00	
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,534,851	0.000000	0.000000	10,068	75.01	
76.97 07697 CARDIAC REHABILITATION	0	2,734,177	0.000000	0.000000	166,032	76.97	
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	1,207,395	0.000000	0.000000	27,084	90.00	
91.00 09100 EMERGENCY	0	78,865,393	0.000000	0.000000	7,519,522	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,684,357	0.000000	0.000000	918,657	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00	
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00	
200.00 Total (lines 50-199)	0	979,407,361			178,615,950	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
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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)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	23,930,160	0		50.00
50.01	05001 CV SURGERY	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	3,286,828	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	18,002	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	10,315,667	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	28,326,361	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	5,317,153	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,158,409	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	11,309,134	0		59.00
60.00	06000 LABORATORY	0	7,718,108	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	312,864	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	494,966	0		65.00
66.00	06600 PHYSICAL THERAPY	0	2,435,483	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	8,051,162	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,423,083	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,629,050	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,071,656	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	21,356,578	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
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	466,794	0		75.01
76.97	07697 CARDIAC REHABILITATION	0	1,010,278	0		76.97
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	390,639	0		90.00
91.00	09100 EMERGENCY	0	13,658,003	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,189,861	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	0	171,870,239	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 1:53 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	0.107609	23,930,160	0	0	2,575,101	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.085504	3,286,828	0	0	281,037	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.280802	18,002	0	0	5,055	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174363	10,315,667	0	0	1,798,671	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101444	28,326,361	0	0	2,873,539	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.046190	5,317,153	0	0	245,599	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113881	1,158,409	0	0	131,921	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050804	11,309,134	0	0	574,549	59.00
60.00	06000 LABORATORY	0.111610	7,718,108	5,926	0	861,418	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0.000000	0	0	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	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	0.226401	312,864	0	0	70,833	64.00
65.00	06500 RESPIRATORY THERAPY	0.294557	494,966	0	0	145,796	65.00
66.00	06600 PHYSICAL THERAPY	0.502259	2,435,483	0	0	1,223,243	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068994	8,051,162	0	0	555,482	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115236	3,423,083	0	0	394,462	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339133	7,629,050	202	0	2,587,263	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.181580	16,071,656	0	0	2,918,291	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289457	21,356,578	4,321	119,693	6,181,811	73.00
74.00	07400 RENAL DIALYSIS	0.333074	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.880277	466,794	0	0	410,908	75.01
76.97	07697 CARDIAC REHABILITATION	0.512359	1,010,278	0	0	517,625	76.97
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	2.112427	390,639	0	0	825,196	90.00
91.00	09100 EMERGENCY	0.146983	13,658,003	0	0	2,007,494	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.322194	5,189,861	2,943	0	1,672,142	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500 AMBULANCE SERVICES	0.244455		0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		171,870,239	13,392	119,693	28,857,436	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		171,870,239	13,392	119,693	28,857,436	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150051		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part V Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XVII I		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.)				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
50.01	05001	CV SURGERY	0	0			50.01
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	661	0			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
60.02	06002	PHYSICIAN LABORATORY	0	0			60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	69	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,251	34,646			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			75.01
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
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
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	948	0			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0			97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00		Subtotal (see instructions)	2,929	34,646			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	2,929	34,646			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XVII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,387,249	172,139,054	0.013868	50,315	698	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	174,267	22,494,835	0.007747	4,875	38	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,514,795	30,050,434	0.050408	155	8	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	917,769	41,419,927	0.022158	27,578	611	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	966,534	62,444,096	0.015478	54	1	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	78,527	30,430,071	0.002581	19,019	49	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	86,632	7,247,587	0.011953	9,926	119	58.00
59.00	05900 CARDIAC CATHETERIZATION	327,614	60,192,727	0.005443	39,495	215	59.00
60.00	06000 LABORATORY	840,162	119,886,202	0.007008	634,327	4,445	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0.000000	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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	3,750	735,624	0.005098	43	0	64.00
65.00	06500 RESPIRATORY THERAPY	118,542	9,891,660	0.011984	42,403	508	65.00
66.00	06600 PHYSICAL THERAPY	1,057,679	27,236,336	0.038833	2,996,575	116,366	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	135,703	20,536,760	0.006608	31,951	211	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	169,065	15,968,683	0.010587	16,089	170	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	226,822	40,396,576	0.005615	26,062	146	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	270,310	87,408,699	0.003092	19,955	62	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	870,193	128,795,373	0.006756	777,233	5,251	73.00
74.00	07400 RENAL DIALYSIS	44,466	3,106,544	0.014314	25,079	359	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	181,968	2,534,851	0.071786	1	0	75.01
76.97	07697 CARDIAC REHABILITATION	172,201	2,734,177	0.062981	1,056	67	76.97
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	174,817	1,207,395	0.144789	921	133	90.00
91.00	09100 EMERGENCY	1,313,165	78,865,393	0.016651	5,425	90	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,684,357	0.000000	6,954	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	12,032,230	979,407,361		4,735,491	129,547	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
	Title XVII	Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	172,139,054	0.000000	0.000000	50,315	50.00
50.01 05001 CV SURGERY	0	0	0.000000	0.000000	0	50.01
51.00 05100 RECOVERY ROOM	0	22,494,835	0.000000	0.000000	4,875	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	30,050,434	0.000000	0.000000	155	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	41,419,927	0.000000	0.000000	27,578	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	62,444,096	0.000000	0.000000	54	55.00
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	30,430,071	0.000000	0.000000	19,019	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,247,587	0.000000	0.000000	9,926	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	60,192,727	0.000000	0.000000	39,495	59.00
60.00 06000 LABORATORY	0	119,886,202	0.000000	0.000000	634,327	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0.000000	0.000000	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	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	735,624	0.000000	0.000000	43	64.00
65.00 06500 RESPIRATORY THERAPY	0	9,891,660	0.000000	0.000000	42,403	65.00
66.00 06600 PHYSICAL THERAPY	0	27,236,336	0.000000	0.000000	2,996,575	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	20,536,760	0.000000	0.000000	31,951	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	15,968,683	0.000000	0.000000	16,089	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,396,576	0.000000	0.000000	26,062	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	87,408,699	0.000000	0.000000	19,955	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	128,795,373	0.000000	0.000000	777,233	73.00
74.00 07400 RENAL DIALYSIS	0	3,106,544	0.000000	0.000000	25,079	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,534,851	0.000000	0.000000	1	75.01
76.97 07697 CARDIAC REHABILITATION	0	2,734,177	0.000000	0.000000	1,056	76.97
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	1,207,395	0.000000	0.000000	921	90.00
91.00 09100 EMERGENCY	0	78,865,393	0.000000	0.000000	5,425	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,684,357	0.000000	0.000000	6,954	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	979,407,361			4,735,491	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
Title XVII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	50.01
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
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
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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 PATIENTS	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
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part I Date/Time Prepared: 5/27/2016 1:53 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	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	6,095,337	0	6,095,337	48,905	124.64	30.00
31.00 INTENSIVE CARE UNIT	596,988		596,988	3,949	151.17	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	539,001	0	539,001	2,821	191.07	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	289,729		289,729	4,718	61.41	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)	7,521,055		7,521,055	60,393		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	1,551	193,317	30.00
31.00 INTENSIVE CARE UNIT	229	34,618	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	10	1,911	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	2,502	153,648	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)	4,292	383,494	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part II Date/Time Prepared: 5/27/2016 1:53 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 Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,387,249	172,139,054	0.013868	1,253,775	17,387	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	174,267	22,494,835	0.007747	144,286	1,118	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,514,795	30,050,434	0.050408	796,574	40,154	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	917,769	41,419,927	0.022158	318,000	7,046	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	966,534	62,444,096	0.015478	63,621	985	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	78,527	30,430,071	0.002581	372,731	962	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	86,632	7,247,587	0.011953	107,645	1,287	58.00
59.00	05900 CARDIAC CATHETERIZATION	327,614	60,192,727	0.005443	755,287	4,111	59.00
60.00	06000 LABORATORY	840,162	119,886,202	0.007008	2,009,465	14,082	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0.000000	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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	3,750	735,624	0.005098	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	118,542	9,891,660	0.011984	364,103	4,363	65.00
66.00	06600 PHYSICAL THERAPY	1,057,679	27,236,336	0.038833	300,179	11,657	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	135,703	20,536,760	0.006608	299,591	1,980	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	169,065	15,968,683	0.010587	156,541	1,657	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	226,822	40,396,576	0.005615	487,853	2,739	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	270,310	87,408,699	0.003092	471,064	1,457	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	870,193	128,795,373	0.006756	2,769,069	18,708	73.00
74.00	07400 RENAL DIALYSIS	44,466	3,106,544	0.014314	73,552	1,053	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	181,968	2,534,851	0.071786	463	33	75.01
76.97	07697 CARDIAC REHABILITATION	172,201	2,734,177	0.062981	12,671	798	76.97
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	174,817	1,207,395	0.144789	653	95	90.00
91.00	09100 EMERGENCY	1,313,165	78,865,393	0.016651	559,323	9,313	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	501,036	13,684,357	0.036614	50,774	1,859	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	12,533,266	979,407,361		11,367,220	142,844	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part III Date/Time Prepared: 5/27/2016 1:53 pm
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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	48,905	0.00	1,551	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,949	0.00	229	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,821	0.00	10	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	4,718	0.00	2,502	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	60,393		4,292	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150051

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

Worksheet D
Part IV
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description		Title XIX				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	
50.01	05001	CV SURGERY	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
60.02	06002	PHYSICIAN LABORATORY	0	0	0	0	0	60.02	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
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	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
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Cost Center Description		Title XIX			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	172,139,054	0.000000	0.000000	1,253,775	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	22,494,835	0.000000	0.000000	144,286	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	30,050,434	0.000000	0.000000	796,574	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	41,419,927	0.000000	0.000000	318,000	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	62,444,096	0.000000	0.000000	63,621	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	30,430,071	0.000000	0.000000	372,731	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,247,587	0.000000	0.000000	107,645	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	60,192,727	0.000000	0.000000	755,287	59.00
60.00	06000 LABORATORY	0	119,886,202	0.000000	0.000000	2,009,465	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0.000000	0.000000	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	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	735,624	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	9,891,660	0.000000	0.000000	364,103	65.00
66.00	06600 PHYSICAL THERAPY	0	27,236,336	0.000000	0.000000	300,179	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,536,760	0.000000	0.000000	299,591	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	15,968,683	0.000000	0.000000	156,541	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,396,576	0.000000	0.000000	487,853	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	87,408,699	0.000000	0.000000	471,064	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	128,795,373	0.000000	0.000000	2,769,069	73.00
74.00	07400 RENAL DIALYSIS	0	3,106,544	0.000000	0.000000	73,552	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,534,851	0.000000	0.000000	463	75.01
76.97	07697 CARDIAC REHABILITATION	0	2,734,177	0.000000	0.000000	12,671	76.97
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	1,207,395	0.000000	0.000000	653	90.00
91.00	09100 EMERGENCY	0	78,865,393	0.000000	0.000000	559,323	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,684,357	0.000000	0.000000	50,774	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	979,407,361			11,367,220	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
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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)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 CV SURGERY	0	0	0		50.01
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
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
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0		60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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 PATIENTS	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
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 1:53 pm			
			Title XIX	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	0.107609	0	2,823,411	0	0	50.00
50.01	05001	CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.085504	0	459,923	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280802	0	132,558	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174363	0	1,205,490	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101444	0	1,241,942	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.046190	0	610,521	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.113881	0	145,983	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050804	0	433,704	0	0	59.00
60.00	06000	LABORATORY	0.111610	0	1,370,885	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0.000000	0	0	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	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	0.226401	0	4,930	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.294557	0	68,261	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.502259	0	952,232	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068994	0	302,014	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115236	0	326,782	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339133	0	418,643	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.181580	0	1,271,417	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289457	0	2,402,259	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.333074	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.880277	0	16,794	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.512359	0	21,494	0	0	76.97
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	2.112427	0	37,256	0	0	90.00
91.00	09100	EMERGENCY	0.146983	0	3,185,820	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.322194	0	424,547	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0		0	94.00
95.00	09500	AMBULANCE SERVICES	0.244455	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		0	17,856,866	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	17,856,866	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part V Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XIX	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	303,824	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	39,325	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,223	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	210,193	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	125,988	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	28,200	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,625	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,034	0	59.00
60.00	06000	LABORATORY	153,004	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
60.02	06002	PHYSICIAN LABORATORY	0	0	60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,116	0	64.00
65.00	06500	RESPIRATORY THERAPY	20,107	0	65.00
66.00	06600	PHYSICAL THERAPY	478,267	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	20,837	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	37,657	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,976	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	230,864	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	695,351	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	14,783	0	75.01
76.97	07697	CARDIAC REHABILITATION	11,013	0	76.97
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	78,701	0	90.00
91.00	09100	EMERGENCY	468,261	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	136,786	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	3,272,135	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	3,272,135	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2015 To 12/31/2015		Worksheet D Part II Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,387,249	172,139,054	0.013868	0	0
50.01	05001	CV SURGERY	0	0	0.000000	0	0
51.00	05100	RECOVERY ROOM	174,267	22,494,835	0.007747	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,514,795	30,050,434	0.050408	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	917,769	41,419,927	0.022158	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	966,534	62,444,096	0.015478	0	0
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0
57.00	05700	CT SCAN	78,527	30,430,071	0.002581	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	86,632	7,247,587	0.011953	0	0
59.00	05900	CARDIAC CATHETERIZATION	327,614	60,192,727	0.005443	0	0
60.00	06000	LABORATORY	840,162	119,886,202	0.007008	0	0
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
60.02	06002	PHYSICIAN LABORATORY	0	0	0.000000	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0
64.00	06400	INTRAVENOUS THERAPY	3,750	735,624	0.005098	0	0
65.00	06500	RESPIRATORY THERAPY	118,542	9,891,660	0.011984	0	0
66.00	06600	PHYSICAL THERAPY	1,057,679	27,236,336	0.038833	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	135,703	20,536,760	0.006608	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	169,065	15,968,683	0.010587	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	226,822	40,396,576	0.005615	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	270,310	87,408,699	0.003092	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	870,193	128,795,373	0.006756	0	0
74.00	07400	RENAL DIALYSIS	44,466	3,106,544	0.014314	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	181,968	2,534,851	0.071786	0	0
76.97	07697	CARDIAC REHABILITATION	172,201	2,734,177	0.062981	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	174,817	1,207,395	0.144789	0	0
91.00	09100	EMERGENCY	1,313,165	78,865,393	0.016651	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,684,357	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0
200.00		Total (Lines 50-199)	12,032,230	979,407,361		0	0

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
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
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	172,139,054	0.000000	0.000000	0	50.00
50.01	05001 CV SURGERY	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	22,494,835	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	30,050,434	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	41,419,927	0.000000	0.000000	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	62,444,096	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	30,430,071	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,247,587	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	60,192,727	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	119,886,202	0.000000	0.000000	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0	0	0.000000	0.000000	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	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	735,624	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	9,891,660	0.000000	0.000000	0	65.00
66.00	06600 PHYSICAL THERAPY	0	27,236,336	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	20,536,760	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	15,968,683	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	40,396,576	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	87,408,699	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	128,795,373	0.000000	0.000000	0	73.00
74.00	07400 RENAL DIALYSIS	0	3,106,544	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,534,851	0.000000	0.000000	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	2,734,177	0.000000	0.000000	0	76.97
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	1,207,395	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	78,865,393	0.000000	0.000000	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,684,357	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	0	979,407,361			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2015 To 12/31/2015	Worksheet D Part IV Date/Time Prepared: 5/27/2016 1:53 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	50.01
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
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
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
60.02 06002 PHYSICIAN LABORATORY	0	0	0	60.02
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	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 PATIENTS	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
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2016 1:53 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,905	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,905	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)		44,885	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)		19,337	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)		53,637,494	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)		53,637,494	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)		53,637,494	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)		1,096.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		21,208,241	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)		21,208,241	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 1:53 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,813,550	3,949	1,725.39	2,648	4,568,833	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)				31,174,236		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				56,951,310		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				2,810,462		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,696,489		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				4,506,951		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				52,444,359		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				4,020		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,096.77		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				4,409,015		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 1:53 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,095,337	53,637,494	0.113639	4,409,015	501,036	90.00
91.00	Nursing School cost	0	53,637,494	0.000000	4,409,015	0	91.00
92.00	Allied health cost	0	53,637,494	0.000000	4,409,015	0	92.00
93.00	All other Medical Education	0	53,637,494	0.000000	4,409,015	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T051		Date/Time Prepared: 5/27/2016 1:53 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,821	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,821	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)		2,821	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)		1,734	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)		2,635,485	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)		2,635,485	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)		2,635,485	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)		934.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,619,972	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,619,972	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 1:53 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,858,508						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,478,480						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)	331,315						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	129,547						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	460,862						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)	3,017,618						53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges	0						54.00
55.00	Target amount per discharge	0.00						55.00
56.00	Target amount (line 54 x line 55)	0						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0						57.00
58.00	Bonus payment (see instructions)	0						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0						61.00
62.00	Relief payment (see instructions)	0						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0						63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0						69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)	0						87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00						88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0						89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	539,001	2,635,485	0.204517	0	0	90.00
91.00	Nursing School cost	0	2,635,485	0.000000	0	0	91.00
92.00	Allied health cost	0	2,635,485	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,635,485	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2016 1:53 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,905	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,905	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)		44,885	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)		1,551	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)		4,718	15.00
16.00	Nursery days (title V or XIX only)		2,502	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)		53,637,494	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)		53,637,494	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)		53,637,494	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)		1,096.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,701,090	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,701,090	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1 Date/Time Prepared: 5/27/2016 1:53 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	2,897,980	4,718	614.24	2,502	1,536,828	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,813,550	3,949	1,725.39	229	395,114	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				2,205,781		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				5,838,813		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)				381,583		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				142,844		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				524,427		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				5,314,386		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				4,020		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,096.77		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				4,409,015		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 1:53 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,095,337	53,637,494	0.113639	4,409,015	501,036	90.00
91.00	Nursing School cost	0	53,637,494	0.000000	4,409,015	0	91.00
92.00	Allied health cost	0	53,637,494	0.000000	4,409,015	0	92.00
93.00	All other Medical Education	0	53,637,494	0.000000	4,409,015	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D-1
		Component CCN: 15T051		Date/Time Prepared: 5/27/2016 1:53 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,821	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,821	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)		2,821	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)		10	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)		4,718	15.00
16.00	Nursery days (title V or XIX only)		2,502	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)		2,635,485	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)		2,635,485	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)		2,635,485	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)		934.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,342	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)		9,342	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1	
		Component CCN: 15T051				Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	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)					0	0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,342	0	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,911	0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,911	0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					7,431	0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	0	54.00
55.00 Target amount per discharge					0.00	0	55.00
56.00 Target amount (line 54 x line 55)					0	0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	0	57.00
58.00 Bonus payment (see instructions)					0	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	0	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	0	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	0	61.00
62.00 Relief payment (see instructions)					0	0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	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	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	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	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	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	0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	0	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2015 To 12/31/2015		Worksheet D-1 Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	539,001	2,635,485	0.204517	0	0	90.00
91.00	Nursing School cost	0	2,635,485	0.000000	0	0	91.00
92.00	Allied health cost	0	2,635,485	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,635,485	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 1:53 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		38,214,299	30.00
31.00	03100	INTENSIVE CARE UNIT		8,326,926	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		578,312	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107609	34,010,587	3,659,845 50.00
50.01	05001	CV SURGERY	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.085504	3,282,854	280,697 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280802	153,487	43,099 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174363	6,225,911	1,085,569 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101444	2,163,901	219,515 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.046190	5,786,212	267,265 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.113881	1,375,712	156,667 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050804	10,930,010	555,288 59.00
60.00	06000	LABORATORY	0.111729	23,299,401	2,603,219 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
60.02	06002	PHYSICIAN LABORATORY	0.000000	0	0 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.226401	870	197 64.00
65.00	06500	RESPIRATORY THERAPY	0.294557	4,790,779	1,411,157 65.00
66.00	06600	PHYSICAL THERAPY	0.502259	3,016,633	1,515,131 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.068994	5,212,856	359,656 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115236	2,155,527	248,394 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339133	9,152,824	3,104,025 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.181580	26,543,003	4,819,678 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289457	30,354,708	8,786,383 73.00
74.00	07400	RENAL DIALYSIS	0.333074	1,519,312	506,043 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.883895	10,068	8,899 75.01
76.97	07697	CARDIAC REHABILITATION	0.512359	166,032	85,068 76.97
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	2.112427	27,084	57,213 90.00
91.00	09100	EMERGENCY	0.146983	7,519,522	1,105,242 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.322194	918,657	295,986 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		178,615,950	31,174,236 200.00
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)		178,615,950	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3	
		Component CCN: 15T051		Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		629,329		30.00
31.00	03100 INTENSIVE CARE UNIT		3,467		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		1,975,761		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	0.107609	50,315	5,414	50.00
50.01	05001 CV SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.085504	4,875	417	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.280802	155	44	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.174363	27,578	4,809	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.101444	54	5	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.046190	19,019	878	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.113881	9,926	1,130	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.050804	39,495	2,007	59.00
60.00	06000 LABORATORY	0.111729	634,327	70,873	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
60.02	06002 PHYSICIAN LABORATORY	0.000000	0	0	60.02
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.226401	43	10	64.00
65.00	06500 RESPIRATORY THERAPY	0.294557	42,403	12,490	65.00
66.00	06600 PHYSICAL THERAPY	0.502259	2,996,575	1,505,057	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068994	31,951	2,204	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.115236	16,089	1,854	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339133	26,062	8,838	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.181580	19,955	3,623	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.289457	777,233	224,976	73.00
74.00	07400 RENAL DIALYSIS	0.333074	25,079	8,353	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.883895	1	1	75.01
76.97	07697 CARDIAC REHABILITATION	0.512359	1,056	541	76.97
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	2.112427	921	1,946	90.00
91.00	09100 EMERGENCY	0.146983	5,425	797	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.322194	6,954	2,241	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		4,735,491	1,858,508	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)		4,735,491		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet D-3 Date/Time Prepared: 5/27/2016 1:53 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,642,507	30.00
31.00	03100	INTENSIVE CARE UNIT		952,069	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		90,874	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		634,245	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107609	1,253,775	134,917 50.00
50.01	05001	CV SURGERY	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	0.085504	144,286	12,337 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.280802	796,574	223,680 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.174363	318,000	55,447 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.101444	63,621	6,454 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.046190	372,731	17,216 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.113881	107,645	12,259 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.050804	755,287	38,372 59.00
60.00	06000	LABORATORY	0.111729	2,009,465	224,516 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
60.02	06002	PHYSICIAN LABORATORY	0.000000	0	0 60.02
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.226401	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.294557	364,103	107,249 65.00
66.00	06600	PHYSICAL THERAPY	0.502259	300,179	150,768 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.068994	299,591	20,670 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.115236	156,541	18,039 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.339133	487,853	165,447 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.181580	471,064	85,536 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.289457	2,769,069	801,526 73.00
74.00	07400	RENAL DIALYSIS	0.333074	73,552	24,498 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.883895	463	409 75.01
76.97	07697	CARDIAC REHABILITATION	0.512359	12,671	6,492 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	2.112427	653	1,379 90.00
91.00	09100	EMERGENCY	0.146983	559,323	82,211 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.322194	50,774	16,359 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		11,367,220	2,205,781 200.00
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)		11,367,220	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 1:53 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		31,026,435	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		9,407,651	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)		3,866,288	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)		245.99	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)		5.59	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.33	31.00
32.00	Sum of lines 30 and 31		28.92	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.07	33.00
34.00	Disproportionate share adjustment (see instructions)		1,321,184	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XVII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		7,647,644,885	6,406,145,534	35.00
35.01	Factor 3 (see instructions)		0.000334662	0.000345252	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,559,373	2,211,732	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,914,270	555,954	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,470,224		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)		48,091,782		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		48,091,782		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,672,753		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		18,832		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		51,783,367		59.00
60.00	Primary payer payments		27,178		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		51,756,189		61.00
62.00	Deductibles billed to program beneficiaries		4,242,960		62.00
63.00	Coinurance billed to program beneficiaries		78,750		63.00
64.00	Allowable bad debts (see instructions)		251,505		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		163,478		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		193,067		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		47,597,957		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		45,644		70.93
70.94	HRR adjustment amount (see instructions)		-12,418		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Date/Time Prepared: 5/27/2016 1:53 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		47,631,183		71.00
71.01	Sequestration adjustment (see instructions)		952,624		71.01
72.00	Interim payments		46,370,341		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)		308,218		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		7,954,638		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1 1.00	On/After 10/1 2.00	
100.00	HSP Bonus Payment Amount 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	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2016 1:53 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	31,026,435	0	31,026,435	0	31,026,435	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,407,651	0	0	9,407,651	9,407,651	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,866,288	0	3,114,649	751,639	3,866,288	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1307	0.1307	0.1307	0.1307		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,321,184	0	1,013,789	307,395	1,321,184	11.00
11.01	Uncompensated care payments	36.00	2,470,224	0	1,914,270	555,954	2,470,224	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	48,091,782	0	37,069,143	11,022,639	48,091,782	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	48,091,782	0	37,069,143	11,022,639	48,091,782	15.00
16.00	Payment for inpatient program capital	50.00	3,672,753	0	2,824,274	848,479	3,672,753	16.00
17.00	Special add-on payments for new technologies	54.00	18,832	0	15,657	3,175	18,832	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 150051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2016 1:53 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	39,909,074	11,874,293	51,783,367	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	3,233,216	0	2,479,509	753,707	3,233,216	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	244,251	0	244,251	49,248	293,499	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0604	0.0604	0.0604	0.0604		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	195,286	0	149,762	45,524	195,286	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,672,753	0	2,824,274	848,479	3,672,753	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150051		Period: From 01/01/2015 To 12/31/2015		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2016 1:53 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	31,026,435	31,026,435		31,026,435	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	9,407,651		9,407,651	9,407,651	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00	3,866,288	3,114,649	751,639	3,866,288	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	0.1307	0.1307	0.1307		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,321,184	1,013,789	307,395	1,321,184	11.00
11.01	Uncompensated care payments	36.00	2,470,224	1,914,270	555,954	2,470,224	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	48,091,782	37,069,143	11,022,639	48,091,782	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	48,091,782	37,069,143	11,022,639	48,091,782	15.00
16.00	Payment for inpatient program capital	50.00	3,672,753	2,873,522	799,231	3,672,753	16.00
17.00	Special add-on payments for new technologies	54.00	18,832	15,657	3,175	18,832	17.00
17.01	Net organ acquisition cost	55.00	0	0	0	0	17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			39,958,322	11,825,045	51,783,367	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2016 1:53 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	3,233,216	2,479,509	753,707	3,233,216	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	244,251	244,251	0	244,251	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	0.0604	0.0604	0.0604		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	195,286	149,762	45,524	195,286	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,672,753	2,873,522	799,231	3,672,753	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	0	0		0	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	45,644	4,654	40,990	45,644	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	-12,418	-12,418	0	-12,418	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: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet E Part B Date/Time Prepared: 5/27/2016 1:53 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		37,575	1.00
2.00	Medical and other services reimbursed under OPPI (see instructions)		28,857,436	2.00
3.00	PPS payments		27,763,581	3.00
4.00	Outlier payment (see instructions)		1,193,906	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		37,575	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		133,085	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)		133,085	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)		133,085	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		95,510	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)		37,575	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)		28,957,487	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		779	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,260,291	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)		23,733,992	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)		23,733,992	30.00
31.00	Primary payer payments		10,066	31.00
32.00	Subtotal (line 30 minus line 31)		23,723,926	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)		481,089	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		312,708	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		445,048	36.00
37.00	Subtotal (see instructions)		24,036,634	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-634	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)		18,375	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		24,037,268	40.00
40.01	Sequestration adjustment (see instructions)		480,745	40.01
41.00	Interim payments		23,671,906	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-115,383	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150051

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2016 1:53 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		46,370,341		23,671,906	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		46,370,341		23,671,906	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		308,218		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		115,383	6.02
7.00	Total Medicare program liability (see instructions)		46,678,559		23,556,523	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2016 1:53 pm
PPS

Title XVII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,861,458		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,861,458		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		56,694		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,918,152		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet E-1 Part II Date/Time Prepared: 5/27/2016 1:53 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		13,796	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		21,985	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		3,098	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		48,834	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		1,139,393,990	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		29,777,512	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)		597,202	8.00
9.00	Sequestration adjustment amount (see instructions)		11,944	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		585,258	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		583,560	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		1,698	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2015 To 12/31/2015	Worksheet E-3 Part III Date/Time Prepared: 5/27/2016 1:53 pm
		Title XVII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,436,314 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0347 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			120,598 3.00
4.00	Outlier Payments			442,721 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			7.728767 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			2,999,633 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,999,633 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,999,633 19.00
20.00	Deductibles			25,068 20.00
21.00	Subtotal (line 19 minus line 20)			2,974,565 21.00
22.00	Coinurance			2,194 22.00
23.00	Subtotal (line 21 minus line 22)			2,972,371 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,208 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,335 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,992 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,977,706 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,977,706 32.00
32.01	Sequestration adjustment (see instructions)			59,554 32.01
33.00	Interim payments			2,861,458 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 33, and 34)			56,694 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			442,721 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet G Date/Time Prepared: 5/27/2016 1:53 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	173,011,820	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	51,779,495	0	0	0	4.00
5.00	Other receivable	1,128,025	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,044,584	0	0	0	7.00
8.00	Prepaid expenses	1,461,997	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)	232,425,921	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,760,652	0	0	0	12.00
13.00	Land improvements	2,072,522	0	0	0	13.00
14.00	Accumulated depreciation	-1,634,807	0	0	0	14.00
15.00	Buildings	162,786,564	0	0	0	15.00
16.00	Accumulated depreciation	-107,419,544	0	0	0	16.00
17.00	Leasehold improvements	5,912,983	0	0	0	17.00
18.00	Accumulated depreciation	-4,623,369	0	0	0	18.00
19.00	Fixed equipment	20,471,772	0	0	0	19.00
20.00	Accumulated depreciation	-18,999,662	0	0	0	20.00
21.00	Automobiles and trucks	350,229	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	169,440,904	0	0	0	23.00
24.00	Accumulated depreciation	-154,667,770	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)	93,450,474	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	177,450,825	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	13,775,287	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	191,226,112	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	517,102,507	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	20,685,750	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,466,030	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,543,055	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	7,828,664	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,523,499	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	44,967,177	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	44,967,177	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	85,490,676	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	431,611,831	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	431,611,831	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	517,102,507	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150051

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

Worksheet G-1

Date/Time Prepared:
5/27/2016 1:53 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		359,928,051		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		71,683,778				2.00
3.00	Total (sum of line 1 and line 2)		431,611,829		0		3.00
4.00	ROUNDING	2		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)		2		0		10.00
11.00	Subtotal (line 3 plus line 10)		431,611,831		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		431,611,831		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	ROUNDING		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150051

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	95,342,224		95,342,224	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,188,475		4,188,475	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)	99,530,699		99,530,699	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,157,651		15,157,651	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)	15,157,651		15,157,651	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	114,688,350		114,688,350	17.00
18.00	Ancillary services	383,947,377	501,488,983	885,436,360	18.00
19.00	Outpatient services	15,916,507	77,022,029	92,938,536	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		3,866,826	3,866,826	22.00
23.00	AMBULANCE SERVICES	51,095	35,268,166	35,319,261	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	7,144,650	7,144,650	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	514,603,329	624,790,654	1,139,393,983	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		305,001,811		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)		305,001,811		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet G-3 Date/Time Prepared: 5/27/2016 1:53 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,139,393,983	1.00
2.00	Less contractual allowances and discounts on patients' accounts	779,531,925	2.00
3.00	Net patient revenues (line 1 minus line 2)	359,862,058	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	305,001,811	4.00
5.00	Net income from service to patients (line 3 minus line 4)	54,860,247	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	16,823,531	24.00
25.00	Total other income (sum of lines 6-24)	16,823,531	25.00
26.00	Total (line 5 plus line 25)	71,683,778	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)	71,683,778	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150051

Period: From 01/01/2015

Worksheet H

HHA CCN: 157011

To 12/31/2015

Date/Time Prepared: 5/27/2016 1:53 pm

Home Health Agency I

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	0	4.00
5.00	Administrative and General	489,249	0	0	0	2,986,637	3,475,886	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,202,390	0	0	0	0	1,202,390	6.00
7.00	Physical Therapy	531,629	0	0	0	0	531,629	7.00
8.00	Occupational Therapy	167,175	0	0	0	0	167,175	8.00
9.00	Speech Pathology	19,444	0	0	0	0	19,444	9.00
10.00	Medical Social Services	34,864	0	0	0	0	34,864	10.00
11.00	Home Health Aide	38,207	0	0	0	0	38,207	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	1,442,842	0	0	0	0	1,442,842	23.00
24.00	Total (sum of lines 1-23)	3,925,800	0	0	0	2,986,637	6,912,437	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	0	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0			3.00
4.00	Transportation	0	0	0	0			4.00
5.00	Administrative and General	-1,354,679	2,121,207	-218,643	1,902,564			5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	-2,547	1,199,843	0	1,199,843			6.00
7.00	Physical Therapy	-1,126	530,503	0	530,503			7.00
8.00	Occupational Therapy	-354	166,821	0	166,821			8.00
9.00	Speech Pathology	-41	19,403	0	19,403			9.00
10.00	Medical Social Services	-276	34,588	0	34,588			10.00
11.00	Home Health Aide	-81	38,126	0	38,126			11.00
12.00	Supplies (see instructions)	0	0	0	0			12.00
13.00	Drugs	0	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)	-3,685	1,439,157	0	1,439,157			23.00
24.00	Total (sum of lines 1-23)	-1,362,789	5,549,648	-218,643	5,331,005			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: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part I Date/Time Prepared: 5/27/2016 1:53 pm
		HHA CCN: 157011	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	0		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,902,564	0	0	0	1,902,564	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,199,843	0	0	0	1,199,843	6.00
7.00	Physical Therapy	530,503	0	0	0	530,503	7.00
8.00	Occupational Therapy	166,821	0	0	0	166,821	8.00
9.00	Speech Pathology	19,403	0	0	0	19,403	9.00
10.00	Medical Social Services	34,588	0	0	0	34,588	10.00
11.00	Home Health Aide	38,126	0	0	0	38,126	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	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)	1,439,157	0	0	0	1,439,157	23.00
24.00	Total (sum of lines 1-23)	5,331,005	0	0	0	5,331,005	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	1,902,564					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	665,836	1,865,679				6.00
7.00	Physical Therapy	294,395	824,898				7.00
8.00	Occupational Therapy	92,575	259,396				8.00
9.00	Speech Pathology	10,767	30,170				9.00
10.00	Medical Social Services	19,194	53,782				10.00
11.00	Home Health Aide	21,157	59,283				11.00
12.00	Supplies (see instructions)	0	0				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)	798,640	2,237,797				23.00
24.00	Total (sum of lines 1-23)		5,331,005				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2015 To 12/31/2015	Worksheet H-1 Part II Date/Time Prepared: 5/27/2016 1:53 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	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-1,902,564	3,428,441
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0		1,199,843
7.00	Physical Therapy	0	0	0	0		530,503
8.00	Occupational Therapy	0	0	0	0		166,821
9.00	Speech Pathology	0	0	0	0		19,403
10.00	Medical Social Services	0	0	0	0		34,588
11.00	Home Health Aide	0	0	0	0		38,126
12.00	Supplies (see instructions)	0	0	0	0		0
13.00	Drugs	0	0	0	0		0
14.00	DME	0	0	0	0		0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		0
16.00	Respiratory Therapy	0	0	0	0		0
17.00	Private Duty Nursing	0	0	0	0		0
18.00	Clinic	0	0	0	0		0
19.00	Health Promotion Activities	0	0	0	0		0
20.00	Day Care Program	0	0	0	0		0
21.00	Home Delivered Meals Program	0	0	0	0		0
22.00	Homemaker Service	0	0	0	0		0
23.00	All Others (specify)	0	0	0	0		1,439,157
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,902,564	3,428,441
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		1,902,564
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.554936

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150051
HHA CCN: 157011

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

Worksheet H-2
Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Home Health
Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	135,525	91,729	111,009	338,263	68,209	1.00
2.00 Skilled Nursing Care	1,865,679	22,560	15,269	338,960	2,242,468	452,182	2.00
3.00 Physical Therapy	824,898	1,119	757	149,869	976,643	196,935	3.00
4.00 Occupational Therapy	259,396	0	0	47,127	306,523	61,809	4.00
5.00 Speech Pathology	30,170	0	0	5,481	35,651	7,189	5.00
6.00 Medical Social Services	53,782	0	0	36,741	90,523	18,254	6.00
7.00 Home Health Aide	59,283	4,102	2,776	10,771	76,932	15,513	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)	2,237,797	119,306	98,922	490,408	2,946,433	594,133	19.00
20.00 Total (sum of lines 1-19) (2)	5,331,005	282,612	209,453	1,190,366	7,013,436	1,414,224	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	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
	6.00	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	0	220,865	0	0	0	3,316	1.00
2.00 Skilled Nursing Care	0	36,765	0	0	0	7,592	2.00
3.00 Physical Therapy	0	1,823	0	0	0	2,104	3.00
4.00 Occupational Therapy	0	0	0	0	0	731	4.00
5.00 Speech Pathology	0	0	0	0	0	103	5.00
6.00 Medical Social Services	0	0	0	0	0	84	6.00
7.00 Home Health Aide	0	6,685	0	0	0	1,907	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	238,185	0	0	0	10,335	19.00
20.00 Total (sum of lines 1-19) (2)	0	504,323	0	0	0	26,172	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: 150051 HHA CCN: 157011		Period: From 01/01/2015 To 12/31/2015		Worksheet H-2 Part I Date/Time Prepared: 5/27/2016 1:53 pm PPS		
Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	13,025	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	163,846	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	42,332	0	0	0	8.00
9.00	Drugs	0	0	89,632	0	0	0	9.00
10.00	DME	0	0	30	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	36,578	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	213,449	131,994	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
Cost Center Description		OTHER GENERAL SERVICE			INTERNS & RESIDENTS			
		(SPECIFY)	CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		18.00	18.01	19.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (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: 150051	Period: From 01/01/2015	Worksheet H-2
		HHA CCN: 157011	To 12/31/2015	Part I
				Date/Time Prepared: 5/27/2016 1:53 pm
			Home Health Agency I	PPS

Cost Center Description	PARAMED ED PRGM-PHARMACY RESIDENCY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	23.00	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	0	643,678	0	643,678			1.00
2.00 Skilled Nursing Care	0	2,902,853	0	2,902,853	215,763	3,118,616	2.00
3.00 Physical Therapy	0	1,177,505	0	1,177,505	87,522	1,265,027	3.00
4.00 Occupational Therapy	0	369,063	0	369,063	27,432	396,495	4.00
5.00 Speech Pathology	0	42,943	0	42,943	3,192	46,135	5.00
6.00 Medical Social Services	0	108,861	0	108,861	8,091	116,952	6.00
7.00 Home Health Aide	0	101,037	0	101,037	7,510	108,547	7.00
8.00 Supplies (see instructions)	0	42,332	0	42,332	3,146	45,478	8.00
9.00 Drugs	0	89,632	0	89,632	6,662	96,294	9.00
10.00 DME	0	30	0	30	2	32	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	3,825,664	0	3,825,664	284,358	4,110,022	19.00
20.00 Total (sum of lines 1-19) (2)	0	9,303,598	0	9,303,598	643,678	9,303,598	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.					0.074328		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: 150051
HHA CCN: 157011

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

Worksheet H-2
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

Home Health Agency I PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	7,269	7,269	392,948	0	338,263	0	1.00
2.00 Skilled Nursing Care	1,210	1,210	1,199,842	0	2,242,468	0	2.00
3.00 Physical Therapy	60	60	530,503	0	976,643	0	3.00
4.00 Occupational Therapy	0	0	166,820	0	306,523	0	4.00
5.00 Speech Pathology	0	0	19,403	0	35,651	0	5.00
6.00 Medical Social Services	0	0	130,055	0	90,523	0	6.00
7.00 Home Health Aide	220	220	38,126	0	76,932	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)	6,399	7,839	1,735,929	0	2,946,433	0	19.00
20.00 Total (sum of lines 1-19)	15,158	16,598	4,213,626		7,013,436	0	20.00
21.00 Total cost to be allocated	282,612	209,453	1,190,366		1,414,224	0	21.00
22.00 Unit cost multiplier	18.644412	12.619171	0.282504		0.201645	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	7,269	0	0	0	19,489	0	1.00
2.00 Skilled Nursing Care	1,210	0	0	0	44,617	0	2.00
3.00 Physical Therapy	60	0	0	0	12,363	0	3.00
4.00 Occupational Therapy	0	0	0	0	4,297	0	4.00
5.00 Speech Pathology	0	0	0	0	608	0	5.00
6.00 Medical Social Services	0	0	0	0	494	0	6.00
7.00 Home Health Aide	220	0	0	0	11,205	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)	7,839	0	0	0	60,744	0	19.00
20.00 Total (sum of lines 1-19)	16,598	0	0	0	153,817	0	20.00
21.00 Total cost to be allocated	504,323	0	0	0	26,172	0	21.00
22.00 Unit cost multiplier	30.384564	0.000000	0.000000	0.000000	0.170150	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2015 To 12/31/2015	Worksheet H-2 Part II Date/Time Prepared: 5/27/2016 1:53 pm
			Home Health Agency I	PPS

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
	13.00	14.00	15.00	16.00	17.00	18.00	
1.00 Administrative and General	2,081	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	26,177	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	152,930	0	0	0	0	8.00
9.00 Drugs	0	323,804	0	0	0	0	9.00
10.00 DME	0	107	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)	5,844	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	34,102	476,841	0	0	0	0	20.00
21.00 Total cost to be allocated	213,449	131,994	0	0	0	0	21.00
22.00 Unit cost multiplier	6.259134	0.276809	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS			PARAMEDICAL PRGM-PHARMACY RESIDENCY (COSTED REQUIS.)
	CENTRAL STERILIZATION (TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	18.01			19.00	20.00	21.00	
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/27/2016 1:53 pm	
					Title XVII I	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 (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,118,616		3,118,616	11,564	269.68	
2.00	Physical Therapy	3.00	1,265,027	0	1,265,027	5,625	224.89	
3.00	Occupational Therapy	4.00	396,495	0	396,495	1,923	206.19	
4.00	Speech Pathology	5.00	46,135	0	46,135	139	331.91	
5.00	Medical Social Services	6.00	116,952		116,952	247	473.49	
6.00	Home Health Aide	7.00	108,547		108,547	1,060	102.40	
7.00	Total (sum of lines 1-6)		5,051,772	0	5,051,772	20,558		
					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	14020	0	4,385			8.00	
8.01	Skilled Nursing Care	26900	0	26			8.01	
8.02	Skilled Nursing Care	50031	0	1,395			8.02	
8.03	Skilled Nursing Care	50032	0	261			8.03	
8.04	Skilled Nursing Care	99915	0	86			8.04	
9.00	Physical Therapy	14020	0	2,408			9.00	
9.01	Physical Therapy	26900	0	28			9.01	
9.02	Physical Therapy	50031	0	854			9.02	
9.03	Physical Therapy	50032	0	205			9.03	
9.04	Physical Therapy	99915	0	34			9.04	
10.00	Occupational Therapy	14020	0	819			10.00	
10.01	Occupational Therapy	26900	0	26			10.01	
10.02	Occupational Therapy	50031	0	352			10.02	
10.03	Occupational Therapy	50032	0	85			10.03	
10.04	Occupational Therapy	99915	0	24			10.04	
11.00	Speech Pathology	14020	0	45			11.00	
11.01	Speech Pathology	26900	0	1			11.01	
11.02	Speech Pathology	50031	0	16			11.02	
11.03	Speech Pathology	50032	0	6			11.03	
11.04	Speech Pathology	99915	0	11			11.04	
12.00	Medical Social Services	14020	0	112			12.00	
12.01	Medical Social Services	26900	0	1			12.01	
12.02	Medical Social Services	50031	0	24			12.02	
12.03	Medical Social Services	50032	0	5			12.03	
12.04	Medical Social Services	99915	0	1			12.04	
13.00	Home Health Aide	14020	0	347			13.00	
13.01	Home Health Aide	26900	0	3			13.01	
13.02	Home Health Aide	50031	0	250			13.02	
13.03	Home Health Aide	50032	0	20			13.03	
13.04	Home Health Aide	99915	0	11			13.04	
14.00	Total (sum of lines 8-13)		0	11,841			14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/27/2016 1:53 pm		
					Title XVII I	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 Record)	Ratio (col. 3 + col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	45,478	14,694	60,172	22,759	2.643877		
16.00	Cost of Drugs	9.00	96,294	0	96,294	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	6,153		0	1,659,341	1.00		
2.00	Physical Therapy	0	3,529		0	793,637	2.00		
3.00	Occupational Therapy	0	1,306		0	269,284	3.00		
4.00	Speech Pathology	0	79		0	26,221	4.00		
5.00	Medical Social Services	0	143		0	67,709	5.00		
6.00	Home Health Aide	0	631		0	64,614	6.00		
7.00	Total (sum of lines 1-6)	0	11,841		0	2,880,806	7.00		
Cost Center Description									
		6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation									
8.00	Skilled Nursing Care						8.00		
8.01	Skilled Nursing Care						8.01		
8.02	Skilled Nursing Care						8.02		
8.03	Skilled Nursing Care						8.03		
8.04	Skilled Nursing Care						8.04		
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		
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		
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		
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		
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		
14.00	Total (sum of lines 8-13)						14.00		

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part I Date/Time Prepared: 5/27/2016 1:53 pm	
				Title XVII I	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B		Part A	Part B		
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	
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	1,659,341					1.00
2.00	Physical Therapy	793,637					2.00
3.00	Occupational Therapy	269,284					3.00
4.00	Speech Pathology	26,221					4.00
5.00	Medical Social Services	67,709					5.00
6.00	Home Health Aide	64,614					6.00
7.00	Total (sum of lines 1-6)	2,880,806					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
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
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
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
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
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
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2015 To 12/31/2015	Worksheet H-3 Part II Date/Time Prepared: 5/27/2016 1:53 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	0.502259	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.000000	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.339133	43,329	14,694	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.289457	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2015 To 12/31/2015	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2016 1:53 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	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	1,910,207	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	52,864	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	0	33,448	13.00
14.00	Total PPS Reimbursement - PEP Episodes	0	8,615	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	20,152	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	3,284	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	2,028,570	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	0	2,028,570	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	2,028,570	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	2,028,570	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	2,028,570	31.00
31.01	Sequestration adjustment (see instructions)	0	40,553	31.01
32.00	Interim payments (see instructions)	0	1,987,107	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	910	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 PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet H-5
	HHA CCN: 157011	Home Health Agency I	Date/Time Prepared: 5/27/2016 1:53 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		1,987,107	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		1,987,107	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		910	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		1,988,017	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet I-5 Date/Time Prepared: 5/27/2016 1:53 pm
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150051

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151509

To 12/31/2015

Date/Time Prepared: 5/27/2016 1:53 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	105,115	0	89,835	227,187	2,114,107	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	929,974	0	0	0	0	7.00
8.00	Inpatient - Respite Care	164,785	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	949,170	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,727	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	286,957	0	0	0	0	15.00
16.00	Spiritual Counseling	75,319	0	0	0	0	16.00
17.00	Dietary Counseling	182,656	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	26,219	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,723,922	0	89,835	227,187	2,114,107	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150051

Period: From 01/01/2015

Worksheet K

Hospice CCN: 151509

To 12/31/2015

Date/Time Prepared: 5/27/2016 1:53 pm

		Hospice I				
	Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	2,536,244	-1,179,570	1,356,674	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	929,974	-8,724	921,250	0	7.00
8.00	Inpatient - Respite Care	164,785	-1,546	163,239	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	949,170	-8,904	940,266	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	3,727	-35	3,692	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	286,957	-2,692	284,265	0	15.00
16.00	Spiritual Counseling	75,319	-707	74,612	0	16.00
17.00	Dietary Counseling	182,656	-1,713	180,943	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	26,219	-246	25,973	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,155,051	-1,204,137	3,950,914	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-1
Date/Time Prepared:
5/27/2016 1:53 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	5,007	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	929,974	7.00
8.00	Inpatient - Respite Care	0	0	0	0	164,785	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	64,322	884,848	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	75,319	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	80,326	0	64,322	1,979,607	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150051

Period: From 01/01/2015

Worksheet K-1

Hospice CCN: 151509

To 12/31/2015

Date/Time Prepared: 5/27/2016 1:53 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	100,108	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	3,727	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	286,957	15.00
16.00	Spiritual Counseling		0	0	16.00
17.00	Dietary Counseling		0	182,656	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		26,219	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,727	26,219	569,721	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet K-3
		Hospice CCN: 151509		Date/Time Prepared: 5/27/2016 1:53 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet K-3
		Hospice CCN: 151509		Date/Time Prepared: 5/27/2016 1:53 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	227,187	227,187	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	227,187	227,187	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150051
 Hospice CCN: 151509

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/27/2016 1:53 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,356,674	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	921,250	0	0	0	0	7.00
8.00	Inpatient - Respite Care	163,239	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	940,266	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,692	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	284,265	0	0	0	0	15.00
16.00	Spiritual Counseling	74,612	0	0	0	0	16.00
17.00	Dietary Counseling	180,943	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	25,973	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,950,914	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150051

Period: From 01/01/2015

Worksheet K-4

Hospice CCN: 151509

To 12/31/2015

Part I
Date/Time Prepared:
5/27/2016 1:53 pm

		Hospice I			
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	1,356,674	1,356,674	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	921,250	481,773	1,403,023
8.00	Inpatient - Respite Care	0	163,239	85,367	248,606
VISITING SERVICES					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	940,266	491,718	1,431,984
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	3,692	1,931	5,623
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	284,265	148,658	432,923
16.00	Spiritual Counseling	0	74,612	39,019	113,631
17.00	Dietary Counseling	0	180,943	94,625	275,568
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	25,973	13,583	39,556
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	3,950,914		3,950,914

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051
 Hospice CCN: 151509

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/27/2016 1:53 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-4
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,356,674	2,594,240	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	921,250	7.00
8.00	Inpatient - Respite Care	0	163,239	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	940,266	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	3,692	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	284,265	15.00
16.00	Spiritual Counseling	0	74,612	16.00
17.00	Dietary Counseling	0	180,943	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	25,973	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,356,674	39.00
40.00	Unit Cost Multiplier		0.522956	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2015	Worksheet K-5
		Hospice CCN: 151509	To 12/31/2015	Part I
				Date/Time Prepared: 5/27/2016 1:53 pm

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
1.00 Administrative and General		89,419	186,701	29,489	305,609	1.00
2.00 Inpatient - General Care	1,403,023	0	0	260,895	1,663,918	2.00
3.00 Inpatient - Respite Care	248,606	0	0	46,229	294,835	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	1,431,984	0	0	266,282	1,698,266	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	5,623	0	0	1,046	6,669	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	432,923	0	0	80,503	513,426	10.00
11.00 Spiritual Counseling	113,631	0	0	21,130	134,761	11.00
12.00 Dietary Counseling	275,568	0	0	51,242	326,810	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	39,556	0	0	7,355	46,911	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specif y	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	3,950,914	89,419	186,701	764,171	4,991,205	34.00
35.00 Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051

Period:

Worksheet K-5

Hospice CCN: 151509

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

Part I
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	61,625	0	449,540	18,452	36,758	1.00
2.00	Inpatient - General Care	335,521	0	0	0	0	2.00
3.00	Inpatient - Respite Care	59,452	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	342,446	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	1,345	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	103,530	0	0	0	0	10.00
11.00	Spiritual Counseling	27,174	0	0	0	0	11.00
12.00	Dietary Counseling	65,900	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	9,459	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,006,452	0	449,540	18,452	36,758	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2015	Worksheet K-5
		Hospice CCN: 151509	To 12/31/2015	Part I
				Date/Time Prepared: 5/27/2016 1:53 pm

Cost Center Description	Hospice I					
	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
1.00 Administrative and General	0	1,313	0	6,509	0	1.00
2.00 Inpatient - General Care	0	4,442	0	80,323	20	2.00
3.00 Inpatient - Respite Care	0	1,084	0	19,616	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	5,916	0	157,499	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	4	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	2,574	0	0	0	10.00
11.00 Spiritual Counseling	0	541	0	0	0	11.00
12.00 Dietary Counseling	0	24	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	2,068	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	94,149	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	201	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	312	24.00
25.00 Medical Supplies	0	0	0	0	30,694	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	17,966	0	263,947	125,376	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2015	Worksheet K-5 Part I
		Hospice CCN: 151509	To 12/31/2015	Date/Time Prepared: 5/27/2016 1:53 pm
Hospice I				

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2015	Worksheet K-5 Part I
		Hospice CCN: 151509	To 12/31/2015	Date/Time Prepared: 5/27/2016 1:53 pm
			Hospice I	

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet K-5 Part I Date/Time Prepared: 5/27/2016 1:53 pm
		Hospice CCN: 151509	Hospice I	

Cost Center Description		Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	879,806					1.00
2.00	Inpatient - General Care	2,084,224	0	2,084,224	304,103	2,388,327	2.00
3.00	Inpatient - Respite Care	374,987	0	374,987	54,713	429,700	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,204,127	0	2,204,127	321,600	2,525,727	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	8,018	0	8,018	1,170	9,188	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	619,530	0	619,530	90,394	709,924	10.00
11.00	Spiritual Counseling	162,476	0	162,476	23,706	186,182	11.00
12.00	Dietary Counseling	392,734	0	392,734	57,303	450,037	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	58,438	0	58,438	8,527	66,965	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	94,149	0	94,149	13,737	107,886	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	201	0	201	29	230	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	312	0	312	46	358	24.00
25.00	Medical Supplies	30,694	0	30,694	4,478	35,172	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,909,696	0	6,909,696		6,909,696	34.00
35.00	Unit Cost Multiplier (see instructions)				0.145907		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
1.00 Administrative and General	4,796	19,591	104,129	0	305,609	1.00	
2.00 Inpatient - General Care	0	0	921,250	0	1,663,918	2.00	
3.00 Inpatient - Respite Care	0	0	163,239	0	294,835	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	940,266	0	1,698,266	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	3,692	0	6,669	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	284,265	0	513,426	10.00	
11.00 Spiritual Counseling	0	0	74,612	0	134,761	11.00	
12.00 Dietary Counseling	0	0	180,942	0	326,810	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	25,973	0	46,911	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	4,796	19,591	2,698,368		4,991,205	34.00	
35.00 Total cost to be allocated	89,419	186,701	764,171		1,006,452	35.00	
36.00 Unit Cost Multiplier (see instructions)	18.644495	9.529937	0.283197		0.201645	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	19,591	23,627	144	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	19,591	23,627	144	0	34.00
35.00	Total cost to be allocated	0	449,540	18,452	36,758	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	22.946251	0.780971	255.263889	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

Cost Center Description	Hospice I					PHARMACY (COSTED REQUIS.)	
	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)			
	11.00	12.00	13.00	14.00	15.00		
1.00 Administrative and General	7,717	0	1,040	0	0	0	1.00
2.00 Inpatient - General Care	26,103	0	12,833	53	0	0	2.00
3.00 Inpatient - Respite Care	6,370	0	3,134	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	34,767	0	25,163	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	25	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	15,130	0	0	0	0	0	10.00
11.00 Spiritual Counseling	3,180	0	0	0	0	0	11.00
12.00 Dietary Counseling	140	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	12,153	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	254,670	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	545	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	843	0	0	24.00
25.00 Medical Supplies	0	0	0	83,027	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	105,585	0	42,170	339,138	0	0	34.00
35.00 Total cost to be allocated	17,966	0	263,947	125,376	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.170157	0.000000	6.259118	0.369690	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2016 1:53 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150051 Hospice CCN: 151509		Period: From 01/01/2015 To 12/31/2015		Worksheet K-5 Part III Date/Time Prepared: 5/27/2016 1:53 pm	
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)		
		0	1.00	2.00	3.00		
ANCI LLARY SERVICE COST CENTERS							
1.00	PHYSICAL THERAPY	66.00	0.502259	0	0	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	2.00	
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0	3.00	
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.289457	0	0	4.00	
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00	
6.00	LABORATORY	60.00	0.111729	0	0	6.00	
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01	
6.02	PHYSICIAN LABORATORY	60.02	0.000000	0	0	6.02	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.339133	0	0	7.00	
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00	
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.101444	0	0	9.00	
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00	
10.97	CARDIAC REHABILITATION	76.97	0.512359	0	0	10.97	
11.00	Totals (sum of lines 1-10)					11.00	

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150051

Period:

Worksheet K-6

Hospice CCN: 151509

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

Date/Time Prepared:
5/27/2016 1:53 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				6,909,696	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				28,685	2.00
3.00	Average cost per diem (line 1 divided by line 2)				240.88	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	28,685				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	6,909,643				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)			0		6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)			0		7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)			0		10.00
11.00	Aggregate NF cost (line 3 times line 10)			0		11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)				0	12.00
13.00	Aggregate cost for other days (line 3 times line 12)				0	13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150051	Period: From 01/01/2015 To 12/31/2015	Worksheet L Parts I-III Date/Time Prepared: 5/27/2016 1:53 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,233,216	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		244,251	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)		135.57	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)		5.59	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.33	8.00
9.00	Sum of lines 7 and 8		28.92	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.04	10.00
11.00	Disproportionate share adjustment (see instructions)		195,286	11.00
12.00	Total prospective capital payments (see instructions)		3,672,753	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