

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
EXPIRES 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet S Parts I-III Date/Time Prepared: 5/24/2017 10:41 am
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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: 5/24/2017 Time: 10:41 am
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 NORTH HOSPITAL (15-0161) for the cost reporting period beginning 01/01/2016 and ending 12/31/2016 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	104,614	26,571	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
200.00 Total	0	104,614	26,571	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161			Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 9:47 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11700 NORTH MERIDIAN ST			PO Box:						1.00	
2.00	City: CARMEL			State: IN		Zip Code: 46032-4656		County: HAMILTON		2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	IU HEALTH NORTH HOSPITAL	150161	26900	1	12/20/2005	N	P	P	3.00	
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF										
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) I										
18.00	Renal Dialysis										
19.00	Other										
						From:		To:			
						1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2016		12/31/2016		20.00	
21.00	Type of Control (see instructions)					4				21.00	
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (PickLe amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					N	N			22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N			23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,039	2,201	0	34	4,493	70			24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0			25.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 9:47 am			
		Urban/Rural S	Date of Geogr				
		1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00		
		Beginning:	Ending:				
		1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.	0			37.00		
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)	N			37.01		
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.				38.00		
		Y/N	Y/N				
		1.00	2.00				
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N		39.00		
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	Y	Y		40.00		
		V	XVII	XIX			
		1.00	2.00	3.00			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)	N	Y	N	45.00		
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N	46.00		
47.00	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00		
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00		
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00		
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.				57.00		
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.	N			58.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59.00		
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under 413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00		
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05

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	Y/N	IME	Direct GME	IME	Direct GME					
	1.00	2.00	3.00	4.00	5.00					
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)							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)									
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)						0.00	62.00		
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)						0.00	62.01		
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings									
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)						N	63.00		
			Unweighted FTEs 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.									
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))				
		1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						0.00	0.00	0.000000	65.00

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

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		V		XIX			
		1.00		2.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00		97.00	
Rural Providers							
105.00	Does this hospital qualify as a critical access hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. 1, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. 11.	N				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	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.	N	N	N	N		109.00
					1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.	N					110.00
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		0			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	321,350		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			120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
122.00	Does the cost report contain state health or similar taxes? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	Y		5.05			122.00
Transplant Center Information							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N				125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 9:47 am	
		1.00	2.00				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059		140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: IU HEALTH, INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
						1.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	N		N		145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	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		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC			N		161.00	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0		168.00	
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)			9.99		169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part I Date/Time Prepared: 5/24/2017 9:47 am	
			Beginning	Ending	
			1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		10/01/2016	12/31/2016	170.00
			1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)		Y	1,154	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016		Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 9:47 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	04/03/2017	Y	04/03/2017		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet S-2 Part II Date/Time Prepared: 5/24/2017 9:47 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	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.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0161

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2017 9:47 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 9:47 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	120	43,920	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)		120	43,920	0.00	0	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	34.00	0	0	0.00	0	11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	34.01	6	2,196	0.00	0	11.01
11.02 PREMATURE INTENSIVE CARE UNIT	34.02	23	8,418	0.00	0	11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		149	54,534	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		149				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)		12	4,392			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 9:47 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,512	220	22,986			1.00
2.00 HMO and other (see instructions)	2,551	4,387				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,512	220	22,986			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	0	0	0			11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT	0	202	1,169			11.01
11.02 PREMATURE INTENSIVE CARE UNIT	0	176	4,680			11.02
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,782	4,951			13.00
14.00 Total (see instructions)	6,512	3,380	33,786	0.00	758.66	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	148			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						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	758.66	27.00
28.00 Observation Bed Days		583	2,403			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	70	917			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0161

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2017 9:47 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,523	189	9,453	1.00
2.00 HMO and other (see instructions)				509	715		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
11.01 PEDIATRIC INTENSIVE CARE UNIT							11.01
11.02 PREMATURE INTENSIVE CARE UNIT							11.02
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0	1,523	189		9,453	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							17.00
18.00 SUBPROVIDER							18.00
19.00 SKILLED NURSING FACILITY							19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00						26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 9:47 am

	Worksheet A Line Number	Amount Reported	Reclassifi- cation 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	53,909,099	-775,982	53,133,117	1,578,020.37	33.67
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		373,997	0	373,997	1,535.20	243.61
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		786,862	819,409	1,606,271	50,046.38	32.10
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,124,869	0	1,124,869	18,722.69	60.08
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,402,722	0	1,402,722	24,420.00	57.44
14.00	Home office and/or related organization salaries and wage-related costs		15,338,208	0	15,338,208	375,845.00	40.81
14.01	Home office salaries		0	0	0	0.00	0.00
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		12,699,248	0	12,699,248		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		407,355	0	407,355		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related		0	0	0		
25.51	Related organization wage-related		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	679,861	-541,568	138,293	6,503.40	21.26
27.00	Administrative & General	5.00	5,760,016	-23,370	5,736,646	118,323.74	48.48

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2017 9:47 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	237,774	0	237,774	1,586.71	149.85	28.00
29.00	Maintenance & Repairs	1,375,563	0	1,375,563	44,024.20	31.25	29.00
30.00	Operation of Plant	305,263	0	305,263	5,436.20	56.15	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,415,975	-12,164	1,403,811	92,034.87	15.25	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	917,492	0	917,492	54,478.13	16.84	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	1,086,594	0	1,086,594	63,168.31	17.20	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	2,502,676	-533,691	1,968,985	58,561.66	33.62	38.00
39.00	Central Services and Supply	731,312	-3,243	728,069	35,733.86	20.37	39.00
40.00	Pharmacy	2,172,519	-10,794	2,161,725	50,297.95	42.98	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	312,334	-1,906	310,428	8,647.97	35.90	42.00
43.00	Other General Service	147,660	0	147,660	10,210.25	14.46	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0161

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2017 9:47 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	54,146,873	-775,982	53,370,891	1,579,607.08	33.79	1.00
2.00	Excluded area salaries (see instructions)	786,862	819,409	1,606,271	50,046.38	32.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,360,011	-1,595,391	51,764,620	1,529,560.70	33.84	3.00
4.00	Subtotal other wages & related costs (see inst.)	17,865,799	0	17,865,799	418,987.69	42.64	4.00
5.00	Subtotal wage-related costs (see inst.)	12,699,248	0	12,699,248	0.00	24.53	5.00
6.00	Total (sum of lines 3 thru 5)	83,925,058	-1,595,391	82,329,667	1,948,548.39	42.25	6.00
7.00	Total overhead cost (see instructions)	17,645,039	-1,126,736	16,518,303	549,007.25	30.09	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2017 9:47 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,831,869	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)		6,393,099	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)		0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)		0	8.02
8.03	Health Insurance (Purchased)		0	8.03
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		216,652	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		27,636	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)		307,582	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		288,074	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,773,672	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		172,001	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		96,017	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,106,602	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet S-3 Part V Date/Time Prepared: 5/24/2017 9:47 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,124,869	13,106,602	1.00
2.00	Hospital	1,124,869	13,106,602	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet S-10 Date/Time Prepared: 5/24/2017 9:47 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.236352	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,644,132	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			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		73,586,046	6.00	
7.00	Medicaid cost (line 1 times line 6)		17,392,209	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)		9,748,077	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,748,077	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Charity care charges for the entire facility (see instructions)		5,861,937	488,857	6,350,794
21.00	Cost of patients approved for charity care (line 1 times line 20)		1,385,481	115,542	1,501,023
22.00	Partial payment by patients approved for charity care		114,866	153,696	268,562
23.00	Cost of charity care (line 21 minus line 22)		1,270,615	-38,154	1,232,461
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			3,993,276	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			142,736	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			3,850,540	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			910,083	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			2,142,544	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,890,621	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/24/2017 9:47 am

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	NEW CAP REL COSTS-BLDG & FIXT	0	0	7,902,394	7,902,394	1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST	0	0	13,991,672	13,991,672	1.01	
1.02	00102	MOB LEASED SPACE	0	0	1,237,940	1,237,940	1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	3,357,622	3,357,622	2.00	
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	0	0	3.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	679,861	655,001	1,334,862	8,456,512	9,791,374	4.00
5.01	00540	NONPATIENT TELEPHONES	0	4,191	4,191	-4,171	20	5.01
5.02	00550	DATA PROCESSING	0	15,082	15,082	-11,994	3,088	5.02
5.03	00580	PURCHASING	0	233,681	233,681	-203,403	30,278	5.03
5.04	00570	ADMITTING	1,263,261	626,739	1,890,000	-249,911	1,640,089	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	4,496,755	58,707,304	63,204,059	-21,893,844	41,310,215	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,375,563	5,317,807	6,693,370	-549,452	6,143,918	6.00
7.00	00700	OPERATION OF PLANT	305,263	685,396	990,659	-50,699	939,960	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	128,748	128,748	0	128,748	8.00
9.00	00900	HOUSEKEEPING	1,415,975	4,456,185	5,872,160	-551,136	5,321,024	9.00
10.00	01000	DIETARY	917,492	505,322	1,422,814	-227,208	1,195,606	10.00
11.00	01100	CAFETERIA	1,086,594	2,138,666	3,225,260	-317,158	2,908,102	11.00
13.00	01300	NURSING ADMINISTRATION	2,502,676	1,229,007	3,731,683	-1,473,612	2,258,071	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	731,312	2,145,670	2,876,982	6,585,746	9,462,728	14.00
15.00	01500	PHARMACY	2,172,519	4,172,179	6,344,698	-3,848,122	2,496,576	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	173,582	173,582	-1,207	172,375	16.00
17.00	01700	SOCIAL SERVICE	312,334	87,391	399,725	-57,989	341,736	17.00
18.00	01850	PATIENT TRANSPORTATION	147,660	41,379	189,039	-28,422	160,617	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,933,439	7,336,048	19,269,487	-3,840,548	15,428,939	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	807,659	1,437,076	2,244,735	-209,572	2,035,163	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	2,552,677	1,486,207	4,038,884	-585,875	3,453,009	34.02
43.00	04300	NURSERY	0	0	0	1,187,145	1,187,145	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,740,996	21,149,696	24,890,692	-18,761,397	6,129,295	50.00
51.00	05100	RECOVERY ROOM	1,979,282	794,484	2,773,766	-557,452	2,216,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,705,125	1,722,776	4,427,901	-1,824,468	2,603,433	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,169,494	2,073,804	5,243,298	-1,402,479	3,840,819	54.00
56.00	05600	RADIOISOTOPE	195,981	283,405	479,386	-231,027	248,359	56.00
60.00	06000	LABORATORY	534,808	5,259,317	5,794,125	-67,165	5,726,960	60.00
65.00	06500	RESPIRATORY THERAPY	1,807,457	651,038	2,458,495	-472,051	1,986,444	65.00
66.00	06600	PHYSICAL THERAPY	2,429,205	1,043,745	3,472,950	-698,638	2,774,312	66.00
69.00	06900	ELECTROCARDIOLOGY	272,303	482,831	755,134	-292,228	462,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	124,442	367,732	492,174	-55,317	436,857	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,415,386	3,415,386	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	10,429,772	10,429,772	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,001,247	4,001,247	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,264,079	2,820,255	4,084,334	-2,430,102	1,654,232	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	2,198,025	3,074,889	5,272,914	-551,453	4,721,461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,122,237	131,306,633	184,428,870	-882,664	183,546,206	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	357,960	1,627,917	1,985,877	-188,651	1,797,226	192.01
192.02	19202	PURCHASED SERVICES	141,977	40,283	182,260	-15,605	166,655	192.02
192.03	19203	ZI NSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	61,129	61,129	-59,317	1,812	192.04
192.05	19205	PHYSICIAN PRACTICE	286,925	269,559	556,484	1,146,237	1,702,721	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	53,909,099	133,305,521	187,214,620	0	187,214,620	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0161

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

Worksheet A
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,183,712	6,718,682	1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	13,991,672	1.01
1.02	00102	MOB LEASED SPACE	-12,000	1,225,940	1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	467,858	3,825,480	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,484,716	8,306,658	4.00
5.01	00540	NONPATIENT TELEPHONES	0	20	5.01
5.02	00550	DATA PROCESSING	4,891,747	4,894,835	5.02
5.03	00580	PURCHASING	720,680	750,958	5.03
5.04	00570	ADMITTING	2,511,136	4,151,225	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-18,269,289	23,040,926	5.05
6.00	00600	MAINTENANCE & REPAIRS	-622,442	5,521,476	6.00
7.00	00700	OPERATION OF PLANT	-248,023	691,937	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	128,748	8.00
9.00	00900	HOUSEKEEPING	0	5,321,024	9.00
10.00	01000	DIETARY	-30,420	1,165,186	10.00
11.00	01100	CAFETERIA	-1,551,251	1,356,851	11.00
13.00	01300	NURSING ADMINISTRATION	-362,043	1,896,028	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-47,723	9,415,005	14.00
15.00	01500	PHARMACY	-8,750	2,487,826	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,049,593	1,221,968	16.00
17.00	01700	SOCIAL SERVICE	-12,745	328,991	17.00
18.00	01850	PATIENT TRANSPORTATION	0	160,617	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,219,260	13,209,679	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	-1,100,000	935,163	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	-355,104	3,097,905	34.02
43.00	04300	NURSERY	0	1,187,145	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-686,272	5,443,023	50.00
51.00	05100	RECOVERY ROOM	0	2,216,314	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,603,433	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-8,559	3,832,260	54.00
56.00	05600	RADIOLOGY	0	248,359	56.00
60.00	06000	LABORATORY	-137,375	5,589,585	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,986,444	65.00
66.00	06600	PHYSICAL THERAPY	-27,977	2,746,335	66.00
69.00	06900	ELECTROCARDIOLOGY	-171,549	291,357	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	436,857	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,415,386	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,429,772	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,001,247	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	-80,608	1,573,624	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	90.02
90.03	09003	IVF	0	0	90.03
91.00	09100	EMERGENCY	-1,609,783	3,111,678	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-20,588,587	162,957,619	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	-359,620	1,437,606	192.01
192.02	19202	PURCHASED SERVICES	-63,587	103,068	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	-1,812	0	192.04
192.05	19205	PHYSICIAN PRACTICE	0	1,702,721	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-21,013,606	166,201,014	200.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - BUILDING AND EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,834,714	1.00
2.00	MOB LEASED SPACE	1.02	0	1,237,940	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	240,359	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
	0		0	3,313,013	
B - DEPRECIATION AND OTHER CAPITAL COSTS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,067,680	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	3,117,263	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
	0		0	9,184,943	
C - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8,503,245	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
				8,503,245	
D - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-INTEREST	1.01	0	13,991,672	1.00
				13,991,672	
E - LABOR AND DELIVERY COSTS TO NURSERY					
1.00	NURSERY	43.00	22,508	2,583	1.00
			22,508	2,583	
F - LABOR AND DELIVERY TO ROUTINE					
1.00	ADULTS & PEDIATRICS	30.00	347,158	39,833	1.00
			347,158	39,833	
G - MARKETING					
1.00	OTHER NON-REIMBURSABLE	192.01	0	20,962	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
				20,962	
H - POST PARTUM TO NURSERY					
1.00	NURSERY	43.00	1,038,085	123,969	1.00
			1,038,085	123,969	
I - NONBILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	69,231	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
				69,231	
J - BILLABLE DRUGS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	65	1.00
2.00	RESPIRATORY THERAPY	65.00	0	16,064	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,932,016	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
				3,948,145	
K - NONBILLABLE SUPPLIES					
1.00	HOUSEKEEPING	9.00	0	3,288	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,184,356	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

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
0			0	7,187,644	
L - BILLABLE SUPPLIES					
1.00	PHARMACY	15.00	0	62,475	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,415,386	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
0			0	3,477,861	
M - IMPLANTS					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	673	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,429,772	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
0			0	10,430,445	
N - COORDINATED BREAST CARE					
1.00	PHYSICIAN PRACTICE	192.05	517,887	222,029	1.00
0			517,887	222,029	
O - MINIMALLY INVASIVE CENTER					
1.00	PHYSICIAN PRACTICE	192.05	301,522	224,964	1.00
0			301,522	224,964	
P - FMLA					
1.00	ADMINISTRATIVE	5.04	0	3,813	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	19,557	2.00
3.00	HOUSEKEEPING	9.00	0	12,164	3.00
4.00	NURSING ADMINISTRATION	13.00	0	15,804	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,243	5.00
6.00	PHARMACY	15.00	0	10,794	6.00
7.00	SOCIAL SERVICE	17.00	0	1,906	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	75,955	8.00
9.00	OPERATING ROOM	50.00	0	10,978	9.00
10.00	RECOVERY ROOM	51.00	0	23,201	10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,532	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,255	12.00
13.00	LABORATORY	60.00	0	3,182	13.00
14.00	RESPIRATORY THERAPY	65.00	0	8,270	14.00
15.00	PHYSICAL THERAPY	66.00	0	10,494	15.00
16.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	5,619	16.00
17.00	EMERGENCY	91.00	0	14,647	17.00
0			0	234,414	
Q - ACCRUED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	541,568	1.00
0			0	541,568	
500.00	Grand Total: Increases		2,227,160	61,516,521	500.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - BUILDING AND EQUIPMENT RENTAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	2,294,729	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	15,474	10		2.00
3.00	OPERATION OF PLANT	7.00	0	7,322	10		3.00
4.00	CAFETERIA	11.00	0	1,021	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	106,415	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	51,560	0		6.00
7.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	285	0		7.00
8.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	9,644	0		8.00
9.00	OPERATING ROOM	50.00	0	218,854	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	209,950	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	8,722	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	173,487	0		12.00
13.00	EMERGENCY	91.00	0	434	0		13.00
14.00	OTHER NON-REIMBURSABLE	192.01	0	159,210	0		14.00
15.00	PHYSICIAN PRACTICE	192.05	0	55,906	0		15.00
	O		0	3,313,013			
B - DEPRECIATION AND OTHER CAPITAL COSTS							
1.00	NONPATIENT TELEPHONES	5.01	0	4,171	9		1.00
2.00	DATA PROCESSING	5.02	0	11,994	9		2.00
3.00	PURCHASING	5.03	0	94,417	0		3.00
4.00	ADMINISTRATIVE	5.04	0	18,747	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	5,069,940	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	248,122	0		6.00
7.00	OPERATION OF PLANT	7.00	0	18,501	0		7.00
8.00	HOUSEKEEPING	9.00	0	105,773	0		8.00
9.00	DIETARY	10.00	0	1,793	0		9.00
10.00	CAFETERIA	11.00	0	27,861	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	62,502	0		11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	330,292	0		12.00
13.00	PHARMACY	15.00	0	106,167	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,207	0		14.00
15.00	SOCIAL SERVICE	17.00	0	508	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	184,234	0		16.00
17.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	15,829	0		17.00
18.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	51,962	0		18.00
19.00	OPERATING ROOM	50.00	0	1,468,466	0		19.00
20.00	RECOVERY ROOM	51.00	0	41,977	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	126,376	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	361,055	0		22.00
23.00	RADIOISOTOPE	56.00	0	375	0		23.00
24.00	LABORATORY	60.00	0	8,818	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	47,507	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	20,593	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	244,471	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,109	0		28.00
29.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	358,227	0		29.00
30.00	EMERGENCY	91.00	0	60,115	0		30.00
31.00	OTHER NON-REIMBURSABLE	192.01	0	2,930	0		31.00
32.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	58,374	0		32.00
33.00	PHYSICIAN PRACTICE	192.05	0	13,530	0		33.00
	O		0	9,184,943			
C - EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE	5.04	0	212,714	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	523,572	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	213,971	0		3.00
4.00	OPERATION OF PLANT	7.00	0	24,832	0		4.00
5.00	HOUSEKEEPING	9.00	0	448,636	0		5.00
6.00	DIETARY	10.00	0	218,246	0		6.00
7.00	CAFETERIA	11.00	0	287,827	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	562,137	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	142,770	0		9.00
10.00	PHARMACY	15.00	0	266,864	0		10.00
11.00	SOCIAL SERVICE	17.00	0	54,149	0		11.00
12.00	PATIENT TRANSPORTATION	18.00	0	28,422	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	1,855,456	0		13.00

RECLASSIFICATIONS

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

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
14.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	143,182	0	14.00
15.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	363,301	0	15.00
16.00	OPERATING ROOM	50.00	0	590,562	0	16.00
17.00	RECOVERY ROOM	51.00	0	280,728	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	520,200	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	476,517	0	19.00
20.00	RADIOISOTOPE	56.00	0	25,967	0	20.00
21.00	LABORATORY	60.00	0	51,485	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	228,914	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	408,620	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	40,289	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,169	0	25.00
26.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	174,988	0	26.00
27.00	EMERGENCY	91.00	0	234,090	0	27.00
28.00	OTHER NON-REIMBURSABLE	192.01	0	47,443	0	28.00
29.00	PURCHASED SERVICES	192.02	0	15,605	0	29.00
30.00	PHYSICIAN PRACTICE	192.05	0	50,589	0	30.00
			0	8,503,245		
D - INTEREST EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	13,991,672	11	1.00
			0	13,991,672		
E - LABOR AND DELIVERY COSTS TO NURSERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	22,508	2,583	0	1.00
			22,508	2,583		
F - LABOR AND DELIVERY TO ROUTINE						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	347,158	39,833	0	1.00
			347,158	39,833		
G - MARKETING						
1.00	ADMINISTRATIVE	5.04	0	3,957	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	12,583	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	20	0	3.00
4.00	OPERATING ROOM	50.00	0	1,551	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,500	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	54	0	6.00
7.00	EMERGENCY	91.00	0	1,297	0	7.00
			0	20,962		
H - POST PARTUM TO NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	1,038,085	123,969	0	1.00
			1,038,085	123,969		
I - NONBILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	44,864	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	83	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,362	0	3.00
4.00	RADIOISOTOPE	56.00	0	15,156	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	734	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	32	0	6.00
			0	69,231		
J - BILLABLE DRUGS						
1.00	HOUSEKEEPING	9.00	0	15	0	1.00
2.00	PHARMACY	15.00	0	3,506,815	0	2.00
3.00	SOCIAL SERVICE	17.00	0	3,332	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	4	0	4.00
5.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	134	0	5.00
6.00	OPERATING ROOM	50.00	0	115,754	0	6.00
7.00	RECOVERY ROOM	51.00	0	72	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	750	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	114,847	0	9.00
10.00	RADIOISOTOPE	56.00	0	186,474	0	10.00
11.00	ELECTROCARDIOLOGY	69.00	0	3,486	0	11.00
12.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	16,462	0	12.00
			0	3,948,145		
K - NONBILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,934	0	1.00
2.00	PURCHASING	5.03	0	37,612	0	2.00
3.00	ADMINISTRATIVE	5.04	0	14,493	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,348	0	4.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	MAINTENANCE & REPAIRS	6.00	0	71,885	0		5.00
6.00	OPERATION OF PLANT	7.00	0	44	0		6.00
7.00	DIETARY	10.00	0	7,169	0		7.00
8.00	CAFETERIA	11.00	0	449	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	2,469	0		9.00
10.00	PHARMACY	15.00	0	30,751	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	971,636	0		11.00
12.00	PEDIATRIC INTENSIVE CARE UNIT	34.01	0	50,276	0		12.00
13.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	160,672	0		13.00
14.00	OPERATING ROOM	50.00	0	3,960,059	0		14.00
15.00	RECOVERY ROOM	51.00	0	234,564	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	491,546	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	190,935	0		17.00
18.00	RADIOISOTOPE	56.00	0	3,055	0		18.00
19.00	LABORATORY	60.00	0	6,862	0		19.00
20.00	RESPIRATORY THERAPY	65.00	0	200,515	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	60,048	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	3,982	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	24,392	0		23.00
24.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	416,081	0		24.00
25.00	EMERGENCY	91.00	0	244,272	0		25.00
26.00	OTHER NON-REIMBURSABLE	192.01	0	30	0		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	425	0		27.00
28.00	PHYSICIAN PRACTICE	192.05	0	140	0		28.00
			0	7,187,644			
L - BILLABLE SUPPLIES							
1.00	PURCHASING	5.03	0	71,103	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	153	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	118,527	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	466	0		4.00
5.00	PREMATURE INTENSIVE CARE UNIT	34.02	0	162	0		5.00
6.00	OPERATING ROOM	50.00	0	2,174,543	0		6.00
7.00	RECOVERY ROOM	51.00	0	111	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	273,214	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	39,986	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	1,594	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	2,962	0		11.00
12.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	784,080	0		12.00
13.00	EMERGENCY	91.00	0	10,960	0		13.00
			0	3,477,861			
M - IMPLANTS							
1.00	PURCHASING	5.03	0	271	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,021	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,046	0		3.00
4.00	OPERATING ROOM	50.00	0	9,705,122	0		4.00
5.00	DELIVERY ROOM & LABOR ROOM	52.00	0	300	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	129	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	32,842	0		7.00
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,647	0		8.00
9.00	CARDIAC CATHETERIZATION LABORATORY	75.01	0	680,264	0		9.00
10.00	EMERGENCY	91.00	0	285	0		10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.04	0	518	0		11.00
			0	10,430,445			
N - COORDINATED BREAST CARE							
1.00	NURSING ADMINISTRATION	13.00	517,887	222,029	0		1.00
			517,887	222,029			
O - MINIMALLY INVASIVE CENTER							
1.00	OPERATING ROOM	50.00	301,522	224,964	0		1.00
			301,522	224,964			
P - FMLA							
1.00	ADMINISTRATIVE	5.04	3,813	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	19,557	0	0		2.00
3.00	HOUSEKEEPING	9.00	12,164	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	15,804	0	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	3,243	0	0		5.00
6.00	PHARMACY	15.00	10,794	0	0		6.00
7.00	SOCIAL SERVICE	17.00	1,906	0	0		7.00

RECLASSIFICATIONS

Provider CCN: 15-0161

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

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
8.00	ADULTS & PEDIATRICS	30.00	75,955	0		0		8.00
9.00	OPERATING ROOM	50.00	10,978	0		0		9.00
10.00	RECOVERY ROOM	51.00	23,201	0		0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	11,532	0		0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	3,255	0		0		12.00
13.00	LABORATORY	60.00	3,182	0		0		13.00
14.00	RESPIRATORY THERAPY	65.00	8,270	0		0		14.00
15.00	PHYSICAL THERAPY	66.00	10,494	0		0		15.00
16.00	CARDIAC CATHETERIZATION LABORATORY	75.01	5,619	0		0		16.00
17.00	EMERGENCY	91.00	14,647	0		0		17.00
	Q - ACCRUED PTO		234,414	0				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	541,568	0		0		1.00
	Q		541,568	0				
500.00	Grand Total: Decreases		3,003,142	60,740,539				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	11,942,223	0	0	0	0	2.00
3.00	Buildings and Fixtures	148,754,672	108,039	0	108,039	0	3.00
4.00	Building Improvements	9,962,999	1,345,148	0	1,345,148	0	4.00
5.00	Fixed Equipment	31,317,241	0	0	0	31,317,241	5.00
6.00	Movable Equipment	67,264,492	37,452,093	0	37,452,093	1,402,037	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	269,241,627	38,905,280	0	38,905,280	32,719,278	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	269,241,627	38,905,280	0	38,905,280	32,719,278	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	0				1.00
2.00	Land Improvements	11,942,223	14,002				2.00
3.00	Buildings and Fixtures	148,862,711	0				3.00
4.00	Building Improvements	11,308,147	321,845				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	103,314,548	71,984,786				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	275,427,629	72,320,633				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	275,427,629	72,320,633				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0161

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0	0	1.02
2.00	NEW 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	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0				1.01
1.02	MOB LEASED SPACE	0	0				1.02
2.00	NEW 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: 15-0161

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	172,113,081	0	172,113,081	0.624894	0	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0.000000	0	1.01
1.02	MOB LEASED SPACE	0	0	0	0.000000	0	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	103,314,548	0	103,314,548	0.375106	0	2.00
3.00	Total (sum of lines 1-2)	275,427,629	0	275,427,629	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	4,883,968	1,834,714	1.00
1.01	NEW CAP REL COSTS-INTEREST	0	0	0	0	0	1.01
1.02	MOB LEASED SPACE	0	0	0	-12,000	1,237,940	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,585,121	240,359	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,457,089	3,313,013	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	6,718,682	1.00
1.01	NEW CAP REL COSTS-INTEREST	13,991,672	0	0	0	13,991,672	1.01
1.02	MOB LEASED SPACE	0	0	0	0	1,225,940	1.02
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,825,480	2.00
3.00	Total (sum of lines 1-2)	13,991,672	0	0	0	25,761,774	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
1.01 Investment income - NEW CAP REL COSTS-INTEREST (chapter 2)			ONEW CAP REL COSTS-INTEREST	1.01		0 1.01
1.02 Investment income - MOB LEASED SPACE (chapter 2)			OMOB LEASED SPACE	1.02		0 1.02
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)		0		0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		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	-7,486,787				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	7,444,814				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests		0		0.00		0 14.00
15.00 Rental of quarters to employee and others		0		0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines		0		0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
26.01 Depreciation - NEW CAP REL COSTS-INTEREST			ONEW CAP REL COSTS-INTEREST	1.01		0 26.01
26.02 Depreciation - MOB LEASED SPACE			OMOB LEASED SPACE	1.02		0 26.02
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00		0 29.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00	30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00	30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00	EMPLOYEE BENEFITS	A	-8,543,968	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
34.00	MI SCCELLANEOUS INCOME	B	-262	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
35.00	MI SCCELLANEOUS INCOME	B	-650,859	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 35.00
36.00	MI SCCELLANEOUS INCOME	B	-594,141	MAINTENANCE & REPAIRS	6.00	0 36.00
37.00	MI SCCELLANEOUS INCOME	B	-87,953	OPERATION OF PLANT	7.00	0 37.00
37.01	MI SCCELLANEOUS INCOME	B	-14,243	DIETARY	10.00	0 37.01
37.02	MI SCCELLANEOUS INCOME	B	-1,496,381	CAFETERIA	11.00	0 37.02
37.03	MI SCCELLANEOUS INCOME	B	-4,463	NURSING ADMINISTRATION	13.00	0 37.03
37.04	MI SCCELLANEOUS INCOME	B	-8,750	PHARMACY	15.00	0 37.04
37.05	MI SCCELLANEOUS INCOME	B	-4,605	ADULTS & PEDIATRICS	30.00	0 37.05
37.06	MI SCCELLANEOUS INCOME	B	-13,577	PHYSICAL THERAPY	66.00	0 37.06
37.08	SHARED EMPLOYEE	B	-127,904	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 37.08
38.00	SHARED EMPLOYEE	B	-14,131	DATA PROCESSING	5.02	0 38.00
38.01	SHARED EMPLOYEE	B	-42,284	PURCHASING	5.03	0 38.01
38.02	SHARED EMPLOYEE	B	-272,013	ADMINISTRATIVE	5.04	0 38.02
39.00	SHARED EMPLOYEE	B	-1,024,011	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 39.00
39.01	SHARED EMPLOYEE	B	-28,301	MAINTENANCE & REPAIRS	6.00	0 39.01
40.00	SHARED EMPLOYEE	B	-160,070	OPERATION OF PLANT	7.00	0 40.00
40.01	SHARED EMPLOYEE	B	-16,177	DIETARY	10.00	0 40.01
41.00	SHARED EMPLOYEE	B	-54,870	CAFETERIA	11.00	0 41.00
41.01	SHARED EMPLOYEE	B	-205,792	NURSING ADMINISTRATION	13.00	0 41.01
41.02	SHARED EMPLOYEE	B	-47,723	CENTRAL SERVICES & SUPPLY	14.00	0 41.02
41.03	SHARED EMPLOYEE	B	-12,745	SOCIAL SERVICE	17.00	0 41.03
42.00	SHARED EMPLOYEE	B	-65,629	OPERATING ROOM	50.00	0 42.00
43.00	SHARED EMPLOYEE	B	-29,375	LABORATORY	60.00	0 43.00
44.00	SHARED EMPLOYEE	B	-80,608	CARDIAC CATHETERIZATION LABORATORY	75.01	0 44.00
45.00	SHARED EMPLOYEE	B	-84,209	EMERGENCY	91.00	0 45.00
45.01	ACCRUED PTO	A	-541,568	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 45.01
45.02	HAF PMTS RECEIVED	B	-5,782,137	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 45.02
45.03	START UP COSTS	A	5,908	RADIOLOGY-DIAGNOSTIC	54.00	0 45.03
45.04	INTERCOMPANY SERVICES	B	-359,620	OTHER NON-REIMBURSABLE	192.01	0 45.04
45.05	INTERCOMPANY SERVICES	B	-1,812	PHYSICIANS' PRIVATE OFFICES	192.04	0 45.05
45.07	INTERCOMPANY SERVICES	B	-63,587	PURCHASED SERVICES	192.02	0 45.07
45.08	INTERCOMPANY SERVICES	B	-264,589	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 45.08
45.09	INTERCOMPANY SERVICES	B	-264,420	NURSING ADMINISTRATION	13.00	0 45.09
45.10	INTERCOMPANY SERVICES	B	-364	OPERATING ROOM	50.00	0 45.10
45.11	INTERCOMPANY SERVICES	B	-14,400	PHYSICAL THERAPY	66.00	0 45.11
45.12			0		0.00	0 45.12
45.13			0		0.00	0 45.13
45.14			0		0.00	0 45.14
45.15			0		0.00	0 45.15
45.16			0		0.00	0 45.16
45.17			0		0.00	0 45.17
45.18			0		0.00	0 45.18
45.19			0		0.00	0 45.19
45.20			0		0.00	0 45.20
45.21			0		0.00	0 45.21
45.22			0		0.00	0 45.22
45.23			0		0.00	0 45.23
45.24			0		0.00	0 45.24
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,013,606			50.00

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0161

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

Worksheet A-8

Date/Time Prepared:
5/24/2017 9:47 am

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0161

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2017 9:47 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HO ALLOCATED COSTS	651,002	1,834,714	1.00
2.00	1.01	NEW CAP REL COSTS-INTEREST	HO ALLOCATED COSTS	13,991,672	13,991,672	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	HO ALLOCATED COSTS	467,858	0	3.00
4.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATED COSTS	7,728,986	0	4.00
4.01	5.02	DATA PROCESSING	HO ALLOCATED COSTS	4,905,878	0	4.01
4.02	5.03	PURCHASING	HO ALLOCATED COSTS	762,964	0	4.02
4.03	5.04	ADMITTING	HO ALLOCATED COSTS	2,932,257	149,108	4.03
4.04	5.05	OTHER ADMINISTRATIVE AND GEN	HO ALLOCATED COSTS	14,475,538	23,646,072	4.04
4.05	13.00	NURSING ADMINISTRATION	HO ALLOCATED COSTS	129,513	16,881	4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	HO ALLOCATED COSTS	1,049,593	0	4.06
4.07	1.02	MOB LEASED SPACE	HO ALLOCATED COSTS	0	12,000	4.07
4.08	4.00	EMPLOYEE BENEFITS DEPARTMENT	INTERCO / SHARED SERVICES	134,604	134,604	4.08
4.09	5.05	OTHER ADMINISTRATIVE AND GEN	INTERCO / SHARED SERVICES	2,047,283	2,047,283	4.09
4.10	7.00	OPERATION OF PLANT	INTERCO / SHARED SERVICES	7,111	7,111	4.10
4.11	13.00	NURSING ADMINISTRATION	INTERCO / SHARED SERVICES	35,400	35,400	4.11
4.12	30.00	ADULTS & PEDIATRICS	INTERCO / SHARED SERVICES	2,296,171	2,296,171	4.12
4.13	34.01	PEDIATRIC INTENSIVE CARE UNI	INTERCO / SHARED SERVICES	1,112,750	1,112,750	4.13
4.14	34.02	PREMATURE INTENSIVE CARE UNI	INTERCO / SHARED SERVICES	653,285	653,285	4.14
4.15	50.00	OPERATING ROOM	INTERCO / SHARED SERVICES	458,535	458,535	4.15
4.16	54.00	RADIOLOGY-DIAGNOSTIC	INTERCO / SHARED SERVICES	137,927	137,927	4.16
4.17	60.00	LABORATORY	INTERCO / SHARED SERVICES	4,705,009	4,705,009	4.17
4.18	66.00	PHYSICAL THERAPY	INTERCO / SHARED SERVICES	9,607	9,607	4.18
4.19	69.00	ELECTROCARDIOLOGY	INTERCO / SHARED SERVICES	171,549	171,549	4.19
4.20	70.00	ELECTROENCEPHALOGRAPHY	INTERCO / SHARED SERVICES	270,235	270,235	4.20
4.21	75.01	CARDIAC CATHETERIZATION LABORA	INTERCO / SHARED SERVICES	162,993	162,993	4.21
4.22	91.00	EMERGENCY	INTERCO / SHARED SERVICES	1,667,096	1,667,096	4.22
4.23	192.01	OTHER NON-REIMBURSABLE	INTERCO / SHARED SERVICES	239,180	239,180	4.23
4.24	192.05	PHYSICIAN PRACTICE	INTERCO / SHARED SERVICES	96,051	96,051	4.24
4.25	0.00			0	0	4.25
5.00	0			61,300,047	53,855,233	5.00

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

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

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

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

6.00	B		0.00	IUNIV HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
9.01			0.00		0.00	9.01
9.02			0.00		0.00	9.02
9.03			0.00		0.00	9.03
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				100.00

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

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

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

Provider CCN: 15-0161

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2017 9:47 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-1,183,712	9	1.00
2.00	0	9	2.00
3.00	467,858	9	3.00
4.00	7,728,986	0	4.00
4.01	4,905,878	0	4.01
4.02	762,964	0	4.02
4.03	2,783,149	0	4.03
4.04	-9,170,534	0	4.04
4.05	112,632	0	4.05
4.06	1,049,593	0	4.06
4.07	-12,000	9	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
5.00	7,444,814		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	HEALTH CARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
9.01			9.01
9.02			9.02
9.03			9.03
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0161

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2017 9:47 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	1,377,159	1,377,159	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,214,655	2,214,655	0	0	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	1,100,000	1,100,000	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	628,284	355,104	273,180	171,400	8,784	4.00
5.00	50.00	OPERATING ROOM	1,020,275	620,279	399,996	204,100	8,784	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	48,347	14,467	33,880	231,100	2,214	6.00
7.00	60.00	LABORATORY	108,000	108,000	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	171,549	171,549	0	0	0	8.00
9.00	91.00	EMERGENCY	1,907,763	1,212,097	695,666	171,400	4,638	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,576,032	7,173,310	1,402,722		24,420	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	723,835	36,192	0	0	0	4.00
5.00	50.00	OPERATING ROOM	861,930	43,097	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	245,988	12,299	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	382,189	19,109	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,213,942	110,697	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	5.05	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	1,377,159	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,214,655	2.00
3.00	34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,100,000	3.00
4.00	34.02	PREMATURE INTENSIVE CARE UNIT	0	723,835	0	355,104	4.00
5.00	50.00	OPERATING ROOM	0	861,930	0	620,279	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	245,988	0	14,467	6.00
7.00	60.00	LABORATORY	0	0	0	108,000	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	171,549	8.00
9.00	91.00	EMERGENCY	0	382,189	313,477	1,525,574	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	2,213,942	313,477	7,486,787	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
	0	1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	6,718,682	6,718,682			1.00
1.01 00101	NEW CAP REL COSTS-INTEREST	13,991,672	0	13,991,672		1.01
1.02 00102	MOB LEASED SPACE	1,225,940	0	0	1,225,940	1.02
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	3,825,480				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,306,658	0	0	9,528	4.00
5.01 00540	NONPATIENT TELEPHONES	20	0	0	0	5.01
5.02 00550	DATA PROCESSING	4,894,835	96,216	200,369	0	5.02
5.03 00580	PURCHASING	750,958	172,594	359,428	0	5.03
5.04 00570	ADMINISTRATIVE	4,151,225	53,121	110,625	0	5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	23,040,926	72,061	150,068	128,524	5.05
6.00 00600	MAINTENANCE & REPAIRS	5,521,476	100,734	209,779	0	6.00
7.00 00700	OPERATION OF PLANT	691,937	1,141,482	2,377,140	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	128,748	0	0	0	8.00
9.00 00900	HOUSEKEEPING	5,321,024	91,775	191,121	0	9.00
10.00 01000	DIETARY	1,165,186	41,238	85,877	0	10.00
11.00 01100	CAFETERIA	1,356,851	233,004	485,230	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,896,028	37,895	78,917	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	9,415,005	281,823	586,898	0	14.00
15.00 01500	PHARMACY	2,487,826	51,481	107,210	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,221,968	15,195	31,644	0	16.00
17.00 01700	SOCIAL SERVICE	328,991	10,151	21,139	0	17.00
18.00 01850	PATIENT TRANSPORTATION	160,617	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,209,679	1,381,775	2,877,545	0	30.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
34.01 03401	PEDIATRIC INTENSIVE CARE UNIT	935,163	124,610	259,501	0	34.01
34.02 03402	PREMATURE INTENSIVE CARE UNIT	3,097,905	347,401	723,463	4,788	34.02
43.00 04300	NURSERY	1,187,145	137,484	286,311	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,443,023	734,182	1,528,937	0	50.00
51.00 05100	RECOVERY ROOM	2,216,314	143,983	299,845	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,603,433	335,146	697,942	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,832,260	223,209	464,833	235,984	54.00
56.00 05600	RADIOISOTOPE	248,359	16,402	34,158	0	56.00
60.00 06000	LABORATORY	5,589,585	130,629	272,036	0	60.00
65.00 06500	RESPIRATORY THERAPY	1,986,444	28,657	59,679	0	65.00
66.00 06600	PHYSICAL THERAPY	2,746,335	5,369	11,182	379,322	66.00
69.00 06900	ELECTROCARDIOLOGY	291,357	33,052	68,831	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	436,857	11,126	23,169	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,415,386	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	10,429,772	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,001,247	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	CARDIAC CATHETERIZATION LABORATORY	1,573,624	203,263	423,296	0	75.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	ADULT SLEEP LAB	0	0	0	0	90.01
90.02 09002	PEDIATRIC SLEEP LAB	0	0	0	0	90.02
90.03 09003	IVF	0	0	0	0	90.03
91.00 09100	EMERGENCY	3,111,678	306,287	637,844	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	162,957,619	6,561,345	13,664,017	758,146	3,808,550
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01 19201	OTHER NON-REIMBURSABLE	1,437,606	71,984	149,907	22,537	192.01
192.02 19202	PURCHASED SERVICES	103,068	0	0	0	192.02
192.03 19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	192.03
192.04 19204	PHYSICIANS' PRIVATE OFFICES	0	85,353	177,748	0	192.04
192.05 19205	PHYSICIAN PRACTICE	1,702,721	0	0	445,257	192.05
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	166,201,014	6,718,682	13,991,672	1,225,940	3,825,480

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,318,303					4.00
5.01	00540	NONPATIENT TELEPHONES	0	28,314				5.01
5.02	00550	DATA PROCESSING	0	1,156	5,294,410			5.02
5.03	00580	PURCHASING	0	237	46,214	1,371,376		5.03
5.04	00570	ADMITTING	197,688	622	121,312	901	4,657,237	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	702,759	1,274	248,401	84	0	5.05
6.00	00600	MAINTENANCE & REPAIRS	215,914	415	80,875	4,470	0	6.00
7.00	00700	OPERATION OF PLANT	47,915	1,230	239,736	3	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	220,348	207	40,437	0	0	9.00
10.00	01000	DIETARY	144,013	267	51,991	446	0	10.00
11.00	01100	CAFETERIA	170,556	104	20,219	28	0	11.00
13.00	01300	NURSING ADMINISTRATION	309,060	311	60,656	154	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	114,281	163	31,772	38,916	0	14.00
15.00	01500	PHARMACY	339,313	356	69,321	6,170	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	341	66,433	0	0	16.00
17.00	01700	SOCIAL SERVICE	48,726	89	17,330	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	23,177	267	51,991	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,752,770	4,887	953,171	66,741	388,801	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	126,773	400	77,986	3,128	35,435	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	400,678	1,082	210,852	10,397	131,818	34.02
43.00	04300	NURSERY	166,475	578	112,647	0	46,730	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	538,150	2,267	441,923	855,260	981,894	50.00
51.00	05100	RECOVERY ROOM	307,034	726	141,531	15,964	186,482	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	364,773	1,126	219,517	32,267	240,821	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	496,986	3,171	618,114	13,109	325,422	54.00
56.00	05600	RADIOISOTOPE	30,762	0	0	190	42,912	56.00
60.00	06000	LABORATORY	83,446	667	129,977	439	358,683	60.00
65.00	06500	RESPIRATORY THERAPY	282,408	593	115,535	12,609	63,052	65.00
66.00	06600	PHYSICAL THERAPY	379,651	667	129,977	5,778	93,726	66.00
69.00	06900	ELECTROCARDIOLOGY	42,742	0	0	248	70,252	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,533	0	0	1,619	22,008	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	212,355	125,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	520,579	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	320,499	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	197,533	696	135,754	69,124	218,816	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	342,712	1,274	248,401	20,902	483,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,066,176	25,173	4,682,073	1,371,302	4,657,237	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	56,187	785	153,084	2	0	192.01
192.02	19202	PURCHASED SERVICES	22,285	0	0	0	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	267	51,991	63	0	192.04
192.05	19205	PHYSICIAN PRACTICE	173,655	2,089	407,262	9	0	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,318,303	28,314	5,294,410	1,371,376	4,657,237	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING					5.03
5.04	00570	ADMINITTING					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	24,940,155	24,940,155			5.05
6.00	00600	MAINTENANCE & REPAIRS	6,211,191	1,096,611	7,307,802		6.00
7.00	00700	OPERATION OF PLANT	4,729,970	835,095	1,340,261	6,905,326	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	128,801	22,740	0	0	151,541
9.00	00900	HOUSEKEEPING	5,933,085	1,047,510	107,757	124,690	0
10.00	01000	DIETARY	1,494,273	263,820	48,419	56,028	0
11.00	01100	CAFETERIA	2,271,318	401,010	273,579	316,571	0
13.00	01300	NURSING ADMINISTRATION	2,390,715	422,090	44,494	51,486	0
14.00	01400	CENTRAL SERVICES & SUPPLY	10,689,487	1,887,272	330,900	382,900	703
15.00	01500	PHARMACY	3,155,572	557,129	60,446	69,945	8
16.00	01600	MEDICAL RECORDS & LIBRARY	1,336,012	235,878	17,841	20,645	0
17.00	01700	SOCIAL SERVICE	426,631	75,323	11,918	13,791	0
18.00	01850	PATIENT TRANSPORTATION	236,256	41,712	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,774,875	3,667,873	1,622,399	1,877,356	87,344
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,589,384	280,612	146,310	169,302	0
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,020,857	886,452	407,898	471,998	6,410
43.00	04300	NURSERY	1,947,139	343,775	161,426	186,794	5,555
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,364,603	2,006,466	862,034	997,500	7,631
51.00	05100	RECOVERY ROOM	3,362,969	593,746	169,057	195,623	8,441
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,638,925	819,021	393,508	455,347	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,765,415	1,194,461	262,078	303,264	14,251
56.00	05600	RADIOISOTOPE	387,029	68,332	19,258	22,285	0
60.00	06000	LABORATORY	6,590,048	1,163,499	153,377	177,480	259
65.00	06500	RESPIRATORY THERAPY	2,598,706	458,812	33,648	38,935	12
66.00	06600	PHYSICAL THERAPY	3,765,670	664,844	6,304	7,295	1,154
69.00	06900	ELECTROCARDIOLOGY	541,580	95,618	38,808	44,906	0
70.00	07000	ELECTROENCEPHALOGRAPHY	518,924	91,618	13,063	15,116	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,753,588	662,711	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,950,351	1,933,328	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,321,746	763,022	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	3,081,993	544,138	238,659	276,164	6,254
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	5,202,956	918,603	359,624	416,139	13,519
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	161,120,224	24,043,121	7,123,066	6,691,560	151,541
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	1,892,569	334,141	84,519	97,801	0
192.02	19202	PURCHASED SERVICES	125,353	22,132	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	323,796	57,167	100,217	115,965	0
192.05	19205	PHYSICIAN PRACTICE	2,739,072	483,594	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	166,201,014	24,940,155	7,307,802	6,905,326	151,541

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01	
1.02	00102	MOB LEASED SPACE					1.02	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	NONPATIENT TELEPHONES					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.03	00580	PURCHASING					5.03	
5.04	00570	ADMITTING					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05	
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	7,213,042				9.00	
10.00	01000	DIETARY	59,600	1,922,140			10.00	
11.00	01100	CAFETERIA	336,759	0	3,599,237		11.00	
13.00	01300	NURSING ADMINISTRATION	54,770	0	176,524	3,140,079	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	407,318	0	107,713	99	14.00	
15.00	01500	PHARMACY	74,406	0	151,614	6	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	21,962	0	0	64,225	16.00	
17.00	01700	SOCIAL SERVICE	14,671	0	26,068	0	17.00	
18.00	01850	PATIENT TRANSPORTATION	0	0	30,776	0	18.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,997,075	1,743,865	999,349	1,381,412	694,718	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	180,098	53,028	111,095	726	32,557	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	502,098	0	4,910	8,492	108,222	34.02
43.00	04300	NURSERY	198,705	0	97,841	154,560	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,061,112	0	326,151	381,194	8,902,495	50.00
51.00	05100	RECOVERY ROOM	208,098	1,263	165,464	315,631	166,170	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	484,385	108,180	202,215	308,567	335,878	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	322,603	0	308,659	52,881	136,459	54.00
56.00	05600	RADIOISOTOPE	23,706	0	15,391	0	1,981	56.00
60.00	06000	LABORATORY	188,798	0	45,317	82,832	4,565	60.00
65.00	06500	RESPIRATORY THERAPY	41,418	0	137,085	0	131,245	65.00
66.00	06600	PHYSICAL THERAPY	7,760	0	212,750	0	60,147	66.00
69.00	06900	ELECTROCARDIOLOGY	47,770	0	24,160	0	2,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,080	0	9,676	0	16,852	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,210,441	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	293,775	645	98,037	106,197	719,524	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	442,676	15,159	197,585	300,069	217,574	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,985,643	1,922,140	3,448,380	3,092,666	13,805,630	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	104,038	0	32,889	0	19	192.01
192.02	19202	PURCHASED SERVICES	0	0	11,849	6,568	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	123,361	0	0	0	652	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	106,119	40,845	91	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	7,213,042	1,922,140	3,599,237	3,140,079	13,806,392	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01
1.02 00102 MOB LEASED SPACE							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540 NONPATIENT TELEPHONES							5.01
5.02 00550 DATA PROCESSING							5.02
5.03 00580 PURCHASING							5.03
5.04 00570 ADMITTING							5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL							5.05
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY	4,133,351						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	1,632,338					16.00
17.00 01700 SOCIAL SERVICE	3,488	0	571,890				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	308,744			18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	4	136,244	366,868	198,059		35,547,441	30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		0	34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	12,417	19,265	10,400		2,605,194	34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	140	46,192	77,124	41,637		7,582,430	34.02
43.00 04300 NURSERY	0	16,375	81,590	44,048		3,237,808	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	121,184	344,424	0	0		26,374,794	50.00
51.00 05100 RECOVERY ROOM	75	65,347	0	0		5,251,884	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	785	84,389	27,043	14,600		7,872,843	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0		0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	120,235	114,034	0	0		9,594,340	54.00
56.00 05600 RADIOISOTOPE	195,222	15,037	0	0		748,241	56.00
60.00 06000 LABORATORY	0	125,690	0	0		8,531,865	60.00
65.00 06500 RESPIRATORY THERAPY	0	22,095	0	0		3,461,956	65.00
66.00 06600 PHYSICAL THERAPY	0	32,844	0	0		4,758,768	66.00
69.00 06900 ELECTROCARDIOLOGY	3,650	24,618	0	0		823,687	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,712	0	0		689,041	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	44,099	0	0		6,670,839	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	182,421	0	0		13,066,100	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,671,334	112,309	0	0		8,868,411	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		0	75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	17,234	76,677	0	0		5,459,297	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0		0	90.00
90.01 09001 ADULT SLEEP LAB	0	0	0	0		0	90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0		0	90.02
90.03 09003 IVF	0	0	0	0		0	90.03
91.00 09100 EMERGENCY	0	169,414	0	0		8,253,318	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00	4,133,351	1,632,338	571,890	308,744		159,398,257	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0		2,545,976	192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0		165,902	192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0		0	192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		721,158	192.04
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0		3,369,721	192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		0	194.00
200.00							200.00
201.00							201.00
202.00	4,133,351	1,632,338	571,890	308,744		166,201,014	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0161

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00580	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	35,547,441
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	2,605,194
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	7,582,430
43.00	04300	NURSERY	0	3,237,808
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	26,374,794
51.00	05100	RECOVERY ROOM	0	5,251,884
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,872,843
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,594,340
56.00	05600	RADIOISOTOPE	0	748,241
60.00	06000	LABORATORY	0	8,531,865
65.00	06500	RESPIRATORY THERAPY	0	3,461,956
66.00	06600	PHYSICAL THERAPY	0	4,758,768
69.00	06900	ELECTROCARDIOLOGY	0	823,687
70.00	07000	ELECTROENCEPHALOGRAPHY	0	689,041
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,670,839
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,066,100
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,868,411
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	5,459,297
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	ADULT SLEEP LAB	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0
90.03	09003	IVF	0	0
91.00	09100	EMERGENCY	0	8,253,318
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	159,398,257
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	2,545,976
192.02	19202	PURCHASED SERVICES	0	165,902
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	721,158
192.05	19205	PHYSICIAN PRACTICE	0	3,369,721
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	166,201,014

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			NEW BLDG & FIXT	NEW INTEREST	MOB LEASED SPACE	NEW MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-INTEREST						1.01
1.02	00102 MOB LEASED SPACE						1.02
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0	9,528	2,117	4.00
5.01	00540 NONPATIENT TELEPHONES	0	0	0	0	28,294	5.01
5.02	00550 DATA PROCESSING	0	96,216	200,369	0	101,834	5.02
5.03	00580 PURCHASING	0	172,594	359,428	0	41,945	5.03
5.04	00570 ADMITTING	0	53,121	110,625	0	21,743	5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL	0	72,061	150,068	128,524	596,058	5.05
6.00	00600 MAINTENANCE & REPAIRS	0	100,734	209,779	0	77,528	6.00
7.00	00700 OPERATION OF PLANT	0	1,141,482	2,377,140	0	230,527	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	53	8.00
9.00	00900 HOUSEKEEPING	0	91,775	191,121	0	68,173	9.00
10.00	01000 DIETARY	0	41,238	85,877	0	5,255	10.00
11.00	01100 CAFETERIA	0	233,004	485,230	0	5,326	11.00
13.00	01300 NURSING ADMINISTRATION	0	37,895	78,917	0	7,694	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	281,823	586,898	0	220,629	14.00
15.00	01500 PHARMACY	0	51,481	107,210	0	93,895	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	15,195	31,644	0	431	16.00
17.00	01700 SOCIAL SERVICE	0	10,151	21,139	0	205	17.00
18.00	01850 PATIENT TRANSPORTATION	0	0	0	0	204	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	1,381,775	2,877,545	0	139,506	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	0	124,610	259,501	0	26,388	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	0	347,401	723,463	4,788	92,473	34.02
43.00	04300 NURSERY	0	137,484	286,311	0	9,769	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	734,182	1,528,937	0	838,967	50.00
51.00	05100 RECOVERY ROOM	0	143,983	299,845	0	51,090	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	335,146	697,942	0	143,900	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	223,209	464,833	235,984	552,327	54.00
56.00	05600 RADIOISOTOPE	0	16,402	34,158	0	14,246	56.00
60.00	06000 LABORATORY	0	130,629	272,036	0	24,586	60.00
65.00	06500 RESPIRATORY THERAPY	0	28,657	59,679	0	49,729	65.00
66.00	06600 PHYSICAL THERAPY	0	5,369	11,182	379,322	13,663	66.00
69.00	06900 ELECTROCARDIOLOGY	0	33,052	68,831	0	35,098	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	11,126	23,169	0	4,612	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	203,263	423,296	0	259,887	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003 IVF	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	306,287	637,844	0	50,398	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,561,345	13,664,017	758,146	3,808,550	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	71,984	149,907	22,537	477	192.01
192.02	19202 PURCHASED SERVICES	0	0	0	0	0	192.02
192.03	19203 ZI ONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204 PHYSICIANS' PRIVATE OFFICES	0	85,353	177,748	0	8,374	192.04
192.05	19205 PHYSICIAN PRACTICE	0	0	0	445,257	8,079	192.05
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	6,718,682	13,991,672	1,225,940	3,825,480	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING	
		2A	4.00	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	11,645				4.00
5.01	00540	NONPATIENT TELEPHONES	28,294	0	28,294		5.01
5.02	00550	DATA PROCESSING	398,419	0	1,155	399,574	5.02
5.03	00580	PURCHASING	573,967	0	237	3,488	577,692
5.04	00570	ADMITTING	185,489	277	622	9,156	380
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	946,711	985	1,273	18,747	35
6.00	00600	MAINTENANCE & REPAIRS	388,041	303	415	6,104	1,883
7.00	00700	OPERATION OF PLANT	3,749,149	67	1,229	18,093	1
8.00	00800	LAUNDRY & LINEN SERVICE	53	0	0	0	0
9.00	00900	HOUSEKEEPING	351,069	309	207	3,052	0
10.00	01000	DIETARY	132,370	202	267	3,924	188
11.00	01100	CAFETERIA	723,560	239	104	1,526	12
13.00	01300	NURSING ADMINISTRATION	124,506	433	311	4,578	65
14.00	01400	CENTRAL SERVICES & SUPPLY	1,089,350	160	163	2,398	16,393
15.00	01500	PHARMACY	252,586	476	355	5,232	2,599
16.00	01600	MEDICAL RECORDS & LIBRARY	47,270	0	341	5,014	0
17.00	01700	SOCIAL SERVICE	31,495	68	89	1,308	0
18.00	01850	PATIENT TRANSPORTATION	204	32	267	3,924	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,398,826	2,444	4,885	71,934	28,115
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	410,499	178	400	5,886	1,318
34.02	03402	PREMATURE INTENSIVE CARE UNIT	1,168,125	562	1,081	15,913	4,380
43.00	04300	NURSERY	433,564	233	577	8,502	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,102,086	754	2,265	33,352	360,276
51.00	05100	RECOVERY ROOM	494,918	430	725	10,681	6,725
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,176,988	511	1,125	16,567	13,593
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,476,353	697	3,168	46,650	5,522
56.00	05600	RADIOISOTOPE	64,806	43	0	0	80
60.00	06000	LABORATORY	427,251	117	666	9,810	185
65.00	06500	RESPIRATORY THERAPY	138,065	396	592	8,720	5,311
66.00	06600	PHYSICAL THERAPY	409,536	532	666	9,810	2,434
69.00	06900	ELECTROCARDIOLOGY	136,981	60	0	0	104
70.00	07000	ELECTROENCEPHALOGRAPHY	38,907	27	0	0	682
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	89,456
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	886,446	277	696	10,245	29,119
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	994,529	480	1,273	18,747	8,805
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,792,058	11,292	25,154	353,361	577,661
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	244,905	79	785	11,553	1
192.02	19202	PURCHASED SERVICES	0	31	0	0	0
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	271,475	0	267	3,924	26
192.05	19205	PHYSICIAN PRACTICE	453,336	243	2,088	30,736	4
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments	0	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	25,761,774	11,645	28,294	399,574	577,692

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.04	5.05	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-INTEREST					1.01
1.02	00102	MOB LEASED SPACE					1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00580	PURCHASING					5.03
5.04	00570	ADMITTING	195,924				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	967,751			5.05
6.00	00600	MAINTENANCE & REPAIRS	0	42,553	439,299		6.00
7.00	00700	OPERATION OF PLANT	0	32,405	80,568	3,881,512	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	882	0	0	935 8.00
9.00	00900	HOUSEKEEPING	0	40,648	6,478	70,089	0 9.00
10.00	01000	DIETARY	0	10,237	2,911	31,493	0 10.00
11.00	01100	CAFETERIA	0	15,561	16,446	177,946	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	16,379	2,675	28,941	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	73,234	19,892	215,230	4 14.00
15.00	01500	PHARMACY	0	21,619	3,634	39,316	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,153	1,073	11,605	0 16.00
17.00	01700	SOCIAL SERVICE	0	2,923	716	7,752	0 17.00
18.00	01850	PATIENT TRANSPORTATION	0	1,619	0	0	0 18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,383	142,300	97,526	1,055,268	539 30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,493	10,889	8,795	95,165	0 34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	5,554	34,398	24,520	265,312	40 34.02
43.00	04300	NURSERY	1,969	13,340	9,704	104,997	34 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	41,056	77,859	51,820	560,699	47 50.00
51.00	05100	RECOVERY ROOM	7,858	23,040	10,163	109,961	52 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,148	31,781	23,655	255,953	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,712	46,350	15,755	170,466	88 54.00
56.00	05600	RADIOISOTOPE	1,808	2,652	1,158	12,526	0 56.00
60.00	06000	LABORATORY	15,114	45,148	9,220	99,762	2 60.00
65.00	06500	RESPIRATORY THERAPY	2,657	17,804	2,023	21,886	0 65.00
66.00	06600	PHYSICAL THERAPY	3,949	25,799	379	4,101	7 66.00
69.00	06900	ELECTROCARDIOLOGY	2,960	3,710	2,333	25,242	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	927	3,555	785	8,497	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,303	25,716	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,936	75,021	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,505	29,608	0	0	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	9,220	21,115	14,347	155,233	39 75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0 90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0 90.02
90.03	09003	IVF	0	0	0	0	0 90.03
91.00	09100	EMERGENCY	20,372	35,645	21,618	233,913	83 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	195,924	932,943	428,194	3,761,353	935 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	12,966	5,081	54,974	0 192.01
192.02	19202	PURCHASED SERVICES	0	859	0	0	0 192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0 192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	2,218	6,024	65,185	0 192.04
192.05	19205	PHYSICIAN PRACTICE	0	18,765	0	0	0 192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	195,924	967,751	439,299	3,881,512	935 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016		Worksheet B Part II Date/Time Prepared: 5/24/2017 9:47 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-INTEREST						1.01
1.02	00102	MOB LEASED SPACE						1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00580	PURCHASING						5.03
5.04	00570	ADMITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	471,852					9.00
10.00	01000	DIETARY	3,899	185,491				10.00
11.00	01100	CAFETERIA	22,030	0	957,424			11.00
13.00	01300	NURSING ADMINISTRATION	3,583	0	46,957	228,428		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,645	0	28,653	7	1,472,129	14.00
15.00	01500	PHARMACY	4,867	0	40,330	0	6,848	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,437	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	960	0	6,934	0	0	17.00
18.00	01850	PATIENT TRANSPORTATION	0	0	8,187	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	130,640	168,287	265,831	100,492	74,076	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	11,781	5,117	29,552	53	3,471	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	32,845	0	1,306	618	11,539	34.02
43.00	04300	NURSERY	12,999	0	26,027	11,244	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	69,414	0	86,759	27,730	949,243	50.00
51.00	05100	RECOVERY ROOM	13,613	122	44,015	22,961	17,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	31,687	10,440	53,791	22,447	35,814	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,104	0	82,106	3,847	14,550	54.00
56.00	05600	RADIOISOTOPE	1,551	0	4,094	0	211	56.00
60.00	06000	LABORATORY	12,351	0	12,055	6,026	487	60.00
65.00	06500	RESPIRATORY THERAPY	2,709	0	36,466	0	13,994	65.00
66.00	06600	PHYSICAL THERAPY	508	0	56,593	0	6,413	66.00
69.00	06900	ELECTROCARDIOLOGY	3,125	0	6,427	0	275	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,052	0	2,574	0	1,797	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	235,692	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	19,218	62	26,079	7,725	76,721	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	28,958	1,463	52,559	21,829	23,199	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	456,976	185,491	917,295	224,979	1,472,048	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	6,806	0	8,749	0	2	192.01
192.02	19202	PURCHASED SERVICES	0	0	3,152	478	0	192.02
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0	192.03
192.04	19204	PHYSICIANS' PRIVATE OFFICES	8,070	0	0	0	69	192.04
192.05	19205	PHYSICIAN PRACTICE	0	0	28,228	2,971	10	192.05
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	471,852	185,491	957,424	228,428	1,472,129	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		Subtotal	
				PATIENT TRANSPORTATION			
	15.00	16.00	17.00	18.00		24.00	
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 00101 NEW CAP REL COSTS-INTEREST							1.01
1.02 00102 MOB LEASED SPACE							1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 00540 NONPATIENT TELEPHONES							5.01
5.02 00550 DATA PROCESSING							5.02
5.03 00580 PURCHASING							5.03
5.04 00570 ADMITTING							5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL							5.05
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY	377,862						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	75,893					16.00
17.00 01700 SOCIAL SERVICE	319	0	52,564				17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	0	14,233			18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	6,362	33,719	9,131	6,606,758		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	0	580	1,771	479	587,427		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	13	2,157	7,089	1,919	1,577,371		34.02
43.00 04300 NURSERY	0	765	7,499	2,031	633,485		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	11,078	15,754	0	0	5,390,192		50.00
51.00 05100 RECOVERY ROOM	7	3,051	0	0	766,040		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	72	3,940	2,486	673	1,691,671		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,992	5,325	0	0	1,916,685		54.00
56.00 05600 RADIOISOTOPE	17,847	702	0	0	107,478		56.00
60.00 06000 LABORATORY	0	5,869	0	0	644,063		60.00
65.00 06500 RESPIRATORY THERAPY	0	1,032	0	0	251,655		65.00
66.00 06600 PHYSICAL THERAPY	0	1,534	0	0	522,261		66.00
69.00 06900 ELECTROCARDIOLOGY	334	1,150	0	0	182,701		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	360	0	0	59,163		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,059	0	0	358,226		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	8,518	0	0	105,475		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	335,624	5,244	0	0	383,981		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	1,576	3,580	0	0	1,261,698		75.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0	0	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0	0	0		90.02
90.03 09003 IVF	0	0	0	0	0		90.03
91.00 09100 EMERGENCY	0	7,911	0	0	1,471,384		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00	377,862	75,893	52,564	14,233	24,517,714		118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0	0	345,901		192.01
192.02 19202 PURCHASED SERVICES	0	0	0	0	4,520		192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	357,258		192.04
192.05 19205 PHYSICIAN PRACTICE	0	0	0	0	536,381		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
200.00							200.00
201.00							201.00
202.00	377,862	75,893	52,564	14,233	25,761,774		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0161

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-INTEREST		1.01
1.02	00102	MOB LEASED SPACE		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00540	NONPATIENT TELEPHONES		5.01
5.02	00550	DATA PROCESSING		5.02
5.03	00580	PURCHASING		5.03
5.04	00570	ADMITTING		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL		5.05
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	PATIENT TRANSPORTATION		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	6,606,758
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	587,427
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	1,577,371
43.00	04300	NURSERY	0	633,485
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	5,390,192
51.00	05100	RECOVERY ROOM	0	766,040
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,691,671
53.00	05300	ANESTHESIOLOGY	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,916,685
56.00	05600	RADIOISOTOPE	0	107,478
60.00	06000	LABORATORY	0	644,063
65.00	06500	RESPIRATORY THERAPY	0	251,655
66.00	06600	PHYSICAL THERAPY	0	522,261
69.00	06900	ELECTROCARDIOLOGY	0	182,701
70.00	07000	ELECTROENCEPHALOGRAPHY	0	59,163
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	358,226
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	105,475
73.00	07300	DRUGS CHARGED TO PATIENTS	0	383,981
75.00	07500	ASC (NON-DISTINCT PART)	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	1,261,698
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0
90.01	09001	ADULT SLEEP LAB	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0
90.03	09003	IVF	0	0
91.00	09100	EMERGENCY	0	1,471,384
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	24,517,714
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01	19201	OTHER NON-REIMBURSABLE	0	345,901
192.02	19202	PURCHASED SERVICES	0	4,520
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	0	357,258
192.05	19205	PHYSICIAN PRACTICE	0	536,381
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00		Cross Foot Adjustments	0	0
201.00		Negative Cost Centers	0	0
202.00		TOTAL (sum lines 118-201)	0	25,761,774

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	434,199				1.00
1.01	00101	NEW CAP REL COSTS-INTEREST	0	434,199			1.01
1.02	00102	MOB LEASED SPACE	0	0	125,709		1.02
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				88,370,619	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	977	48,903	52,994,824
5.01	00540	NONPATIENT TELEPHONES	0	0	0	653,607	0
5.02	00550	DATA PROCESSING	6,218	6,218	0	2,352,417	0
5.03	00580	PURCHASING	11,154	11,154	0	968,942	0
5.04	00570	ADMINISTRATIVE	3,433	3,433	0	502,284	1,259,448
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	4,657	4,657	13,179	13,769,261	4,477,198
6.00	00600	MAINTENANCE & REPAIRS	6,510	6,510	0	1,790,934	1,375,563
7.00	00700	OPERATION OF PLANT	73,769	73,769	0	5,325,308	305,263
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,220	0
9.00	00900	HOUSEKEEPING	5,931	5,931	0	1,574,842	1,403,811
10.00	01000	DIETARY	2,665	2,665	0	121,391	917,492
11.00	01100	CAFETERIA	15,058	15,058	0	123,040	1,086,594
13.00	01300	NURSING ADMINISTRATION	2,449	2,449	0	177,738	1,968,985
14.00	01400	CENTRAL SERVICES & SUPPLY	18,213	18,213	0	5,096,662	728,069
15.00	01500	PHARMACY	3,327	3,327	0	2,169,019	2,161,725
16.00	01600	MEDICAL RECORDS & LIBRARY	982	982	0	9,955	0
17.00	01700	SOCIAL SERVICE	656	656	0	4,738	310,428
18.00	01850	PATIENT TRANSPORTATION	0	0	0	4,718	147,660
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	89,298	89,298	0	3,222,662	11,166,557
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	8,053	8,053	0	609,582	807,659
34.02	03402	PREMATURE INTENSIVE CARE UNIT	22,451	22,451	491	2,136,186	2,552,677
43.00	04300	NURSERY	8,885	8,885	0	225,664	1,060,593
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,447	47,447	0	19,380,507	3,428,496
51.00	05100	RECOVERY ROOM	9,305	9,305	0	1,180,200	1,956,081
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,659	21,659	0	3,324,167	2,323,927
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,425	14,425	24,198	12,759,058	3,166,239
56.00	05600	RADIOISOTOPE	1,060	1,060	0	329,083	195,981
60.00	06000	LABORATORY	8,442	8,442	0	567,941	531,626
65.00	06500	RESPIRATORY THERAPY	1,852	1,852	0	1,148,772	1,799,187
66.00	06600	PHYSICAL THERAPY	347	347	38,896	315,627	2,418,711
69.00	06900	ELECTROCARDIOLOGY	2,136	2,136	0	810,794	272,303
70.00	07000	ELECTROENCEPHALOGRAPHY	719	719	0	106,547	124,442
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	13,136	13,136	0	6,003,528	1,258,460
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	19,794	19,794	0	1,164,215	2,183,378
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	424,031	424,031	77,741	87,979,512	51,388,553
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	OTHER NON-REIMBURSABLE	4,652	4,652	2,311	11,019	357,960
192.02	19202	PURCHASED SERVICES	0	0	0	0	141,977
192.03	19203	ZIONSVILLE SCHOOL NURSES	0	0	0	0	0
192.04	19204	PHYSICIANS' PRIVATE OFFICES	5,516	5,516	0	193,448	0
192.05	19205	PHYSICIAN PRACTICE	0	0	45,657	186,640	1,106,334
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	6,718,682	13,991,672	1,225,940	3,825,480	8,318,303

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW INTEREST (SQUARE FEET)	MOB LEASED SPACE (MOB SQ FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	15.473739	32.224100	9.752205	0.043289	0.156964	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					11,645	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000220	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING (COSTED REQUISITIONS)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.01	5.02	5.03	5.04	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540	1,911					5.01
5.02	00550	78	1,833				5.02
5.03	00580	16	16	22,056,236			5.03
5.04	00570	42	42	14,493	674,410,742		5.04
5.05	00560	86	86	1,350	0	-24,940,155	5.05
6.00	00600	28	28	71,885	0	0	6.00
7.00	00700	83	83	44	0	0	7.00
8.00	00800	0	0	0	0	0	8.00
9.00	00900	14	14	0	0	0	9.00
10.00	01000	18	18	7,169	0	0	10.00
11.00	01100	7	7	449	0	0	11.00
13.00	01300	21	21	2,477	0	0	13.00
14.00	01400	11	11	625,896	0	0	14.00
15.00	01500	24	24	99,235	0	0	15.00
16.00	01600	23	23	0	0	0	16.00
17.00	01700	6	6	0	0	0	17.00
18.00	01850	18	18	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	330	330	1,073,419	56,299,002	0	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	27	27	50,305	5,131,059	0	34.01
34.02	03402	73	73	167,216	19,087,398	0	34.02
43.00	04300	39	39	0	6,766,560	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	153	153	13,755,388	142,215,139	0	50.00
51.00	05100	49	49	256,751	27,002,871	0	51.00
52.00	05200	76	76	518,970	34,871,300	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	214	214	210,845	47,121,654	0	54.00
56.00	05600	0	0	3,061	6,213,663	0	56.00
60.00	06000	45	45	7,053	51,937,905	0	60.00
65.00	06500	40	40	202,788	9,130,063	0	65.00
66.00	06600	45	45	92,934	13,571,702	0	66.00
69.00	06900	0	0	3,982	10,172,594	0	69.00
70.00	07000	0	0	26,039	3,186,782	0	70.00
71.00	07100	0	0	3,415,386	18,222,859	0	71.00
72.00	07200	0	0	0	75,380,743	0	72.00
73.00	07300	0	0	0	46,408,837	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	47	47	1,111,747	31,684,867	0	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	86	86	336,177	70,005,744	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,699	1,621	22,055,059	674,410,742	-24,940,155	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	53	53	30	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	18	18	1,007	0	0	192.04
192.05	19205	141	141	140	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		28,314	5,294,410	1,371,376	4,657,237		202.00
203.00		14.816327	2,888.385161	0.062176	0.006906		203.00
204.00		28,294	399,574	577,692	195,924		204.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016	Worksheet B-1 Date/Time Prepared: 5/24/2017 9:47 am
Cost Center Description		NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PHONES)	PURCHASING (COSTED REQUISITIONS)	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation
		5.01	5.02	5.03	5.04	5A.05
205.00	Unit cost multiplier (Wkst. B, Part II)	14.805861	217.989089	0.026192	0.000291	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.05	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00580						5.03
5.04	00570						5.04
5.05	00560	141,260,859					5.05
6.00	00600	6,211,191	402,227				6.00
7.00	00700	4,729,970	73,769	328,458			7.00
8.00	00800	128,801	0	0	261,639		8.00
9.00	00900	5,933,085	5,931	5,931	0	322,527	9.00
10.00	01000	1,494,273	2,665	2,665	0	2,665	10.00
11.00	01100	2,271,318	15,058	15,058	0	15,058	11.00
13.00	01300	2,390,715	2,449	2,449	0	2,449	13.00
14.00	01400	10,689,487	18,213	18,213	1,214	18,213	14.00
15.00	01500	3,155,572	3,327	3,327	13	3,327	15.00
16.00	01600	1,336,012	982	982	0	982	16.00
17.00	01700	426,631	656	656	0	656	17.00
18.00	01850	236,256	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	20,774,875	89,298	89,298	150,802	89,298	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,589,384	8,053	8,053	0	8,053	34.01
34.02	03402	5,020,857	22,451	22,451	11,067	22,451	34.02
43.00	04300	1,947,139	8,885	8,885	9,591	8,885	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,364,603	47,447	47,447	13,175	47,447	50.00
51.00	05100	3,362,969	9,305	9,305	14,573	9,305	51.00
52.00	05200	4,638,925	21,659	21,659	0	21,659	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	6,765,415	14,425	14,425	24,605	14,425	54.00
56.00	05600	387,029	1,060	1,060	0	1,060	56.00
60.00	06000	6,590,048	8,442	8,442	447	8,442	60.00
65.00	06500	2,598,706	1,852	1,852	21	1,852	65.00
66.00	06600	3,765,670	347	347	1,993	347	66.00
69.00	06900	541,580	2,136	2,136	0	2,136	69.00
70.00	07000	518,924	719	719	0	719	70.00
71.00	07100	3,753,588	0	0	0	0	71.00
72.00	07200	10,950,351	0	0	0	0	72.00
73.00	07300	4,321,746	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	3,081,993	13,136	13,136	10,797	13,136	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	5,202,956	19,794	19,794	23,341	19,794	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		136,180,069	392,059	318,290	261,639	312,359	
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	1,892,569	4,652	4,652	0	4,652	192.01
192.02	19202	125,353	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	323,796	5,516	5,516	0	5,516	192.04
192.05	19205	2,739,072	0	0	0	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		24,940,155	7,307,802	6,905,326	151,541	7,213,042	202.00
203.00		0.176554	18.168353	21.023467	0.579199	22.364149	203.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0161			Period: From 01/01/2016 To 12/31/2016		Worksheet B-1 Date/Time Prepared: 5/24/2017 9:47 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		5.05	6.00	7.00	8.00	9.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	967,751	439,299	3,881,512	935	471,852	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.006851	1.092167	11.817377	0.003574	1.462984	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00580						5.03
5.04	00570						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	71,516					10.00
11.00	01100	0	1,194,051				11.00
13.00	01300	0	58,562	505,855			13.00
14.00	01400	0	35,734	16	21,332,473		14.00
15.00	01500	0	50,298	1	99,235	3,948,132	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	8,648	0	0	3,332	17.00
18.00	01850	0	10,210	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	64,883	331,535	222,540	1,073,419	4	30.00
34.00	03400	0	0	0	0	0	34.00
34.01	03401	1,973	36,856	117	50,305	0	34.01
34.02	03402	0	1,629	1,368	167,216	134	34.02
43.00	04300	0	32,459	24,899	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	108,201	61,409	13,755,388	115,754	50.00
51.00	05100	47	54,893	50,847	256,751	72	51.00
52.00	05200	4,025	67,085	49,709	518,970	750	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	102,398	8,519	210,845	114,847	54.00
56.00	05600	0	5,106	0	3,061	186,474	56.00
60.00	06000	0	15,034	13,344	7,053	0	60.00
65.00	06500	0	45,478	0	202,788	0	65.00
66.00	06600	0	70,580	0	92,934	0	66.00
69.00	06900	0	8,015	0	3,982	3,486	69.00
70.00	07000	0	3,210	0	26,039	0	70.00
71.00	07100	0	0	0	3,415,386	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	3,506,817	73.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	24	32,524	17,108	1,111,747	16,462	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	0	0	0	0	90.03
91.00	09100	564	65,549	48,340	336,177	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		71,516	1,144,004	498,217	21,331,296	3,948,132	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	10,911	0	30	0	192.01
192.02	19202	0	3,931	1,058	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	1,007	0	192.04
192.05	19205	0	35,205	6,580	140	0	192.05
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		1,922,140	3,599,237	3,140,079	13,806,392	4,133,351	202.00
203.00		26.877062	3.014308	6.207469	0.647201	1.046913	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1

Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTEs)	NURSING ADMINISTRATION (NURSING FTEs)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	
		10.00	11.00	13.00	14.00	15.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	185,491	957,424	228,428	1,472,129	377,862	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.593699	0.801828	0.451568	0.069009	0.095707	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (PATIENT DAYS)		
			16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-INTEREST					1.01
1.02 00102 MOB LEASED SPACE					1.02
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 NONPATIENT TELEPHONES					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00580 PURCHASING					5.03
5.04 00570 ADMIN TTING					5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	674,410,742				16.00
17.00 01700 SOCIAL SERVICE	0	34,703			17.00
18.00 01850 PATIENT TRANSPORTATION	0	0	34,703		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	56,299,002	22,262	22,262		30.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
34.01 03401 PEDIATRIC INTENSIVE CARE UNIT	5,131,059	1,169	1,169		34.01
34.02 03402 PREMATURE INTENSIVE CARE UNIT	19,087,398	4,680	4,680		34.02
43.00 04300 NURSERY	6,766,560	4,951	4,951		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	142,215,139	0	0		50.00
51.00 05100 RECOVERY ROOM	27,002,871	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	34,871,300	1,641	1,641		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	47,121,654	0	0		54.00
56.00 05600 RADIOISOTOPE	6,213,663	0	0		56.00
60.00 06000 LABORATORY	51,937,905	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	9,130,063	0	0		65.00
66.00 06600 PHYSICAL THERAPY	13,571,702	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	10,172,594	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,186,782	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,222,859	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	75,380,743	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	46,408,837	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	31,684,867	0	0		75.01
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0	0		90.02
90.03 09003 IVF	0	0	0		90.03
91.00 09100 EMERGENCY	70,005,744	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	674,410,742	34,703	34,703		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	0	0		192.01
192.02 19202 PURCHASED SERVICES	0	0	0		192.02
192.03 19203 ZIONSVILLE SCHOOL NURSES	0	0	0		192.03
192.04 19204 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.04
192.05 19205 PHYSICIAN PRACTICE	0	0	0		192.05
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	1,632,338	571,890	308,744		202.00
	Cost to be allocated (per Wkst. B, Part I)				

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0161

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

Worksheet B-1
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	OTHER GENERAL SERVICE		
				PATIENT TRANSPORTATION (PATIENT DAYS)		
		16.00	17.00	18.00		
203.00	Unit cost multiplier (Wkst. B, Part I)	0.002420	16.479555	8.896752		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	75,893	52,564	14,233		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000113	1.514682	0.410137		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 9:47 am

		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	35,547,441		35,547,441	0	35,547,441	30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT	2,605,194		2,605,194	0	2,605,194	34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT	7,582,430		7,582,430	0	7,582,430	34.02
43.00	04300 NURSERY	3,237,808		3,237,808	0	3,237,808	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	26,374,794		26,374,794	0	26,374,794	50.00
51.00	05100 RECOVERY ROOM	5,251,884		5,251,884	0	5,251,884	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,872,843		7,872,843	0	7,872,843	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,594,340		9,594,340	0	9,594,340	54.00
56.00	05600 RADIOISOTOPE	748,241		748,241	0	748,241	56.00
60.00	06000 LABORATORY	8,531,865		8,531,865	0	8,531,865	60.00
65.00	06500 RESPIRATORY THERAPY	3,461,956	0	3,461,956	0	3,461,956	65.00
66.00	06600 PHYSICAL THERAPY	4,758,768	0	4,758,768	0	4,758,768	66.00
69.00	06900 ELECTROCARDIOLOGY	823,687		823,687	0	823,687	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	689,041		689,041	0	689,041	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,670,839		6,670,839	0	6,670,839	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,066,100		13,066,100	0	13,066,100	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,868,411		8,868,411	0	8,868,411	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,459,297		5,459,297	0	5,459,297	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0		0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0		0	0	0	90.02
90.03	09003 IVF	0		0	0	0	90.03
91.00	09100 EMERGENCY	8,253,318		8,253,318	313,477	8,566,795	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,364,464		3,364,464	0	3,364,464	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	162,762,721	0	162,762,721	313,477	163,076,198	200.00
201.00	Less Observation Beds	3,364,464		3,364,464	0	3,364,464	201.00
202.00	Total (see instructions)	159,398,257	0	159,398,257	313,477	159,711,734	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 9:47 am

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,063,561		51,063,561		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	5,131,059		5,131,059		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	19,087,398		19,087,398		34.02
43.00	04300	NURSERY	6,766,560		6,766,560		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	64,831,977	77,383,162	142,215,139	0.185457	50.00
51.00	05100	RECOVERY ROOM	7,353,788	19,649,083	27,002,871	0.194494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,598,404	1,272,896	34,871,300	0.225769	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,552,780	38,568,874	47,121,654	0.203608	54.00
56.00	05600	RADIOISOTOPE	471,780	5,741,883	6,213,663	0.120419	56.00
60.00	06000	LABORATORY	23,845,326	28,092,579	51,937,905	0.164270	60.00
65.00	06500	RESPIRATORY THERAPY	6,449,570	2,680,493	9,130,063	0.379182	65.00
66.00	06600	PHYSICAL THERAPY	6,804,216	6,767,486	13,571,702	0.350639	66.00
69.00	06900	ELECTROCARDIOLOGY	2,827,277	7,345,317	10,172,594	0.080971	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,157,310	2,029,472	3,186,782	0.216218	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,237,613	8,985,246	18,222,859	0.366070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	57,920,121	17,460,622	75,380,743	0.173335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,641,337	13,767,500	46,408,837	0.191093	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	12,104,555	19,580,312	31,684,867	0.172300	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0.000000	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	8,783,957	61,221,787	70,005,744	0.117895	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	359,364	4,876,077	5,235,441	0.642632	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	358,987,953	315,422,789	674,410,742		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	358,987,953	315,422,789	674,410,742		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 9:47 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT			34.02
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.185457		50.00
51.00	05100 RECOVERY ROOM	0.194494		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.225769		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203608		54.00
56.00	05600 RADIOISOTOPE	0.120419		56.00
60.00	06000 LABORATORY	0.164270		60.00
65.00	06500 RESPIRATORY THERAPY	0.379182		65.00
66.00	06600 PHYSICAL THERAPY	0.350639		66.00
69.00	06900 ELECTROCARDIOLOGY	0.080971		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.216218		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.366070		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.173335		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191093		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.172300		75.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	0.000000		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000		90.02
90.03	09003 IVF	0.000000		90.03
91.00	09100 EMERGENCY	0.122373		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.642632		92.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2017 9:47 am

		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		35,547,441	0	35,547,441	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT		2,605,194	0	2,605,194	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT		7,582,430	0	7,582,430	34.02
43.00	04300	NURSERY		3,237,808	0	3,237,808	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		26,374,794	0	26,374,794	50.00
51.00	05100	RECOVERY ROOM		5,251,884	0	5,251,884	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		7,872,843	0	7,872,843	52.00
53.00	05300	ANESTHESIOLOGY		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		9,594,340	0	9,594,340	54.00
56.00	05600	RADIOISOTOPE		748,241	0	748,241	56.00
60.00	06000	LABORATORY		8,531,865	0	8,531,865	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,461,956	0	3,461,956	65.00
66.00	06600	PHYSICAL THERAPY	0	4,758,768	0	4,758,768	66.00
69.00	06900	ELECTROCARDIOLOGY		823,687	0	823,687	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		689,041	0	689,041	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,670,839	0	6,670,839	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		13,066,100	0	13,066,100	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		8,868,411	0	8,868,411	73.00
75.00	07500	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY		5,459,297	0	5,459,297	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	ADULT SLEEP LAB		0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB		0	0	0	90.02
90.03	09003	IVF		0	0	0	90.03
91.00	09100	EMERGENCY		8,253,318	313,477	8,566,795	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		3,364,464	0	3,364,464	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	113.00
200.00		Subtotal (see instructions)	0	162,762,721	313,477	163,076,198	200.00
201.00		Less Observation Beds		3,364,464	0	3,364,464	201.00
202.00		Total (see instructions)	0	159,398,257	313,477	159,711,734	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0161

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

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			
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	51,063,561		51,063,561		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	5,131,059		5,131,059		34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	19,087,398		19,087,398		34.02
43.00	04300	NURSERY	6,766,560		6,766,560		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	64,831,977	77,383,162	142,215,139	0.185457	50.00
51.00	05100	RECOVERY ROOM	7,353,788	19,649,083	27,002,871	0.194494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,598,404	1,272,896	34,871,300	0.225769	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,552,780	38,568,874	47,121,654	0.203608	54.00
56.00	05600	RADIOISOTOPE	471,780	5,741,883	6,213,663	0.120419	56.00
60.00	06000	LABORATORY	23,845,326	28,092,579	51,937,905	0.164270	60.00
65.00	06500	RESPIRATORY THERAPY	6,449,570	2,680,493	9,130,063	0.379182	65.00
66.00	06600	PHYSICAL THERAPY	6,804,216	6,767,486	13,571,702	0.350639	66.00
69.00	06900	ELECTROCARDIOLOGY	2,827,277	7,345,317	10,172,594	0.080971	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,157,310	2,029,472	3,186,782	0.216218	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,237,613	8,985,246	18,222,859	0.366070	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	57,920,121	17,460,622	75,380,743	0.173335	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,641,337	13,767,500	46,408,837	0.191093	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	12,104,555	19,580,312	31,684,867	0.172300	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0.000000	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0.000000	90.02
90.03	09003	IVF	0	0	0	0.000000	90.03
91.00	09100	EMERGENCY	8,783,957	61,221,787	70,005,744	0.117895	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	359,364	4,876,077	5,235,441	0.642632	92.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	358,987,953	315,422,789	674,410,742		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	358,987,953	315,422,789	674,410,742		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet C Part I Date/Time Prepared: 5/24/2017 9:47 am
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital PPS
		INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT			34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT			34.02
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.185457		50.00
51.00	05100	RECOVERY ROOM	0.194494		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225769		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203608		54.00
56.00	05600	RADIOISOTOPE	0.120419		56.00
60.00	06000	LABORATORY	0.164270		60.00
65.00	06500	RESPIRATORY THERAPY	0.379182		65.00
66.00	06600	PHYSICAL THERAPY	0.350639		66.00
69.00	06900	ELECTROCARDIOLOGY	0.080971		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216218		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.366070		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.173335		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.191093		73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.172300		75.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	ADULT SLEEP LAB	0.000000		90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000		90.02
90.03	09003	IVF	0.000000		90.03
91.00	09100	EMERGENCY	0.122373		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.642632		92.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 15-0161

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

Worksheet C Part II Date/Time Prepared: 5/24/2017 9:47 am

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	26,374,794	5,390,192	20,984,602	0	0
51.00	05100	RECOVERY ROOM	5,251,884	766,040	4,485,844	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,872,843	1,691,671	6,181,172	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,594,340	1,916,685	7,677,655	0	0
56.00	05600	RADIOISOTOPE	748,241	107,478	640,763	0	0
60.00	06000	LABORATORY	8,531,865	644,063	7,887,802	0	0
65.00	06500	RESPIRATORY THERAPY	3,461,956	251,655	3,210,301	0	0
66.00	06600	PHYSICAL THERAPY	4,758,768	522,261	4,236,507	0	0
69.00	06900	ELECTROCARDIOLOGY	823,687	182,701	640,986	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	689,041	59,163	629,878	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,670,839	358,226	6,312,613	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,066,100	105,475	12,960,625	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,868,411	383,981	8,484,430	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	5,459,297	1,261,698	4,197,599	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0
90.03	09003	IVF	0	0	0	0	0
91.00	09100	EMERGENCY	8,253,318	1,471,384	6,781,934	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,364,464	625,309	2,739,155	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	113,789,848	15,737,982	98,051,866	0	0
201.00		Less Observation Beds	3,364,464	625,309	2,739,155	0	0
202.00		Total (line 200 minus line 201)	110,425,384	15,112,673	95,312,711	0	0

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

Provider CCN: 15-0161

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

Worksheet C Part II Date/Time Prepared: 5/24/2017 9:47 am

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	26,374,794	142,215,139	0.185457		50.00
51.00	05100 RECOVERY ROOM	5,251,884	27,002,871	0.194494		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7,872,843	34,871,300	0.225769		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,594,340	47,121,654	0.203608		54.00
56.00	05600 RADIOISOTOPE	748,241	6,213,663	0.120419		56.00
60.00	06000 LABORATORY	8,531,865	51,937,905	0.164270		60.00
65.00	06500 RESPIRATORY THERAPY	3,461,956	9,130,063	0.379182		65.00
66.00	06600 PHYSICAL THERAPY	4,758,768	13,571,702	0.350639		66.00
69.00	06900 ELECTROCARDIOLOGY	823,687	10,172,594	0.080971		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	689,041	3,186,782	0.216218		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,670,839	18,222,859	0.366070		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	13,066,100	75,380,743	0.173335		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,868,411	46,408,837	0.191093		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	5,459,297	31,684,867	0.172300		75.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 ADULT SLEEP LAB	0	0	0.000000		90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0.000000		90.02
90.03	09003 IVF	0	0	0.000000		90.03
91.00	09100 EMERGENCY	8,253,318	70,005,744	0.117895		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,364,464	5,235,441	0.642632		92.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (sum of lines 50 thru 199)	113,789,848	592,362,164			200.00
201.00	Less Observation Beds	3,364,464	0			201.00
202.00	Total (line 200 minus line 201)	110,425,384	592,362,164			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 9:47 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,606,758	0	6,606,758	25,389	260.22	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	587,427		587,427	1,169	502.50	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,577,371		1,577,371	4,680	337.05	34.02
43.00	NURSERY	633,485		633,485	4,951	127.95	43.00
200.00	Total (lines 30-199)	9,405,041		9,405,041	36,189		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,512	1,694,553				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	0	0				
34.02	PREMATURE INTENSIVE CARE UNIT	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	6,512	1,694,553				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 9:47 am
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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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	5,390,192	142,215,139	0.037902	20,655,363	782,880	50.00
51.00	05100 RECOVERY ROOM	766,040	27,002,871	0.028369	2,370,932	67,261	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,691,671	34,871,300	0.048512	55,201	2,678	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,916,685	47,121,654	0.040675	3,404,535	138,479	54.00
56.00	05600 RADIOISOTOPE	107,478	6,213,663	0.017297	276,270	4,779	56.00
60.00	06000 LABORATORY	644,063	51,937,905	0.012401	6,153,515	76,310	60.00
65.00	06500 RESPIRATORY THERAPY	251,655	9,130,063	0.027563	1,166,592	32,155	65.00
66.00	06600 PHYSICAL THERAPY	522,261	13,571,702	0.038482	2,768,570	106,540	66.00
69.00	06900 ELECTROCARDIOLOGY	182,701	10,172,594	0.017960	1,388,274	24,933	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	59,163	3,186,782	0.018565	307,574	5,710	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	358,226	18,222,859	0.019658	3,201,102	62,927	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	105,475	75,380,743	0.001399	22,452,057	31,410	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	383,981	46,408,837	0.008274	8,590,760	71,080	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	1,261,698	31,684,867	0.039820	4,973,337	198,038	75.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0.000000	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003 IVF	0	0	0.000000	0	0	90.03
91.00	09100 EMERGENCY	1,471,384	70,005,744	0.021018	4,439,439	93,308	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	625,309	5,235,441	0.119438	96,075	11,475	92.00
200.00	Total (lines 50-199)	15,737,982	592,362,164		82,299,596	1,709,963	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 9:47 am	
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	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,389	0.00	6,512	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,169	0.00	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,680	0.00	0	0	0	34.02
43.00	04300	NURSERY	4,951	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	36,189		6,512	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0161

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 9:47 am

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	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 9:47 am
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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	142,215,139	0.000000	0.000000	20,655,363	50.00
51.00	05100	RECOVERY ROOM	0	27,002,871	0.000000	0.000000	2,370,932	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	34,871,300	0.000000	0.000000	55,201	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,121,654	0.000000	0.000000	3,404,535	54.00
56.00	05600	RADIOISOTOPE	0	6,213,663	0.000000	0.000000	276,270	56.00
60.00	06000	LABORATORY	0	51,937,905	0.000000	0.000000	6,153,515	60.00
65.00	06500	RESPIRATORY THERAPY	0	9,130,063	0.000000	0.000000	1,166,592	65.00
66.00	06600	PHYSICAL THERAPY	0	13,571,702	0.000000	0.000000	2,768,570	66.00
69.00	06900	ELECTROCARDIOLOGY	0	10,172,594	0.000000	0.000000	1,388,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,186,782	0.000000	0.000000	307,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,222,859	0.000000	0.000000	3,201,102	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	75,380,743	0.000000	0.000000	22,452,057	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,408,837	0.000000	0.000000	8,590,760	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	31,684,867	0.000000	0.000000	4,973,337	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0.000000	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003	IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	70,005,744	0.000000	0.000000	4,439,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,235,441	0.000000	0.000000	96,075	92.00
200.00		Total (lines 50-199)	0	592,362,164			82,299,596	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 9:47 am
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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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	11,793,922	0	50.00
51.00	05100 RECOVERY ROOM	0	2,954,477	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	6,535,197	0	54.00
56.00	05600 RADIOISOTOPE	0	1,778,460	0	56.00
60.00	06000 LABORATORY	0	2,479,831	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	706,153	0	65.00
66.00	06600 PHYSICAL THERAPY	0	106,800	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	3,596,965	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	111,746	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,026,244	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,833,003	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,130,368	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	5,171,017	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0	90.02
90.03	09003 IVF	0	0	0	90.03
91.00	09100 EMERGENCY	0	9,556,044	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	828,988	0	92.00
200.00	Total (lines 50-199)	0	54,609,215	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 9:47 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.185457	11,793,922	0	0	2,187,265	50.00
51.00	05100	RECOVERY ROOM	0.194494	2,954,477	0	0	574,628	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.225769	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203608	6,535,197	0	0	1,330,618	54.00
56.00	05600	RADIOISOTOPE	0.120419	1,778,460	0	0	214,160	56.00
60.00	06000	LABORATORY	0.164270	2,479,831	0	0	407,362	60.00
65.00	06500	RESPIRATORY THERAPY	0.379182	706,153	0	0	267,761	65.00
66.00	06600	PHYSICAL THERAPY	0.350639	106,800	0	0	37,448	66.00
69.00	06900	ELECTROCARDIOLOGY	0.080971	3,596,965	0	0	291,250	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.216218	111,746	0	0	24,161	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.366070	2,026,244	0	0	741,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.173335	4,833,003	0	0	837,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.191093	2,130,368	0	30,622	407,098	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0.172300	5,171,017	0	0	890,966	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0.000000	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0.000000	0	0	0	0	90.02
90.03	09003	IVF	0.000000	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.117895	9,556,044	0	0	1,126,610	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.642632	828,988	0	0	532,734	92.00
200.00		Subtotal (see instructions)		54,609,215	0	30,622	9,871,537	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		54,609,215	0	30,622	9,871,537	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 9:47 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,852		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0		90.02
90.03 09003 IVF	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	5,852		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	5,852		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part I Date/Time Prepared: 5/24/2017 9:47 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,606,758	0	6,606,758	25,389	260.22	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
34.01	PEDIATRIC INTENSIVE CARE UNIT	587,427		587,427	1,169	502.50	34.01
34.02	PREMATURE INTENSIVE CARE UNIT	1,577,371		1,577,371	4,680	337.05	34.02
43.00	NURSERY	633,485		633,485	4,951	127.95	43.00
200.00	Total (lines 30-199)	9,405,041		9,405,041	36,189		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	220	57,248				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
34.01	PEDIATRIC INTENSIVE CARE UNIT	202	101,505				
34.02	PREMATURE INTENSIVE CARE UNIT	176	59,321				
43.00	NURSERY	2,782	355,957				
200.00	Total (lines 30-199)	3,380	574,031				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part II Date/Time Prepared: 5/24/2017 9:47 am
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,390,192	142,215,139	0.037902	294,315	11,155	50.00
51.00	05100	RECOVERY ROOM	766,040	27,002,871	0.028369	43,631	1,238	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,691,671	34,871,300	0.048512	292,894	14,209	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,916,685	47,121,654	0.040675	113,479	4,616	54.00
56.00	05600	RADIOISOTOPE	107,478	6,213,663	0.017297	14,329	248	56.00
60.00	06000	LABORATORY	644,063	51,937,905	0.012401	530,854	6,583	60.00
65.00	06500	RESPIRATORY THERAPY	251,655	9,130,063	0.027563	488,471	13,464	65.00
66.00	06600	PHYSICAL THERAPY	522,261	13,571,702	0.038482	133,358	5,132	66.00
69.00	06900	ELECTROCARDIOLOGY	182,701	10,172,594	0.017960	24,836	446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	59,163	3,186,782	0.018565	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	358,226	18,222,859	0.019658	111,473	2,191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	105,475	75,380,743	0.001399	88,531	124	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	383,981	46,408,837	0.008274	583,840	4,831	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	1,261,698	31,684,867	0.039820	89,564	3,566	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0.000000	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0	0	90.02
90.03	09003	IVF	0	0	0.000000	0	0	90.03
91.00	09100	EMERGENCY	1,471,384	70,005,744	0.021018	97,240	2,044	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	625,309	5,235,441	0.119438	0	0	92.00
200.00		Total (lines 50-199)	15,737,982	592,362,164		2,906,815	69,847	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016		Worksheet D Part III Date/Time Prepared: 5/24/2017 9:47 am		
Cost Center Description			Title XIX			Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)		
			1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	0	34.02
43.00	04300	NURSERY	0	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)			
			6.00	7.00	8.00	9.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	25,389	0.00	220	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00
34.01	03401	PEDIATRIC INTENSIVE CARE UNIT	1,169	0.00	202	0	0	0	34.01
34.02	03402	PREMATURE INTENSIVE CARE UNIT	4,680	0.00	176	0	0	0	34.02
43.00	04300	NURSERY	4,951	0.00	2,782	0	0	0	43.00
200.00		Total (lines 30-199)	36,189		3,380	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0161

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2017 9:47 am

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
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
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0	0	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0	0	0	90.02
90.03	09003	IVF	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 9:47 am
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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	142,215,139	0.000000	0.000000	294,315	50.00
51.00	05100	RECOVERY ROOM	0	27,002,871	0.000000	0.000000	43,631	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	34,871,300	0.000000	0.000000	292,894	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	47,121,654	0.000000	0.000000	113,479	54.00
56.00	05600	RADIOISOTOPE	0	6,213,663	0.000000	0.000000	14,329	56.00
60.00	06000	LABORATORY	0	51,937,905	0.000000	0.000000	530,854	60.00
65.00	06500	RESPIRATORY THERAPY	0	9,130,063	0.000000	0.000000	488,471	65.00
66.00	06600	PHYSICAL THERAPY	0	13,571,702	0.000000	0.000000	133,358	66.00
69.00	06900	ELECTROCARDIOLOGY	0	10,172,594	0.000000	0.000000	24,836	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,186,782	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,222,859	0.000000	0.000000	111,473	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	75,380,743	0.000000	0.000000	88,531	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,408,837	0.000000	0.000000	583,840	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	CARDIAC CATHETERIZATION LABORATORY	0	31,684,867	0.000000	0.000000	89,564	75.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	ADULT SLEEP LAB	0	0	0.000000	0.000000	0	90.01
90.02	09002	PEDIATRIC SLEEP LAB	0	0	0.000000	0.000000	0	90.02
90.03	09003	IVF	0	0	0.000000	0.000000	0	90.03
91.00	09100	EMERGENCY	0	70,005,744	0.000000	0.000000	97,240	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,235,441	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	592,362,164			2,906,815	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part IV Date/Time Prepared: 5/24/2017 9:47 am
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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)	
		11.00	12.00	13.00	
Title XIX					
		Hospital			PPS
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
60.00	06000 LABORATORY	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
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 PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0	0	0	90.02
90.03	09003 IVF	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 9:47 am
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	0.185457	0	0	0	0
51.00 05100 RECOVERY ROOM	0.194494	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.225769	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.203608	0	0	0	0
56.00 05600 RADIOISOTOPE	0.120419	0	0	0	0
60.00 06000 LABORATORY	0.164270	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.379182	0	0	0	0
66.00 06600 PHYSICAL THERAPY	0.350639	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.080971	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.216218	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.366070	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.173335	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.191093	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0.172300	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 ADULT SLEEP LAB	0.000000	0	0	0	0
90.02 09002 PEDIATRIC SLEEP LAB	0.000000	0	0	0	0
90.03 09003 IVF	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.117895	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.642632	0	0	0	0
200.00 Subtotal (see instructions)		0	0	0	0
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 +/- line 201)			0	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D Part V Date/Time Prepared: 5/24/2017 9:47 am
	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	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC CATHETERIZATION LABORATORY	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ADULT SLEEP LAB	0	0		90.01
90.02 09002 PEDIATRIC SLEEP LAB	0	0		90.02
90.03 09003 IVF	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	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)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 9:47 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,389	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,389	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)		22,986	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,512	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)		35,547,441	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)		35,547,441	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)		35,547,441	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)		1,400.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,117,516	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)		9,117,516	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT					43.00	
44.00	CORONARY CARE UNIT					44.00	
45.00	BURN INTENSIVE CARE UNIT					45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	
46.01	PEDIATRIC INTENSIVE CARE UNIT	2,605,194	1,169	2,228.57	0	0	
46.02	PREMATURE INTENSIVE CARE UNIT	7,582,430	4,680	1,620.18	0	0	
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)					15,800,709	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,918,225	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,694,553	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,709,963	
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,404,516	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					21,513,709	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,403	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,400.11	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,364,464	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 9:47 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,606,758	35,547,441	0.185857	3,364,464	625,309	90.00
91.00	Nursing School cost	0	35,547,441	0.000000	3,364,464	0	91.00
92.00	Allied health cost	0	35,547,441	0.000000	3,364,464	0	92.00
93.00	All other Medical Education	0	35,547,441	0.000000	3,364,464	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D-1 Date/Time Prepared: 5/24/2017 9:47 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		25,389	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,389	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)		22,986	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)		220	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)		4,951	15.00
16.00	Nursery days (title V or XIX only)		2,782	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)		35,547,441	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)		35,547,441	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)		35,547,441	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)		1,400.11	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		308,024	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)		308,024	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	3,237,808	4,951	653.97	2,782	1,819,345	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
46.01	PEDIATRIC INTENSIVE CARE UNIT	2,605,194	1,169	2,228.57	202	450,171	46.01
46.02	PREMATURE INTENSIVE CARE UNIT	7,582,430	4,680	1,620.18	176	285,152	46.02
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)					670,272	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,532,964	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)					574,031	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					69,847	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					643,878	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,889,086	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,403	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,400.11	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,364,464	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0161		Period: From 01/01/2016 To 12/31/2016		Worksheet D-1 Date/Time Prepared: 5/24/2017 9:47 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,606,758	35,547,441	0.185857	3,364,464	625,309	90.00
91.00	Nursing School cost	0	35,547,441	0.000000	3,364,464	0	91.00
92.00	Allied health cost	0	35,547,441	0.000000	3,364,464	0	92.00
93.00	All other Medical Education	0	35,547,441	0.000000	3,364,464	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 9:47 am
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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		15,191,283		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		0		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		0		34.02
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.185457	20,655,363	3,830,682	50.00
51.00	05100 RECOVERY ROOM	0.194494	2,370,932	461,132	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.225769	55,201	12,463	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203608	3,404,535	693,191	54.00
56.00	05600 RADIOISOTOPE	0.120419	276,270	33,268	56.00
60.00	06000 LABORATORY	0.164270	6,153,515	1,010,838	60.00
65.00	06500 RESPIRATORY THERAPY	0.379182	1,166,592	442,351	65.00
66.00	06600 PHYSICAL THERAPY	0.350639	2,768,570	970,769	66.00
69.00	06900 ELECTROCARDIOLOGY	0.080971	1,388,274	112,410	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.216218	307,574	66,503	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.366070	3,201,102	1,171,827	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.173335	22,452,057	3,891,727	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191093	8,590,760	1,641,634	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.172300	4,973,337	856,906	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.000000	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000	0	0	90.02
90.03	09003 IVF	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.122373	4,439,439	543,267	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.642632	96,075	61,741	92.00
200.00	Total (sum of lines 50-94 and 96-98)		82,299,596	15,800,709	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)		82,299,596		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet D-3 Date/Time Prepared: 5/24/2017 9:47 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		703,615		30.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
34.01	03401 PEDIATRIC INTENSIVE CARE UNIT		982,865		34.01
34.02	03402 PREMATURE INTENSIVE CARE UNIT		1,542,523		34.02
43.00	04300 NURSERY		206,032		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.185457	294,315	54,583	50.00
51.00	05100 RECOVERY ROOM	0.194494	43,631	8,486	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.225769	292,894	66,126	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203608	113,479	23,105	54.00
56.00	05600 RADIOISOTOPE	0.120419	14,329	1,725	56.00
60.00	06000 LABORATORY	0.164270	530,854	87,203	60.00
65.00	06500 RESPIRATORY THERAPY	0.379182	488,471	185,219	65.00
66.00	06600 PHYSICAL THERAPY	0.350639	133,358	46,761	66.00
69.00	06900 ELECTROCARDIOLOGY	0.080971	24,836	2,011	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.216218	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.366070	111,473	40,807	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.173335	88,531	15,346	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.191093	583,840	111,568	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 CARDIAC CATHETERIZATION LABORATORY	0.172300	89,564	15,432	75.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 ADULT SLEEP LAB	0.000000	0	0	90.01
90.02	09002 PEDIATRIC SLEEP LAB	0.000000	0	0	90.02
90.03	09003 IVF	0.000000	0	0	90.03
91.00	09100 EMERGENCY	0.122373	97,240	11,900	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.642632	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		2,906,815	670,272	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)		2,906,815		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 9:47 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,580,787	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,880,609	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		1,395,876	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)		154.03	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.07	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.58	31.00
32.00	Sum of lines 30 and 31		24.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.55	33.00
34.00	Disproportionate share adjustment (see instructions)		345,266	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 9:47 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,406,145,534	5,977,483,147	35.00
35.01	Factor 3 (see instructions)	0.000158587	0.000163980	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,015,933	980,185	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	760,562	247,061	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,007,623		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)	17,210,161		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		17,210,161	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,902,429	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		2,071	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,114,661	59.00
60.00	Primary payer payments		61,847	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,052,814	61.00
62.00	Deductibles billed to program beneficiaries		1,555,512	62.00
63.00	Coinurance billed to program beneficiaries		39,284	63.00
64.00	Allowable bad debts (see instructions)		32,256	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		20,966	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		24,583	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,478,984	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	RURAL DEMONSTRATION PROJECT		0	70.50
70.88	SCH or MDH volume decrease adjustment		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-33,373	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part A Date/Time Prepared: 5/24/2017 9:47 am	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	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)			189,956	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			17,255,655	71.00
71.01	Sequestration adjustment (see instructions)			345,113	71.01
72.00	Interim payments			16,805,928	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)			104,614	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			91,315	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet E Part B Date/Time Prepared: 5/24/2017 9:47 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,852	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,871,537	2.00
3.00	PPS payments		7,396,952	3.00
4.00	Outlier payment (see instructions)		284,573	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)		5,852	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		30,622	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)		30,622	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)		30,622	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		24,770	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)		5,852	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)		7,681,525	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,440,667	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)		6,246,710	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)		6,246,710	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		6,246,710	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)		187,338	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		121,770	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		190,583	36.00
37.00	Subtotal (see instructions)		6,368,480	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		6,368,480	40.00
40.01	Sequestration adjustment (see instructions)		127,370	40.01
41.00	Interim payments		6,214,539	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		26,571	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		2,727	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0161

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2017 9:47 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		16,805,928		6,189,039	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	08/02/2016	25,500	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		25,500	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)		16,805,928		6,214,539	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		104,614		26,571	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		16,910,542		6,241,110	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: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet E-1 Part II Date/Time Prepared: 5/24/2017 9:47 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14		9,453	1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12		6,512	2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2		2,551	3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12		28,835	4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200		674,410,742	5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20		6,350,794	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		0	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		0	10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)		0	32.00

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

Provider CCN: 15-0161

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

Worksheet G

Date/Time Prepared:
5/24/2017 9:47 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	261,865,450	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	33,961,409	0	0	0	4.00
5.00	Other receivable	-2,649,725	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,379,762	0	0	0	7.00
8.00	Prepaid expenses	948,190	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)	296,505,086	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	11,942,223	0	0	0	13.00
14.00	Accumulated depreciation	-8,824,743	0	0	0	14.00
15.00	Buildings	148,862,711	0	0	0	15.00
16.00	Accumulated depreciation	-41,149,517	0	0	0	16.00
17.00	Leasehold improvements	11,308,147	0	0	0	17.00
18.00	Accumulated depreciation	-4,005,434	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	103,314,547	0	0	0	23.00
24.00	Accumulated depreciation	-87,476,395	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)	133,971,539	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,344,472	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,344,472	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	431,821,097	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,033,487	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,308,025	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,892,558	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	985,871	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,219,941	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	205,656,874	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,727,497	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	207,384,371	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	230,604,312	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	201,216,785				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	201,216,785	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	431,821,097	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0161

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

Worksheet G-1

Date/Time Prepared:
5/24/2017 9:47 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		145,319,539		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		55,897,246			2.00
3.00	Total (sum of line 1 and line 2)		201,216,785		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		201,216,785		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		201,216,785		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0161

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2017 9:47 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	58,262,249		58,262,249	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	58,262,249		58,262,249	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
14.01	PEDIATRIC INTENSIVE CARE UNIT	5,215,646		5,215,646	14.01
14.02	PREMATURE INTENSIVE CARE UNIT	19,087,919		19,087,919	14.02
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,303,565		24,303,565	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	82,565,814		82,565,814	17.00
18.00	Ancillary services	267,796,053	249,276,100	517,072,153	18.00
19.00	Outpatient services	9,143,321	65,580,628	74,723,949	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	0	135,258	135,258	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	359,505,188	314,991,986	674,497,174	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		187,214,620		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)		187,214,620		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0161

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

Worksheet G-3

Date/Time Prepared:
5/24/2017 9:47 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	674,497,174	1.00
2.00	Less contractual allowances and discounts on patients' accounts	439,727,189	2.00
3.00	Net patient revenues (line 1 minus line 2)	234,769,985	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	187,214,620	4.00
5.00	Net income from service to patients (line 3 minus line 4)	47,555,365	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	8,341,881	24.00
25.00	Total other income (sum of lines 6-24)	8,341,881	25.00
26.00	Total (line 5 plus line 25)	55,897,246	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)	55,897,246	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0161	Period: From 01/01/2016 To 12/31/2016	Worksheet L Parts I-III Date/Time Prepared: 5/24/2017 9:47 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,162,739	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		680,158	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)		81.29	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.07	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.58	8.00
9.00	Sum of lines 7 and 8		24.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.12	10.00
11.00	Disproportionate share adjustment (see instructions)		59,532	11.00
12.00	Total prospective capital payments (see instructions)		1,902,429	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