

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 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/25/2023 11:38 am
--	-----------------------	---------------------------------------	--

PART I - COST REPORT STATUS

Provider use only

1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.

Date: 5/25/2023 Time: 11:38 am

Contractor use only

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

6. Date Received:
 7. Contractor No.

8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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 CHIEF FINANCIAL 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 submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL ANDERSON (15-0113) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 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.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
	1	2		
1	Holly Millard	Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	Holly Millard		2
3	Signatory Title	SVP OF FINANCE		3
4	Date	(Dated when report is electronic)		4

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	343,343	-118,263	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	0	0	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	343,343	-118,263	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 number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:38 am
---	--	-----------------------	---	--

1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1515 NORTH MADISON AVE	PO Box:	Zip Code: 46011	County: MADISON
2.00	City: ANDERSON	State: IN		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COMMUNITY HOSPITAL ANDERSON	150113	26900	1	01/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2022	12/31/2022	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

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 UCPs, including supplemental UCPs, 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 a final UCP 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	Y			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? 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.									22.04
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:38 am			
	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.	960	158	0	9	5,376	11	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	
					Urban/Rural	S	Date of Geogr		
					1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
					Beginning:		Ending:		
					1.00		2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
					Y/N		Y/N		
					1.00		2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? 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)(i), (ii), or (iii)? 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	N	40.00	
					V	XVII	XIX		
					1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) 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? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, 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. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:38 am
---	--	-----------------------	---	--

		V	XVIII	XIX		
		1.00	2.00	3.00		
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
		1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	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)					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)					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)					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)					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)					61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					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. Enter in column 4, the 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. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings 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 through 67. (see instructions)				N	63.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:38 am	
			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 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	0.16	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	
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	0.25	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:38 am	
			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			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 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:38 am	
		V 1.00	XIX 2.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a 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	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
					1.00
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N
					1.00
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.				N
					1.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.				N
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.				
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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:38 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	962,479	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	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 healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.		N	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified 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 program, 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 program, 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 program, 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 program, 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 program, 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 program, 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 program, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is a hospital-based 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	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 1500 NORTH RITTER AVE	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/25/2023 11:38 am				
							1.00				
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						Y	147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00			
							Part A	Part B	Title V	Title XIX	
							1.00	2.00	3.00	4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)											
155.00	Hospital						N	N	N	N	155.00
156.00	Subprovider - IPF						N	N	N	N	156.00
157.00	Subprovider - IRF						N	N	N	N	157.00
158.00	SUBPROVIDER										158.00
159.00	SNF						N	N	N	N	159.00
160.00	HOME HEALTH AGENCY						N	N	N	N	160.00
161.00	CMHC							N	N	N	161.00
							1.00				
Multi campus											
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus				
		0	1.00	2.00	3.00	4.00	5.00				
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)									0.00	166.00
							1.00				
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act											
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)										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
							Beginni ng	Endi ng			
							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)										170.00
							1.00	2.00			
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						N			0	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 11:38 am	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/31/2021			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 a nursing program? Column 2: If yes, is the provider 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 programs 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 coinsurance amounts waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y			15.00
		Part A		Part B			
		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	05/02/2022	Y	05/02/2022		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: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 11:38 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	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	Were 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?		N		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.	SHIRLEY	BI	SHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135	SBI	SHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/25/2023 11:38 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.	NETWORK DIRECTOR OF REIMBURSEMENT		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: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	111	40,515	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)		111	40,515	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		128	46,720	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)		128				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)		0	0			32.00	
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01	
33.00 LTCH non-covered days						33.00	
33.01 LTCH site neutral days and discharges						33.01	
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	0	0		0	34.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 11:38 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	
PART I - STATISTICAL DATA						
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)	5,599	751	20,244		1.00
2.00	HMO and other (see instructions)	8,336	4,729			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	0	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	5,599	751	20,244		7.00
8.00	INTENSIVE CARE UNIT	897	124	3,475		8.00
9.00	CORONARY CARE UNIT					9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	OTHER SPECIAL CARE (SPECIFY)					12.00
13.00	NURSERY		899	1,193		13.00
14.00	Total (see instructions)	6,496	1,774	24,912	0.16	899.23
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)			61		24.10
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)	0	0	0	0.00	0.00
28.00	Observation Bed Days		355	2,334		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			223		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	11	195		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
33.01	LTCH site neutral days and discharges	0				33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2023 11:38 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
PART I - STATISTICAL DATA							
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	1,470	169	5,830	1.00
2.00	HMO and other (see instructions)			1,514	1,210		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,470	169	5,830	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			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 11:38 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	71,430,647	-320,220	71,110,427	1,870,505.00	38.02
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		123,053	0	123,053	832.00	147.90
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		285,976	0	285,976	4,026.00	71.03
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)		757,760	-2,996	754,764	18,621.00	40.53
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,707,941	0	5,707,941	42,459.00	134.43
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		1,445,229	0	1,445,229	19,874.00	72.72
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
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
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		19,332,774	0	19,332,774		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		198,524	0	198,524		
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		10,700	0	10,700		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		51,776	0	51,776		
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 (core)		0	0	0		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2023 11:38 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. 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	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	200,611	0	200,611	3,866.00	51.89	26.00
27.00	Administrative & General	7,051,970	-26,572	7,025,398	218,200.00	32.20	27.00
28.00	Administrative & General under contract (see inst.)	2,805,789	0	2,805,789	25,767.00	108.89	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	3,423,318	-12,848	3,410,470	91,678.00	37.20	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,330,572	-15,827	2,314,745	103,384.00	22.39	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,852,951	-1,796,889	56,062	2,102.00	26.67	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	43,082	1,788,887	1,831,969	75,005.00	24.42	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,514,066	-646	1,513,420	47,864.00	31.62	38.00
39.00	Central Services and Supply	333,682	-1,783	331,899	11,803.00	28.12	39.00
40.00	Pharmacy	2,831,285	-3,157	2,828,128	57,794.00	48.93	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2023 11:38 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	73,950,460	-320,220	73,630,240	1,892,246.00	38.91	1.00
2.00	Excluded area salaries (see instructions)	757,760	-2,996	754,764	18,621.00	40.53	2.00
3.00	Subtotal salaries (line 1 minus line 2)	73,192,700	-317,224	72,875,476	1,873,625.00	38.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,153,170	0	7,153,170	62,333.00	114.76	4.00
5.00	Subtotal wage-related costs (see inst.)	19,343,474	0	19,343,474	0.00	26.54	5.00
6.00	Total (sum of lines 3 thru 5)	99,689,344	-317,224	99,372,120	1,935,958.00	51.33	6.00
7.00	Total overhead cost (see instructions)	22,387,326	-68,835	22,318,491	637,463.00	35.01	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/25/2023 11:38 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,026,241 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 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)			7,286,452 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			2,721,085 9.00
10.00	Dental, Hearing and Vision Plan			74,362 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			38,984 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)			965,398 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			290,462 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			5,183,568 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			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			7,222 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			19,593,774 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/25/2023 11:38 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		5,707,941	19,593,774
2.00	Hospital		5,707,941	19,395,250
3.00	SUBPROVIDER - IPF			
4.00	SUBPROVIDER - IRF			
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	SKILLED NURSING FACILITY			
9.00	NURSING FACILITY			
10.00	OTHER LONG TERM CARE I			
11.00	Hospital-Based HHA			
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	RENAL DIALYSIS I		0	0
18.00	Other		0	198,524

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/25/2023 11:38 am
---	-----------------------	---	---

			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.231494	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		43,589,057	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		-5,017,585	5.00	
6.00	Medicaid charges		171,010,859	6.00	
7.00	Medicaid cost (line 1 times line 6)		39,587,988	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)		1,016,516	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	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		35,271	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)		1,016,516	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,185,810	1,083,730	5,269,540	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	968,990	1,083,730	2,052,720	21.00
22.00	Payments received from patients for amounts previously written off as charity care	88	0	88	22.00
23.00	Cost of charity care (line 21 minus line 22)	968,902	1,083,730	2,052,632	23.00
			1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,480,920	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		146,757	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		225,780	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		9,255,140	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,221,532	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,274,164	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,290,680	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	2,895,938	2,895,938	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,658,591	6,658,591	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	200,611	36,745	237,356	-720	236,636	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,051,970	63,774,713	70,826,683	-864,937	69,961,746	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,423,318	6,507,067	9,930,385	-1,405,097	8,525,288	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,330,572	1,213,624	3,544,196	-13,519	3,530,677	9.00
10.00	01000	DIETARY	1,852,951	1,808,103	3,661,054	-3,575,483	85,571	10.00
11.00	01100	CAFETERIA	43,082	68,915	111,997	3,420,701	3,532,698	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,514,066	490,045	2,004,111	-444	2,003,667	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	333,682	-220,691	112,991	-204,879	-91,888	14.00
15.00	01500	PHARMACY	2,831,285	9,601,733	12,433,018	-8,605,167	3,827,851	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	19,810	19,810	0	19,810	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,910,791	9,398,536	27,309,327	-3,347,442	23,961,885	30.00
31.00	03100	INTENSIVE CARE UNIT	3,530,463	3,268,505	6,798,968	-456,501	6,342,467	31.00
43.00	04300	NURSERY	0	0	0	1,077,835	1,077,835	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,034,005	17,396,720	23,430,725	-12,454,131	10,976,594	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,581,143	1,581,143	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,884,130	1,402,709	3,286,839	-839,078	2,447,761	54.00
54.01	05401	ULTRASOUND	563,927	209,968	773,895	34,660	808,555	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	317,499	475,290	792,789	-261,810	530,979	56.00
57.00	05700	CT SCAN	730,212	740,243	1,470,455	3,199	1,473,654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	599,759	1,160,718	1,760,477	-419,246	1,341,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	738,858	1,564,814	2,303,672	-1,124,421	1,179,251	59.00
60.00	06000	LABORATORY	2,780,297	5,397,379	8,177,676	-257,167	7,920,509	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	220,837	506,227	727,064	-2,968	724,096	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,348,752	1,131,326	3,480,078	-101,906	3,378,172	65.00
66.00	06600	PHYSICAL THERAPY	3,283,139	1,987,544	5,270,683	-1,618,036	3,652,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	521,651	521,651	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	242,948	242,948	68.00
69.00	06900	ELECTROCARDIOLOGY	1,074,280	489,885	1,564,165	-131,454	1,432,711	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	525,949	458,756	984,705	-71,325	913,380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,280,006	6,280,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,434,234	7,434,234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,555,276	8,555,276	73.00
74.00	07400	RENAL DIALYSIS	0	337,934	337,934	-12,645	325,289	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	672,777	1,519,554	2,192,331	-222,023	1,970,308	90.01
90.02	09002	CTR ADVANCED HEART CARE	323,611	126,818	450,429	-909	449,520	90.02
90.03	09003	RADIATION ONCOLOGY	1,872,975	3,323,156	5,196,131	-1,011,494	4,184,637	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	335,821	110,854	446,675	0	446,675	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	29,580	29,580	-28,980	600	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	375,374	96,870	472,244	-2,105	470,139	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	4,967,894	2,368,564	7,336,458	-274,964	7,061,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	70,672,887	136,802,014	207,474,901	1,397,331	208,872,232	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	658,390	598,898	1,257,288	-366,423	890,865	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006 MONTICELLO HSE.	0	88,542	88,542	-42,500	46,042	190.06
190.07	19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	281	281	0	281	190.12
190.13	19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	99,370	67,829	167,199	-22,372	144,827	190.14
190.15	19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	2,711,818	2,711,818	-831,378	1,880,440	192.00
192.01	19201 MUNCIE MD OFFICES	0	155,805	155,805	-130,940	24,865	192.01
192.02	19202 FOUNDATION	0	0	0	0	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208 RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	7,100	7,100	-3,718	3,382	192.09
192.10	19210 1512 N MADISON AVE	0	0	0	0	0	192.10
200.00	TOTAL (SUM OF LINES 118 through 199)	71,430,647	140,432,287	211,862,934	0	211,862,934	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	2,895,938	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,811,782	9,470,373	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,184,980	3,421,616	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-37,479,517	32,482,229	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	8,525,288	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,530,677	9.00
10.00	01000	DIETARY	0	85,571	10.00
11.00	01100	CAFETERIA	-1,024,558	2,508,140	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,734,506	4,738,173	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	803,359	711,471	14.00
15.00	01500	PHARMACY	0	3,827,851	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,076,194	1,096,004	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	14,101	14,101	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	29,849	29,849	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	348,164	24,310,049	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,342,467	31.00
43.00	04300	NURSERY	0	1,077,835	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-17,928	10,958,666	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,581,143	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	115,045	2,562,806	54.00
54.01	05401	ULTRASOUND	0	808,555	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	530,979	56.00
57.00	05700	CT SCAN	0	1,473,654	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,341,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,179,251	59.00
60.00	06000	LABORATORY	-1,687	7,918,822	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	724,096	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-47,358	3,330,814	65.00
66.00	06600	PHYSICAL THERAPY	0	3,652,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	521,651	67.00
68.00	06800	SPEECH PATHOLOGY	0	242,948	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,432,711	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	913,380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,280,006	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,434,234	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,555,276	73.00
74.00	07400	RENAL DIALYSIS	0	325,289	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	1,970,308	90.01
90.02	09002	CTR ADVANCED HEART CARE	-238,618	210,902	90.02
90.03	09003	RADIATION ONCOLOGY	-568,140	3,616,497	90.03
90.04	09004	MUNCIE CLINIC	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	446,675	90.05
90.06	09006	PREGNANCY PLUS	0	0	90.06
90.07	09007	O/P LAB	0	0	90.07
90.08	09008	O/P LAB	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	600	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	-932	469,207	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	90.12
91.00	09100	EMERGENCY	874,516	7,936,010	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-27,386,242	181,485,990	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	890,865	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	46,042	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	281	190.12
190.13	19013	RHEUMATOLOGY	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	144,827	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	190.15
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,880,440	192.00
192.01	19201	MUNCIE MD OFFICES	0	24,865	192.01
192.02	19202	FOUNDATION	0	0	192.02
192.03	19203	SPOE	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	192.04
192.05	19205	VACANT SPACE	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	3,382	192.09
192.10	19210	1512 N MADISON AVE	0	0	192.10
200.00		TOTAL (SUM OF LINES 118 through 199)	-27,386,242	184,476,692	200.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/25/2023 11:38 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - Chargeable Medical Supplies						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,731	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	13,807	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,280,006	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	
TOTALS			0	6,301,544		
B - Implantable Device Recl ass						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,434,234	1.00	
2.00		0.00	0	0	2.00	
TOTALS			0	7,434,234		
C - Drugs Charges to Pat						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,555,276	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
TOTALS			0	8,555,276		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,940,407	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
20.00		0.00	0	0				20.00	
21.00		0.00	0	0				21.00	
22.00		0.00	0	0				22.00	
23.00		0.00	0	0				23.00	
24.00		0.00	0	0				24.00	
25.00		0.00	0	0				25.00	
26.00		0.00	0	0				26.00	
27.00		0.00	0	0				27.00	
28.00		0.00	0	0				28.00	
29.00		0.00	0	0				29.00	
30.00		0.00	0	0				30.00	
31.00		0.00	0	0				31.00	
32.00		0.00	0	0				32.00	
33.00		0.00	0	0				33.00	
34.00		0.00	0	0				34.00	
35.00		0.00	0	0				35.00	
36.00		0.00	0	0				36.00	
TOTALS			0	6,940,407					
F - Other Capital Rental									
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,461,133				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	
TOTALS			0	2,461,133					
G - Therapy Recl ass									
1.00	OCCUPATIONAL THERAPY	67.00	396,860	0				1.00	
2.00	SPEECH PATHOLOGY	68.00	184,829	0				2.00	
3.00	OCCUPATIONAL THERAPY	67.00	0	124,791				3.00	
4.00	SPEECH PATHOLOGY	68.00	0	58,119				4.00	
TOTALS			581,689	182,910					
H - Labor and Delivery									
1.00	NURSERY	43.00	757,442	0				1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,111,139	0				2.00	
3.00	NURSERY	43.00	0	320,393				3.00	
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	470,004				4.00	
TOTALS			1,868,581	790,397					
I - Cafeteria									
1.00	CAFETERIA	11.00	1,788,887	0				1.00	
2.00	CAFETERIA	11.00	0	1,631,814				2.00	
TOTALS			1,788,887	1,631,814					
J - STD BENEFIT RECLASS									
1.00	ADMINISTRATIVE & GENERAL	5.00	0	26,572				1.00	
2.00	OPERATION OF PLANT	7.00	0	12,848				2.00	
3.00	HOUSEKEEPING	9.00	0	15,827				3.00	
4.00	DIETARY	10.00	0	8,002				4.00	
5.00	NURSING ADMINISTRATION	13.00	0	646				5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,783				6.00	
7.00	PHARMACY	15.00	0	3,157				7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	84,213				8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	2,138				9.00	
10.00	OPERATING ROOM	50.00	0	52,148				10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,026				11.00	
12.00	LABORATORY	60.00	0	5,644				12.00	
13.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	5,753				13.00	
14.00	RESPIRATORY THERAPY	65.00	0	35,900				14.00	
15.00	PHYSICAL THERAPY	66.00	0	11,793				15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	5,746				16.00	
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,992				17.00	
18.00	WOUND/OSTOMY CLINIC	90.01	0	436				18.00	
19.00	RADIATION ONCOLOGY	90.03	0	5,777				19.00	

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/25/2023 11:38 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	EMERGENCY	91.00	0	25,823	20.00
21.00	WELLNESS CENTERS	190.01	0	2,996	21.00
	TOTALS		0	320,220	
K - Building Depreciation					
1.00	CAP_REL_COSTS-BLDG & FIXT	1.00	0	2,742,949	1.00
	TOTALS		0	2,742,949	
L - Capital Insurance Costs					
1.00	CAP_REL_COSTS-BLDG & FIXT	1.00	0	152,989	1.00
	TOTALS		0	152,989	
M - Radiology Support Staff					
1.00	ULTRASOUND	54.01	42,629	0	1.00
2.00	RADIOISOTOPE	56.00	37,396	0	2.00
3.00	CT SCAN	57.00	215,511	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	60,275	0	4.00
5.00	ULTRASOUND	54.01	0	11,620	5.00
6.00	RADIOISOTOPE	56.00	0	10,194	6.00
7.00	CT SCAN	57.00	0	58,746	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	16,430	8.00
	TOTALS		355,811	96,990	
500.00	Grand Total: Increases		4,594,968	37,610,863	500.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/25/2023 11:38 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - Chargeable Medical Supplies						
1.00	OPERATION OF PLANT	7.00	0	16	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	168	0	2.00
3.00	PHARMACY	15.00	0	19,782	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	512,524	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	345,528	0	5.00
6.00	OPERATING ROOM	50.00	0	3,877,174	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,132	0	7.00
8.00	ULTRASOUND	54.01	0	16,933	0	8.00
9.00	CT SCAN	57.00	0	154,645	0	9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,181	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	644,834	0	11.00
12.00	LABORATORY	60.00	0	221	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	38,097	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	497	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	2,658	0	15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,543	0	16.00
17.00	RENAL DIALYSIS	74.00	0	12,560	0	17.00
18.00	WOUND/OSTOMY CLINIC	90.01	0	205,173	0	18.00
19.00	CTR ADVANCED HEART CARE	90.02	0	210	0	19.00
20.00	RADIATION ONCOLOGY	90.03	0	194,506	0	20.00
21.00	EMERGENCY	91.00	0	212,824	0	21.00
22.00	WELLNESS CENTERS	190.01	0	22,338	0	22.00
	TOTALS		0	6,301,544		
B - Implantable Device Recl ass						
1.00	OPERATING ROOM	50.00	0	7,142,829	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	291,405	0	2.00
	TOTALS		0	7,434,234		
C - Drugs Charges to Pat						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,937	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	66	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	242	0	3.00
4.00	PHARMACY	15.00	0	8,115,025	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	6,638	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,846	0	6.00
7.00	OPERATING ROOM	50.00	0	16,594	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,424	0	8.00
9.00	ULTRASOUND	54.01	0	6	0	9.00
10.00	RADIOISOTOPE	56.00	0	220,301	0	10.00
11.00	CT SCAN	57.00	0	115,479	0	11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	54,837	0	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	6,701	0	13.00
14.00	RESPIRATORY THERAPY	65.00	0	15	0	14.00
15.00	PHYSICAL THERAPY	66.00	0	14	0	15.00
16.00	ELECTROCARDIOLOGY	69.00	0	313	0	16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	0	97	0	17.00
18.00	RENAL DIALYSIS	74.00	0	85	0	18.00
19.00	WOUND/OSTOMY CLINIC	90.01	0	1,176	0	19.00
20.00	CTR ADVANCED HEART CARE	90.02	0	334	0	20.00
21.00	RADIATION ONCOLOGY	90.03	0	48	0	21.00
22.00	EMERGENCY	91.00	0	6,098	0	22.00
	TOTALS		0	8,555,276		
D - Depreciation Expense						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	720	9	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	711,609	0	2.00
3.00	OPERATION OF PLANT	7.00	0	1,405,081	0	3.00
4.00	HOUSEKEEPING	9.00	0	3,124	0	4.00
5.00	DIETARY	10.00	0	150,942	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	210	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	65,875	0	7.00
8.00	PHARMACY	15.00	0	6,349	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	169,302	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	108,915	0	10.00
11.00	OPERATING ROOM	50.00	0	1,092,108	0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	352,721	0	12.00
13.00	ULTRASOUND	54.01	0	2,650	0	13.00
14.00	RADIOISOTOPE	56.00	0	89,099	0	14.00
15.00	CT SCAN	57.00	0	934	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	114,933	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	181,481	0	17.00
18.00	LABORATORY	60.00	0	208,384	0	18.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6
Date/Time Prepared:
5/25/2023 11:38 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
19.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	2,968	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	63,794	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	96,520	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	128,483	0	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	62,860	0	23.00
24.00	WOUND/OSTOMY CLINIC	90.01	0	15,674	0	24.00
25.00	CTR ADVANCED HEART CARE	90.02	0	365	0	25.00
26.00	RADIATION ONCOLOGY	90.03	0	816,940	0	26.00
27.00	FORTVILLE CLINIC	90.09	0	2,086	0	27.00
28.00	DIABETIC PLUS CLINIC	90.11	0	2,105	0	28.00
29.00	EMERGENCY	91.00	0	55,830	0	29.00
30.00	WELLNESS CENTERS	190.01	0	149,676	0	30.00
31.00	MONTICELLO HSE.	190.06	0	42,500	0	31.00
32.00	ROCK STEADY BOXING	190.14	0	2,509	0	32.00
33.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	823,378	0	33.00
34.00	MUNCIE MD OFFICES	192.01	0	1,940	0	34.00
35.00	RESIDENTIAL PROPERTY (1430 N MADISON	192.09	0	3,718	0	35.00
36.00	ADMINISTRATIVE & GENERAL	5.00	0	4,624	0	36.00
	TOTALS		0	6,940,407		
F - Other Capital Rental						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,509	10	1.00
2.00	HOUSEKEEPING	9.00	0	10,395	0	2.00
3.00	DIETARY	10.00	0	3,840	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	152,569	0	4.00
5.00	PHARMACY	15.00	0	464,011	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	212	0	6.00
7.00	OPERATING ROOM	50.00	0	325,426	0	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	313,000	0	8.00
9.00	LABORATORY	60.00	0	48,562	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	756,406	0	10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,825	0	11.00
12.00	FORTVILLE CLINIC	90.09	0	26,894	0	12.00
13.00	EMERGENCY	91.00	0	212	0	13.00
14.00	WELLNESS CENTERS	190.01	0	194,409	0	14.00
15.00	ROCK STEADY BOXING	190.14	0	19,863	0	15.00
16.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,000	0	16.00
17.00	MUNCIE MD OFFICES	192.01	0	129,000	0	17.00
	TOTALS		0	2,461,133		
G - Therapy Reclass						
1.00	PHYSICAL THERAPY	66.00	581,689	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	182,910	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		581,689	182,910		
H - Labor and Delivery						
1.00	ADULTS & PEDIATRICS	30.00	1,868,581	0	0	1.00
2.00		0.00	0	0	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	790,397	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		1,868,581	790,397		
I - Cafeteria						
1.00	DIETARY	10.00	1,788,887	0	0	1.00
2.00	DIETARY	10.00	0	1,631,814	0	2.00
	TOTALS		1,788,887	1,631,814		
J - STD BENEFIT RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	26,572	0	0	1.00
2.00	OPERATION OF PLANT	7.00	12,848	0	0	2.00
3.00	HOUSEKEEPING	9.00	15,827	0	0	3.00
4.00	DIETARY	10.00	8,002	0	0	4.00
5.00	NURSING ADMINISTRATION	13.00	646	0	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	1,783	0	0	6.00
7.00	PHARMACY	15.00	3,157	0	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	84,213	0	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	2,138	0	0	9.00
10.00	OPERATING ROOM	50.00	52,148	0	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	9,026	0	0	11.00
12.00	LABORATORY	60.00	5,644	0	0	12.00
13.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	5,753	0	0	13.00
14.00	RESPIRATORY THERAPY	65.00	35,900	0	0	14.00
15.00	PHYSICAL THERAPY	66.00	11,793	0	0	15.00

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
16.00	ELECTROCARDIOLOGY	69.00	5,746	0	0	0		16.00
17.00	ELECTROENCEPHALOGRAPHY	70.00	3,992	0	0	0		17.00
18.00	WOUND/OSTOMY CLINIC	90.01	436	0	0	0		18.00
19.00	RADIATION ONCOLOGY	90.03	5,777	0	0	0		19.00
20.00	EMERGENCY	91.00	25,823	0	0	0		20.00
21.00	WELLNESS CENTERS	190.01	2,996	0	0	0		21.00
	TOTALS		320,220	0				
K - Building Depreciation								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,742,949		9		1.00
	TOTALS		0	2,742,949				
L - Capital Insurance Costs								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	152,989		12		1.00
	TOTALS		0	152,989				
M - Radiology Support Staff								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	355,811	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	96,990	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
8.00		0.00	0	0	0	0		8.00
	TOTALS		355,811	96,990				
500.00	Grand Total: Decreases		4,915,188	37,290,643				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part I
Date/Time Prepared:
5/25/2023 11:38 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,280,153	0	0	0	12,000	1.00
2.00	Land Improvements	2,007,545	15,632	0	15,632	0	2.00
3.00	Buildings and Fixtures	78,186,026	4,560,787	0	4,560,787	81,431	3.00
4.00	Building Improvements	2,763,325	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	79,330,674	3,503,811	0	3,503,811	316,134	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	168,567,723	8,080,230	0	8,080,230	409,565	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	168,567,723	8,080,230	0	8,080,230	409,565	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,268,153	0				1.00
2.00	Land Improvements	2,023,177	0				2.00
3.00	Buildings and Fixtures	82,665,382	0				3.00
4.00	Building Improvements	2,763,325	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	82,518,351	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	176,238,388	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	176,238,388	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part II
Date/Time Prepared:
5/25/2023 11:38 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part III
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	93,720,037	0	93,720,037	0.531780	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	82,518,351	0	82,518,351	0.468220	0	2.00
3.00	Total (sum of lines 1-2)	176,238,388	0	176,238,388	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,742,949	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,009,240	2,461,133	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,752,189	2,461,133	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	152,989	0	0	2,895,938	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,470,373	2.00
3.00	Total (sum of lines 1-2)	0	152,989	0	0	12,366,311	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8

Date/Time Prepared:
5/25/2023 11:38 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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-8,217	0	ADMINISTRATIVE & GENERAL	5.00	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	-235,146	0		0.00	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	2,304,607	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-1,013,476	0	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B		0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	A		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 Misc Rev Sales	B	-421,383	0	ADMINISTRATIVE & GENERAL	5.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01 Investment Income	B	-1,930,800	ADMI NI STRATI VE & GENERAL		5.00	9 33.01
33.02 Space Rental Income	B	-59,200	ADMI NI STRATI VE & GENERAL		5.00	0 33.02
33.03 Space Rental Income	B	-568,140	RADIATION ONCOLOGY		90.03	0 33.03
33.04 Mi sc Revenue	B	-908,185	ADMI NI STRATI VE & GENERAL		5.00	0 33.04
33.05 Mi sc Revenue	B	-11,082	CAFETERIA		11.00	0 33.05
33.06 Mi sc Revenue	B	-17,928	OPERATING ROOM		50.00	0 33.06
33.07 Mi sc Revenue	B	-1,687	LABORATORY		60.00	0 33.07
33.08 Mi sc Revenue	B		MEDI CAL RECORDS & LI BRARY		16.00	0 33.08
33.09 Mi sc Revenue	B		OPERATING ROOM		50.00	0 33.09
33.10 Mi sc Revenue	B		LABORATORY		60.00	0 33.10
34.00 HAF Tax Offset	A	-14,379,924	ADMI NI STRATI VE & GENERAL		5.00	0 34.00
34.01 Sponsorship	A	-477,143	ADMI NI STRATI VE & GENERAL		5.00	0 34.01
34.02 Sponsorship	A	-932	DIABETIC PLUS CLINIC		90.11	0 34.02
34.03 APP	A	-47,358	RESPIRATORY THERAPY		65.00	0 34.03
34.04 APP	A	-238,618	CTR ADVANCED HEART CARE		90.02	0 34.04
34.05 Hospitalist Loss	A	-3,303,275	ADMI NI STRATI VE & GENERAL		5.00	0 34.05
34.06 Bad Debt	A	-8,783,020	ADMI NI STRATI VE & GENERAL		5.00	0 34.06
36.01 Non Allow Marketing	A	-109,972	ADMI NI STRATI VE & GENERAL		5.00	0 36.01
36.02 EPIC Amortization	A	1,392,695	CAP REL COSTS-MVBLE EQUIP		2.00	9 36.02
36.03 EPIC Amortization	A	1,431,942	ADMI NI STRATI VE & GENERAL		5.00	0 36.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-27,386,242				50.00

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0113
 Period: From 01/01/2022 To 12/31/2022
 Worksheet A-8-1
 Date/Time Prepared: 5/25/2023 11:38 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	21.00	I&R SERVICES-SALARY & FRINGE	RESIDENTS	14,101	0
2.00	22.00	I&R SERVICES-OTHER PRGM. COS	RESIDENTS	29,849	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,419,087	0
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	3,184,980	0
3.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	20,453,307	28,836,906
3.03	13.00	NURSING ADMINISTRATION	HOME OFFICE	2,734,506	0
3.04	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	803,359	0
3.05	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	1,076,194	0
3.06	30.00	ADULTS & PEDIATRICS	HOME OFFICE	348,164	0
3.07	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	115,045	0
4.00	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	88,405	0
4.01	91.00	EMERGENCY	CPN CALL	874,516	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			31,141,513	28,836,906

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

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

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

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

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

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

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

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

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-1

Date/Time Prepared:
5/25/2023 11:38 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	14,101	0		1.00
2.00	29,849	0		2.00
3.00	1,419,087	9		3.00
3.01	3,184,980	0		3.01
3.02	-8,383,599	0		3.02
3.03	2,734,506	0		3.03
3.04	803,359	0		3.04
3.05	1,076,194	0		3.05
3.06	348,164	0		3.06
3.07	115,045	0		3.07
4.00	88,405	0		4.00
4.01	874,516	0		4.01
5.00	2,304,607			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			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:
5/25/2023 11:38 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	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	235,146	235,146	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			235,146	235,146	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	235,146		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	235,146		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,895,938	2,895,938			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	9,470,373		9,470,373		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,421,616	30,151	0	3,451,767	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	32,482,229	89,746	1,995,799	341,982	34,909,756
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	8,525,288	597,055	636,145	166,015	9,924,503
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	3,530,677	30,836	15,909	112,677	3,690,099
10.00 01000	DIETARY	85,571	0	14,097	2,729	102,397
11.00 01100	CAFETERIA	2,508,140	116,822	51,551	89,177	2,765,690
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	4,738,173	32,207	247	73,670	4,844,297
14.00 01400	CENTRAL SERVICES & SUPPLY	711,471	76,500	240,996	16,156	1,045,123
15.00 01500	PHARMACY	3,827,851	34,939	552,971	137,668	4,553,429
16.00 01600	MEDICAL RECORDS & LIBRARY	1,096,004	37,862	0	0	1,133,866
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	14,101	0	0	0	14,101
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	29,849	0	0	0	29,849
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	24,310,049	430,787	178,836	776,823	25,696,495
31.00 03100	INTENSIVE CARE UNIT	6,342,467	133,989	126,823	171,752	6,775,031
43.00 04300	NURSERY	1,077,835	98,798	8,263	36,871	1,221,767
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,958,666	339,307	1,481,716	291,185	13,070,874
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,581,143	61,491	12,121	54,088	1,708,843
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,562,806	32,177	346,925	73,956	3,015,864
54.01 05401	ULTRASOUND	808,555	11,673	3,671	29,526	853,425
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	530,979	15,151	105,330	17,276	668,736
57.00 05700	CT SCAN	1,473,654	59,152	2,798	46,036	1,581,640
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,341,231	0	504,337	32,129	1,877,697
59.00 05900	CARDIAC CATHETERIZATION	1,179,251	65,714	183,021	35,966	1,463,952
60.00 06000	LABORATORY	7,918,822	78,365	300,066	135,065	8,432,318
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	724,096	8,609	3,492	10,470	746,667
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	3,330,814	2,520	71,838	112,585	3,517,757
66.00 06600	PHYSICAL THERAPY	3,652,647	64,172	997,829	130,927	4,845,575
67.00 06700	OCCUPATIONAL THERAPY	521,651	12,822	3,973	19,318	557,764
68.00 06800	SPEECH PATHOLOGY	242,948	5,968	1,850	8,997	259,763
69.00 06900	ELECTROCARDIOLOGY	1,432,711	146,801	151,188	52,014	1,782,714
70.00 07000	ELECTROENCEPHALOGRAPHY	913,380	34,808	81,999	25,408	1,055,595
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,280,006	0	0	0	6,280,006
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,434,234	0	0	0	7,434,234
73.00 07300	DRUGS CHARGED TO PATIENTS	8,555,276	0	0	0	8,555,276
74.00 07400	RENAL DIALYSIS	325,289	0	0	0	325,289
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	WOUND/OSTOMY CLINIC	1,970,308	54,817	5,752	32,728	2,063,605
90.02 09002	CTR ADVANCED HEART CARE	210,902	0	430	15,753	227,085
90.03 09003	RADIATION ONCOLOGY	3,616,497	10,867	542,260	90,891	4,260,515
90.04 09004	MUNCIE CLINIC	0	0	0	0	0
90.05 09005	ANTI COAGULATION CLINIC	446,675	0	0	16,347	463,022
90.06 09006	PREGNANCY PLUS	0	0	0	0	0
90.07 09007	O/P LAB	0	0	0	0	0
90.08 09008	O/P LAB	0	0	0	0	0
90.09 09009	FORTVILLE CLINIC	600	0	31,647	0	32,247
90.10 09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0
90.11 09011	DIABETIC PLUS CLINIC	469,207	0	2,477	18,272	489,956
90.12 09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0
91.00 09100	EMERGENCY	7,936,010	125,280	47,979	240,570	8,349,839
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS						
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	181,485,990	2,839,386	8,704,336	3,415,027	180,626,661 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	WELLNESS CENTERS	890,865	8,085	404,890	31,903	1,335,743 190.01
190.02 19002	EMPLOYED ORTHO MD	0	0	0	0	190.02
190.03 19003	NORTHVIEW CONV. (LTC)	0	0	0	0	190.03
190.04 19004	SUMMIT CONV. (LTC)	0	0	0	0	190.04
190.05 19005	PARKVIEW CONV. (LTC)	0	0	0	0	190.05
190.06 19006	MONTICELLO HSE.	46,042	0	0	0	46,042 190.06
190.07 19007	NH PARK PLACE (LTC)	0	0	0	0	190.07
190.08 19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	190.08
190.09 19009	SPI NE SURGEON	0	0	0	0	190.09
190.10 19010	CLINICAL RESEARCH CENTER	0	0	0	0	190.10
190.11 19011	ONCOLOGIST	0	0	0	0	190.11
190.12 19012	MEDICAL INTERNIST	281	0	0	0	281 190.12
190.13 19013	RHEUMATOLOGY	0	0	0	0	190.13
190.14 19014	ROCK STEADY BOXING	144,827	0	26,325	4,837	175,989 190.14
190.15 19015	OTHER ONCOLOGY SERVICES	0	0	0	0	190.15
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,880,440	48,467	183,026	0	2,111,933 192.00
192.01 19201	MUNCIE MD OFFICES	24,865	0	151,796	0	176,661 192.01
192.02 19202	FOUNDATION	0	0	0	0	192.02
192.03 19203	SPOE	0	0	0	0	192.03
192.04 19204	HEALTHY HEART	0	0	0	0	192.04
192.05 19205	VACANT SPACE	0	0	0	0	192.05
192.07 19207	PARK PLACE CENTER	0	0	0	0	192.07
192.08 19208	RENTAL PROPERTY	0	0	0	0	192.08
192.09 19209	RESIDENTIAL PROPERTY (1430 N MADISON	3,382	0	0	0	3,382 192.09
192.10 19210	1512 N MADISON AVE	0	0	0	0	192.10
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	184,476,692	2,895,938	9,470,373	3,451,767	184,476,692 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/25/2023 11:38 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,909,756				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	2,316,439	0	12,240,942		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	861,291	0	173,228	0	4,724,618
10.00	01000	DIETARY	23,900	0	0	0	0
11.00	01100	CAFETERIA	645,529	0	656,274	0	256,937
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,130,688	0	180,930	0	70,836
14.00	01400	CENTRAL SERVICES & SUPPLY	243,938	0	429,758	0	168,254
15.00	01500	PHARMACY	1,062,798	0	196,276	0	76,844
16.00	01600	MEDICAL RECORDS & LIBRARY	264,651	0	212,699	0	83,273
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,291	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	6,967	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,997,650	0	2,420,046	0	947,469
31.00	03100	INTENSIVE CARE UNIT	1,581,333	0	752,714	0	294,694
43.00	04300	NURSERY	285,168	0	555,022	0	217,296
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,050,820	0	1,906,135	0	746,269
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	398,854	0	345,437	0	135,242
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	703,921	0	180,760	0	70,769
54.01	05401	ULTRASOUND	199,195	0	65,576	0	25,674
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	156,087	0	85,114	0	33,323
57.00	05700	CT SCAN	369,164	0	332,299	0	130,098
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	438,266	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	341,695	0	369,165	0	144,531
60.00	06000	LABORATORY	1,968,154	0	440,234	0	172,356
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	174,277	0	48,361	0	18,934
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	821,066	0	14,157	0	5,543
66.00	06600	PHYSICAL THERAPY	1,130,986	0	360,501	0	141,139
67.00	06700	OCCUPATIONAL THERAPY	130,185	0	72,032	0	28,201
68.00	06800	SPEECH PATHOLOGY	60,630	0	33,524	0	13,125
69.00	06900	ELECTROCARDIOLOGY	416,096	0	824,689	0	322,873
70.00	07000	ELECTROENCEPHALOGRAPHY	246,382	0	195,540	0	76,556
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,465,791	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,735,195	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,996,853	0	0	0	0
74.00	07400	RENAL DIALYSIS	75,924	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	481,658	0	307,949	0	120,565
90.02	09002	CTR ADVANCED HEART CARE	53,003	0	0	0	0
90.03	09003	RADIATION ONCOLOGY	994,430	0	61,046	0	23,900
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	108,072	0	0	0	0
90.06	09006	PREGNANCY PLUS	0	0	0	0	0
90.07	09007	O/P LAB	0	0	0	0	0
90.08	09008	O/P LAB	0	0	0	0	0
90.09	09009	FORTVILLE CLINIC	7,527	0	0	0	0
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0
90.11	09011	DIABETIC PLUS CLINIC	114,359	0	0	0	0
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0
91.00	09100	EMERGENCY	1,948,903	0	703,786	0	275,539
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	34,011,136	0	11,923,252	0	4,600,240

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	311,770	0	45,417	0	17,781
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0
190.06	19006	MONTICELLO HSE.	10,746	0	0	0	0
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0
190.09	19009	SPINE SURGEON	0	0	0	0	0
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0
190.11	19011	ONCOLOGIST	0	0	0	0	0
190.12	19012	MEDICAL INTERNIST	66	0	0	0	0
190.13	19013	RHEUMATOLOGY	0	0	0	0	0
190.14	19014	ROCK STEADY BOXING	41,077	0	0	0	0
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	492,938	0	272,273	0	106,597
192.01	19201	MUNCIE MD OFFICES	41,234	0	0	0	0
192.02	19202	FOUNDATION	0	0	0	0	0
192.03	19203	SPOE	0	0	0	0	0
192.04	19204	HEALTHY HEART	0	0	0	0	0
192.05	19205	VACANT SPACE	0	0	0	0	0
192.07	19207	PARK PLACE CENTER	0	0	0	0	0
192.08	19208	RENTAL PROPERTY	0	0	0	0	0
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	789	0	0	0	0
192.10	19210	1512 N MADISON AVE	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	34,909,756	0	12,240,942	0	4,724,618

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	126,297					10.00
11.00	01100	CAFETERIA	0	4,324,430				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	152,315	0	6,379,066		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,734	0	0	1,926,807	14.00
15.00	01500	PHARMACY	0	185,427	0	0	8,508	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	102,632	1,245,015	0	3,884,616	120,247	30.00
31.00	03100	INTENSIVE CARE UNIT	17,617	251,651	0	785,173	24,386	31.00
43.00	04300	NURSERY	6,048	52,979	0	165,654	5,678	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	496,680	0	1,543,623	184,538	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	79,469	0	0	8,329	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	119,203	0	0	8,728	54.00
54.01	05401	ULTRASOUND	0	33,112	0	0	2,761	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	19,867	0	0	688	56.00
57.00	05700	CT SCAN	0	66,224	0	0	1,533	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	46,357	0	0	2,171	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	52,979	0	0	11,854	59.00
60.00	06000	LABORATORY	0	271,519	0	0	227,037	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	19,867	0	0	36,241	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	139,070	0	0	10,512	65.00
66.00	06600	PHYSICAL THERAPY	0	251,651	0	0	3,806	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	13,245	0	0	239	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,622	0	0	111	68.00
69.00	06900	ELECTROCARDIOLOGY	0	92,714	0	0	2,787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	39,734	0	0	2,809	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	535,082	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	633,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	686	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	46,357	0	0	11,996	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	26,490	0	0	888	90.02
90.03	09003	RADIATION ONCOLOGY	0	132,448	0	0	15,236	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	26,490	0	0	1,682	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	33,112	0	0	740	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	384,099	0	0	60,967	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	126,297	4,324,430	0	6,379,066	1,923,681	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	312	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	11	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	0	78	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,724	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	1	192.09
192.10	19210	1512 N MADISON AVE	0	0	0	0	0	192.10
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 through 201)	126,297	4,324,430	0	6,379,066	1,926,807	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part I Date/Time Prepared: 5/25/2023 11:38 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	6,083,282					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,694,490				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	162,463	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	36,587	0	0	0	31.00
43.00	04300	NURSERY	0	6,302	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	337,541	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	9,244	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	33,650	0	0	0	54.00
54.01	05401	ULTRASOUND	0	22,617	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	19,931	0	0	0	56.00
57.00	05700	CT SCAN	0	114,815	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	40,381	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	57,041	0	0	0	59.00
60.00	06000	LABORATORY	0	138,825	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,639	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	33,225	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	22,422	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,352	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,032	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	36,286	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,756	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	42,445	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	49,571	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,083,282	132,333	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,158	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	18,713	0	0	0	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	1,114	0	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	0	125,176	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	2,675	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	569	0	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	225,627	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	6,083,282	1,694,490	0	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
190.01	19001	WELLNESS CENTERS	0	0	0	0	0
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0
190.06	19006	MONTICELLO HSE.	0	0	0	0	0
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0
190.09	19009	SPINE SURGEON	0	0	0	0	0
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0
190.11	19011	ONCOLOGIST	0	0	0	0	0
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0
190.13	19013	RHEUMATOLOGY	0	0	0	0	0
190.14	19014	ROCK STEADY BOXING	0	0	0	0	0
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0
192.02	19202	FOUNDATION	0	0	0	0	0
192.03	19203	SPOE	0	0	0	0	0
192.04	19204	HEALTHY HEART	0	0	0	0	0
192.05	19205	VACANT SPACE	0	0	0	0	0
192.07	19207	PARK PLACE CENTER	0	0	0	0	0
192.08	19208	RENTAL PROPERTY	0	0	0	0	0
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0
192.10	19210	1512 N MADISON AVE	0	0	0	0	0
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	6,083,282	1,694,490	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING PROGRAM						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	17,392					21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		36,816				22.00
23.00 02300	PARAMED PRGM-(EMS)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	0	0	40,576,633	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	10,519,186	0	31.00
43.00 04300	NURSERY	0	0	0	2,515,914	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	17,392	36,816	0	21,390,688	-54,208	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,685,418	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,132,895	0	54.00
54.01 05401	ULTRASOUND	0	0	0	1,202,360	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	983,746	0	56.00
57.00 05700	CT SCAN	0	0	0	2,595,773	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,404,872	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	2,441,217	0	59.00
60.00 06000	LABORATORY	0	0	0	11,650,443	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,048,986	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,541,330	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	6,756,080	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	806,018	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	375,807	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	3,478,159	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,628,372	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,323,324	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,852,440	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	16,767,744	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	404,057	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC	0	0	0	3,050,843	0	90.01
90.02 09002	CTR ADVANCED HEART CARE	0	0	0	308,580	0	90.02
90.03 09003	RADIATION ONCOLOGY	0	0	0	5,612,751	0	90.03
90.04 09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005	ANTI COAGULATION CLINIC	0	0	0	601,941	0	90.05
90.06 09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007	O/P LAB	0	0	0	0	0	90.07
90.08 09008	O/P LAB	0	0	0	0	0	90.08
90.09 09009	FORTVILLE CLINIC	0	0	0	39,774	0	90.09
90.10 09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11 09011	DIABETIC PLUS CLINIC	0	0	0	638,736	0	90.11
90.12 09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00 09100	EMERGENCY	0	0	0	11,948,760	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00	23.00				
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	17,392	36,816	0	179,282,847	-54,208
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	1,711,023	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	56,788	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	190.08
190.09	19009	SPIRE SURGEON	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	358	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	217,144	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,986,465	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	217,895	192.01
192.02	19202	FOUNDATION	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	4,172	192.09
192.10	19210	1512 N MADISON AVE	0	0	0	0	192.10
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 through 201)	17,392	36,816	0	184,476,692	-54,208

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Prepared: 5/25/2023 11:38 am
---	--	-----------------------	---	--

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING PROGRAM		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	40,576,633	30.00
31.00	03100 INTENSIVE CARE UNIT	10,519,186	31.00
43.00	04300 NURSERY	2,515,914	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	21,336,480	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,685,418	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,132,895	54.00
54.01	05401 ULTRASOUND	1,202,360	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	983,746	56.00
57.00	05700 CT SCAN	2,595,773	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,404,872	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,441,217	59.00
60.00	06000 LABORATORY	11,650,443	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,048,986	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,541,330	65.00
66.00	06600 PHYSICAL THERAPY	6,756,080	66.00
67.00	06700 OCCUPATIONAL THERAPY	806,018	67.00
68.00	06800 SPEECH PATHOLOGY	375,807	68.00
69.00	06900 ELECTROCARDIOLOGY	3,478,159	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,628,372	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,323,324	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,852,440	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,767,744	73.00
74.00	07400 RENAL DIALYSIS	404,057	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	3,050,843	90.01
90.02	09002 CTR ADVANCED HEART CARE	308,580	90.02
90.03	09003 RADIATION ONCOLOGY	5,612,751	90.03
90.04	09004 MUNCIE CLINIC	0	90.04
90.05	09005 ANTICOAGULATION CLINIC	601,941	90.05
90.06	09006 PREGNANCY PLUS	0	90.06
90.07	09007 O/P LAB	0	90.07
90.08	09008 O/P LAB	0	90.08
90.09	09009 FORTVILLE CLINIC	39,774	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	638,736	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	90.12
91.00	09100 EMERGENCY	11,948,760	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	179,228,639	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description			Total	
			26.00	
190.01	19001	WELLNESS CENTERS	1,711,023	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	190.05
190.06	19006	MONTICELLO HSE.	56,788	190.06
190.07	19007	NH PARK PLACE (LTC)	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009	SPINE SURGEON	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	358	190.12
190.13	19013	RHEUMATOLOGY	0	190.13
190.14	19014	ROCK STEADY BOXING	217,144	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	190.15
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,986,465	192.00
192.01	19201	MUNCIE MD OFFICES	217,895	192.01
192.02	19202	FOUNDATION	0	192.02
192.03	19203	SPOE	0	192.03
192.04	19204	HEALTHY HEART	0	192.04
192.05	19205	VACANT SPACE	0	192.05
192.07	19207	PARK PLACE CENTER	0	192.07
192.08	19208	RENTAL PROPERTY	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	4,172	192.09
192.10	19210	1512 N MADISON AVE	0	192.10
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	184,422,484	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	30,151	0	30,151	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	89,746	1,995,799	2,085,545	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	597,055	636,145	1,233,200	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	30,836	15,909	46,745	9.00
10.00 01000	DIETARY	0	0	14,097	14,097	10.00
11.00 01100	CAFETERIA	0	116,822	51,551	168,373	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	32,207	247	32,454	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	76,500	240,996	317,496	14.00
15.00 01500	PHARMACY	0	34,939	552,971	587,910	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	37,862	0	37,862	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	430,787	178,836	609,623	30.00
31.00 03100	INTENSIVE CARE UNIT	0	133,989	126,823	260,812	31.00
43.00 04300	NURSERY	0	98,798	8,263	107,061	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	339,307	1,481,716	1,821,023	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	61,491	12,121	73,612	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	32,177	346,925	379,102	54.00
54.01 05401	ULTRASOUND	0	11,673	3,671	15,344	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	15,151	105,330	120,481	56.00
57.00 05700	CT SCAN	0	59,152	2,798	61,950	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	504,337	504,337	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	65,714	183,021	248,735	59.00
60.00 06000	LABORATORY	0	78,365	300,066	378,431	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,609	3,492	12,101	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	2,520	71,838	74,358	65.00
66.00 06600	PHYSICAL THERAPY	0	64,172	997,829	1,062,001	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	12,822	3,973	16,795	67.00
68.00 06800	SPEECH PATHOLOGY	0	5,968	1,850	7,818	68.00
69.00 06900	ELECTROCARDIOLOGY	0	146,801	151,188	297,989	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	34,808	81,999	116,807	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC	0	54,817	5,752	60,569	90.01
90.02 09002	CTR ADVANCED HEART CARE	0	0	430	430	90.02
90.03 09003	RADIATION ONCOLOGY	0	10,867	542,260	553,127	90.03
90.04 09004	MUNCIE CLINIC	0	0	0	0	90.04
90.05 09005	ANTI COAGULATION CLINIC	0	0	0	0	90.05
90.06 09006	PREGNANCY PLUS	0	0	0	0	90.06
90.07 09007	O/P LAB	0	0	0	0	90.07
90.08 09008	O/P LAB	0	0	0	0	90.08
90.09 09009	FORTVILLE CLINIC	0	0	31,647	31,647	90.09
90.10 09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	90.10
90.11 09011	DIABETIC PLUS CLINIC	0	0	2,477	2,477	90.11
90.12 09012	OTHER ONCOLOGY SERVICES	0	0	0	0	90.12
91.00 09100	EMERGENCY	0	125,280	47,979	173,259	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,839,386	8,704,336	11,543,722	29,830
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	0	8,085	404,890	412,975	279
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	0	0	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	0	0	0	190.05
190.06	19006 MONTICELLO HSE.	0	0	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	0	0	0	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	0	0	0	190.12
190.13	19013 RHEUMATOLOGY	0	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	0	0	26,325	26,325	42
190.15	19015 OTHER ONCOLOGY SERVICES	0	0	0	0	190.15
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	48,467	183,026	231,493	0
192.01	19201 MUNCIE MD OFFICES	0	0	151,796	151,796	0
192.02	19202 FOUNDATION	0	0	0	0	192.02
192.03	19203 SPOE	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	0	0	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	192.07
192.08	19208 RENTAL PROPERTY	0	0	0	0	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	192.09
192.10	19210 1512 N MADISON AVE	0	0	0	0	192.10
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	2,895,938	9,470,373	12,366,311	30,151

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 11:38 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	2,088,531				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	138,586	0	1,373,235		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	51,529	0	19,433	0	118,691
10.00	01000	DIETARY	1,430	0	0	0	0
11.00	01100	CAFETERIA	38,620	0	73,623	0	6,455
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	67,646	0	20,297	0	1,780
14.00	01400	CENTRAL SERVICES & SUPPLY	14,594	0	48,212	0	4,227
15.00	01500	PHARMACY	63,584	0	22,019	0	1,930
16.00	01600	MEDICAL RECORDS & LIBRARY	15,833	0	23,861	0	2,092
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	197	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	417	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	358,802	0	271,494	0	23,801
31.00	03100	INTENSIVE CARE UNIT	94,607	0	84,442	0	7,403
43.00	04300	NURSERY	17,061	0	62,264	0	5,459
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	182,522	0	213,837	0	18,748
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,862	0	38,752	0	3,398
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,114	0	20,278	0	1,778
54.01	05401	ULTRASOUND	11,917	0	7,357	0	645
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	9,338	0	9,548	0	837
57.00	05700	CT SCAN	22,086	0	37,279	0	3,268
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,220	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	20,443	0	41,414	0	3,631
60.00	06000	LABORATORY	117,749	0	49,387	0	4,330
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,426	0	5,425	0	476
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	49,122	0	1,588	0	139
66.00	06600	PHYSICAL THERAPY	67,664	0	40,442	0	3,546
67.00	06700	OCCUPATIONAL THERAPY	7,789	0	8,081	0	708
68.00	06800	SPEECH PATHOLOGY	3,627	0	3,761	0	330
69.00	06900	ELECTROCARDIOLOGY	24,894	0	92,517	0	8,111
70.00	07000	ELECTROENCEPHALOGRAPHY	14,740	0	21,936	0	1,923
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	87,694	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	103,812	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	119,466	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,542	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	28,816	0	34,547	0	3,029
90.02	09002	CTR ADVANCED HEART CARE	3,171	0	0	0	0
90.03	09003	RADIATION ONCOLOGY	59,494	0	6,848	0	600
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	6,466	0	0	0	0
90.06	09006	PREGNANCY PLUS	0	0	0	0	0
90.07	09007	O/P LAB	0	0	0	0	0
90.08	09008	O/P LAB	0	0	0	0	0
90.09	09009	FORTVILLE CLINIC	450	0	0	0	0
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0
90.11	09011	DIABETIC PLUS CLINIC	6,842	0	0	0	0
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0
91.00	09100	EMERGENCY	116,597	0	78,953	0	6,922
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,034,769	0	1,337,595	0	115,566

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	18,652	0	5,095	0	447 190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0 190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0 190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0 190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0 190.05
190.06	19006	MONTI CELLO HSE.	643	0	0	0	0 190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0 190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0 190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0 190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0 190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0 190.11
190.12	19012	MEDICAL INTERNIST	4	0	0	0	0 190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0 190.13
190.14	19014	ROCK STEADY BOXING	2,458	0	0	0	0 190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0 190.15
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,491	0	30,545	0	2,678 192.00
192.01	19201	MUNCIE MD OFFICES	2,467	0	0	0	0 192.01
192.02	19202	FOUNDATION	0	0	0	0	0 192.02
192.03	19203	SPOE	0	0	0	0	0 192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0 192.04
192.05	19205	VACANT SPACE	0	0	0	0	0 192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0 192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0 192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	47	0	0	0	0 192.09
192.10	19210	1512 N MADISON AVE	0	0	0	0	0 192.10
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 through 201)	2,088,531	0	1,373,235	0	118,691 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 11:38 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	15,551					10.00
11.00	01100	CAFETERIA	0	287,850				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	10,139	0	132,959		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,645	0	0	387,315	14.00
15.00	01500	PHARMACY	0	12,343	0	0	1,710	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,637	82,873	0	80,967	24,171	30.00
31.00	03100	INTENSIVE CARE UNIT	2,169	16,751	0	16,365	4,902	31.00
43.00	04300	NURSERY	745	3,526	0	3,453	1,141	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,061	0	32,174	37,094	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,290	0	0	1,674	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,935	0	0	1,754	54.00
54.01	05401	ULTRASOUND	0	2,204	0	0	555	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,322	0	0	138	56.00
57.00	05700	CT SCAN	0	4,408	0	0	308	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,086	0	0	436	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,526	0	0	2,383	59.00
60.00	06000	LABORATORY	0	18,073	0	0	45,637	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,322	0	0	7,285	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,257	0	0	2,113	65.00
66.00	06600	PHYSICAL THERAPY	0	16,751	0	0	765	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	882	0	0	48	67.00
68.00	06800	SPEECH PATHOLOGY	0	441	0	0	22	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,171	0	0	560	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,645	0	0	565	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	107,558	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	127,334	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	138	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	3,086	0	0	2,411	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	1,763	0	0	179	90.02
90.03	09003	RADIATION ONCOLOGY	0	8,816	0	0	3,063	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	1,763	0	0	338	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	2,204	0	0	149	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	25,567	0	0	12,255	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,551	287,850	0	132,959	386,686	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	63	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	2	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	0	16	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	548	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210	1512 N MADISON AVE	0	0	0	0	0	192.10
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 through 201)	15,551	287,850	0	132,959	387,315	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet B Part II Date/Time Prepared: 5/25/2023 11:38 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	690,698					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	79,648				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	7,644	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,722	0			31.00
43.00	04300	NURSERY	0	297	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,799	0			50.00
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	435	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,583	0			54.00
54.01	05401	ULTRASOUND	0	1,064	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	938	0			56.00
57.00	05700	CT SCAN	0	5,402	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,900	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,684	0			59.00
60.00	06000	LABORATORY	0	6,532	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	218	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	1,563	0			65.00
66.00	06600	PHYSICAL THERAPY	0	1,055	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	205	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	96	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,707	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	553	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,997	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,332	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	690,698	6,227	0			73.00
74.00	07400	RENAL DIALYSIS	0	102	0			74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	881	0			90.01
90.02	09002	CTR ADVANCED HEART CARE	0	52	0			90.02
90.03	09003	RADIATION ONCOLOGY	0	5,890	0			90.03
90.04	09004	MUNCIE CLINIC	0	0	0			90.04
90.05	09005	ANTI COAGULATION CLINIC	0	126	0			90.05
90.06	09006	PREGNANCY PLUS	0	0	0			90.06
90.07	09007	O/P LAB	0	0	0			90.07
90.08	09008	O/P LAB	0	0	0			90.08
90.09	09009	FORTVILLE CLINIC	0	0	0			90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0			90.10
90.11	09011	DIABETIC PLUS CLINIC	0	27	0			90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0			90.12
91.00	09100	EMERGENCY	0	10,617	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	690,698	79,648	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01	19001	WELLNESS CENTERS	0	0	0		190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0		190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0		190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0		190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0		190.05
190.06	19006	MONTICELLO HSE.	0	0	0		190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0		190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0		190.08
190.09	19009	SPINE SURGEON	0	0	0		190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0		190.10
190.11	19011	ONCOLOGIST	0	0	0		190.11
190.12	19012	MEDICAL INTERNIST	0	0	0		190.12
190.13	19013	RHEUMATOLOGY	0	0	0		190.13
190.14	19014	ROCK STEADY BOXING	0	0	0		190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0		190.15
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0		192.01
192.02	19202	FOUNDATION	0	0	0		192.02
192.03	19203	SPOE	0	0	0		192.03
192.04	19204	HEALTHY HEART	0	0	0		192.04
192.05	19205	VACANT SPACE	0	0	0		192.05
192.07	19207	PARK PLACE CENTER	0	0	0		192.07
192.08	19208	RENTAL PROPERTY	0	0	0		192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0		192.09
192.10	19210	1512 N MADISON AVE	0	0	0		192.10
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	690,698	79,648	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING PROGRAM						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	197					21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		417				22.00
23.00 02300	PARAMED PRGM-(EMS)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				1,478,805	0	30.00
31.00 03100	INTENSIVE CARE UNIT				490,673	0	31.00
43.00 04300	NURSERY				201,329	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				2,356,800	0	50.00
51.00 05100	RECOVERY ROOM				0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				147,495	0	52.00
53.00 05300	ANESTHESIOLOGY				0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				455,190	0	54.00
54.01 05401	ULTRASOUND				39,344	0	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC				0	0	55.00
56.00 05600	RADIOISOTOPE				142,753	0	56.00
57.00 05700	CT SCAN				135,103	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				536,260	0	58.00
59.00 05900	CARDIAC CATHETERIZATION				323,130	0	59.00
60.00 06000	LABORATORY				621,318	0	60.00
60.01 06001	BLOOD LABORATORY				0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				37,344	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				0	0	63.00
64.00 06400	INTRAVENOUS THERAPY				0	0	64.00
65.00 06500	RESPIRATORY THERAPY				139,123	0	65.00
66.00 06600	PHYSICAL THERAPY				1,193,367	0	66.00
67.00 06700	OCCUPATIONAL THERAPY				34,677	0	67.00
68.00 06800	SPEECH PATHOLOGY				16,174	0	68.00
69.00 06900	ELECTROCARDIOLOGY				432,403	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				159,391	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				197,249	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				233,478	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				816,391	0	73.00
74.00 07400	RENAL DIALYSIS				4,782	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC				0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC				133,625	0	90.01
90.02 09002	CTR ADVANCED HEART CARE				5,733	0	90.02
90.03 09003	RADIATION ONCOLOGY				638,632	0	90.03
90.04 09004	MUNCIE CLINIC				0	0	90.04
90.05 09005	ANTI COAGULATION CLINIC				8,836	0	90.05
90.06 09006	PREGNANCY PLUS				0	0	90.06
90.07 09007	O/P LAB				0	0	90.07
90.08 09008	O/P LAB				0	0	90.08
90.09 09009	FORTVILLE CLINIC				32,097	0	90.09
90.10 09010	1030 S SCATTERFIELD (MEDCHECK)				0	0	90.10
90.11 09011	DIABETIC PLUS CLINIC				11,859	0	90.11
90.12 09012	OTHER ONCOLOGY SERVICES				0	0	90.12
91.00 09100	EMERGENCY				426,270	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS						
	21.00	22.00	23.00					
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS				0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	11,449,631	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
190.01	19001	WELLNESS CENTERS				437,511	0	190.01
190.02	19002	EMPLOYED ORTHO MD				0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)				0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)				0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)				0	0	190.05
190.06	19006	MONTICELLO HSE.				643	0	190.06
190.07	19007	NH PARK PLACE (LTC)				0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)				0	0	190.08
190.09	19009	SPINE SURGEON				0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER				0	0	190.10
190.11	19011	ONCOLOGIST				0	0	190.11
190.12	19012	MEDICAL INTERNIST				6	0	190.12
190.13	19013	RHEUMATOLOGY				0	0	190.13
190.14	19014	ROCK STEADY BOXING				28,841	0	190.14
190.15	19015	OTHER ONCOLOGY SERVICES				0	0	190.15
191.00	19100	RESEARCH				0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				294,755	0	192.00
192.01	19201	MUNCIE MD OFFICES				154,263	0	192.01
192.02	19202	FOUNDATION				0	0	192.02
192.03	19203	SPOE				0	0	192.03
192.04	19204	HEALTHY HEART				0	0	192.04
192.05	19205	VACANT SPACE				0	0	192.05
192.07	19207	PARK PLACE CENTER				0	0	192.07
192.08	19208	RENTAL PROPERTY				0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON				47	0	192.09
192.10	19210	1512 N MADISON AVE				0	0	192.10
200.00		Cross Foot Adjustments	197	417	0	614	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	197	417	0	12,366,311	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/25/2023 11:38 am
-------------------------------------	--	-----------------------	---	---

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING PROGRAM		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	1,478,805	30.00
31.00	03100 INTENSIVE CARE UNIT	490,673	31.00
43.00	04300 NURSERY	201,329	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	2,356,800	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	147,495	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	455,190	54.00
54.01	05401 ULTRASOUND	39,344	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	142,753	56.00
57.00	05700 CT SCAN	135,103	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	536,260	58.00
59.00	05900 CARDIAC CATHETERIZATION	323,130	59.00
60.00	06000 LABORATORY	621,318	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	37,344	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	139,123	65.00
66.00	06600 PHYSICAL THERAPY	1,193,367	66.00
67.00	06700 OCCUPATIONAL THERAPY	34,677	67.00
68.00	06800 SPEECH PATHOLOGY	16,174	68.00
69.00	06900 ELECTROCARDIOLOGY	432,403	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	159,391	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	197,249	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	233,478	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	816,391	73.00
74.00	07400 RENAL DIALYSIS	4,782	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	133,625	90.01
90.02	09002 CTR ADVANCED HEART CARE	5,733	90.02
90.03	09003 RADIATION ONCOLOGY	638,632	90.03
90.04	09004 MUNCIE CLINIC	0	90.04
90.05	09005 ANTICOAGULATION CLINIC	8,836	90.05
90.06	09006 PREGNANCY PLUS	0	90.06
90.07	09007 O/P LAB	0	90.07
90.08	09008 O/P LAB	0	90.08
90.09	09009 FORTVILLE CLINIC	32,097	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	11,859	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	90.12
91.00	09100 EMERGENCY	426,270	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	11,449,631	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description			Total	
			26.00	
190.01	19001	WELLNESS CENTERS	437,511	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	190.05
190.06	19006	MONTICELLO HSE.	643	190.06
190.07	19007	NH PARK PLACE (LTC)	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009	SPINE SURGEON	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	6	190.12
190.13	19013	RHEUMATOLOGY	0	190.13
190.14	19014	ROCK STEADY BOXING	28,841	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	190.15
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	294,755	192.00
192.01	19201	MUNCIE MD OFFICES	154,263	192.01
192.02	19202	FOUNDATION	0	192.02
192.03	19203	SPOE	0	192.03
192.04	19204	HEALTHY HEART	0	192.04
192.05	19205	VACANT SPACE	0	192.05
192.07	19207	PARK PLACE CENTER	0	192.07
192.08	19208	RENTAL PROPERTY	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	47	192.09
192.10	19210	1512 N MADISON AVE	0	192.10
200.00		Cross Foot Adjustments	614	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	12,366,311	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	287,283				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		8,048,154			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,991	0	70,909,816		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,903	1,696,081	7,025,398	-34,909,756	149,566,936
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	59,229	540,611	3,410,470	0	9,924,503
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	3,059	13,520	2,314,745	0	3,690,099
10.00	01000	DIETARY	0	11,980	56,062	0	102,397
11.00	01100	CAFETERIA	11,589	43,809	1,831,969	0	2,765,690
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	3,195	210	1,513,420	0	4,844,297
14.00	01400	CENTRAL SERVICES & SUPPLY	7,589	204,804	331,899	0	1,045,123
15.00	01500	PHARMACY	3,466	469,928	2,828,128	0	4,553,429
16.00	01600	MEDICAL RECORDS & LIBRARY	3,756	0	0	0	1,133,866
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	14,101
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	29,849
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,735	151,979	15,957,997	0	25,696,495
31.00	03100	INTENSIVE CARE UNIT	13,292	107,777	3,528,325	0	6,775,031
43.00	04300	NURSERY	9,801	7,022	757,442	0	1,221,767
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	33,660	1,259,198	5,981,857	0	13,070,874
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,100	10,301	1,111,139	0	1,708,843
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,192	294,825	1,519,293	0	3,015,864
54.01	05401	ULTRASOUND	1,158	3,120	606,556	0	853,425
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	1,503	89,512	354,895	0	668,736
57.00	05700	CT SCAN	5,868	2,378	945,723	0	1,581,640
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	428,598	660,034	0	1,877,697
59.00	05900	CARDIAC CATHETERIZATION	6,519	155,536	738,858	0	1,463,952
60.00	06000	LABORATORY	7,774	255,003	2,774,653	0	8,432,318
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	854	2,968	215,084	0	746,667
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	250	61,050	2,312,852	0	3,517,757
66.00	06600	PHYSICAL THERAPY	6,366	847,979	2,689,657	0	4,845,575
67.00	06700	OCCUPATIONAL THERAPY	1,272	3,376	396,860	0	557,764
68.00	06800	SPEECH PATHOLOGY	592	1,572	184,829	0	259,763
69.00	06900	ELECTROCARDIOLOGY	14,563	128,483	1,068,534	0	1,782,714
70.00	07000	ELECTROENCEPHALOGRAPHY	3,453	69,685	521,957	0	1,055,595
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,280,006
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,434,234
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,555,276
74.00	07400	RENAL DIALYSIS	0	0	0	0	325,289
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	5,438	4,888	672,341	0	2,063,605
90.02	09002	CTR ADVANCED HEART CARE	0	365	323,611	0	227,085
90.03	09003	RADIATION ONCOLOGY	1,078	460,826	1,867,198	0	4,260,515
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	0	0	335,821	0	463,022
90.06	09006	PREGNANCY PLUS	0	0	0	0	0
90.07	09007	O/P LAB	0	0	0	0	0
90.08	09008	O/P LAB	0	0	0	0	0
90.09	09009	FORTVILLE CLINIC	0	26,894	0	0	32,247
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0
90.11	09011	DIABETIC PLUS CLINIC	0	2,105	375,374	0	489,956
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0
91.00	09100	EMERGENCY	12,428	40,774	4,942,071	0	8,349,839
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	281,673	7,397,157	70,155,052	-34,909,756	145,716,905	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	802	344,085	655,394	0	1,335,743	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	46,042	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIRE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	281	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	22,372	99,370	0	175,989	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,808	155,540	0	0	2,111,933	192.00
192.01	19201	MUNCIE MD OFFICES	0	129,000	0	0	176,661	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	3,382	192.09
192.10	19210	1512 N MADISON AVE	0	0	0	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,895,938	9,470,373	3,451,767		34,909,756	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10.080436	1.176714	0.048678		0.233406	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			30,151		2,088,531	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000425		0.013964	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	216,160			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0		8.00
9.00	00900	HOUSEKEEPING	0	3,059	0	213,101	9.00
10.00	01000	DIETARY	0	0	0	0	24,912
11.00	01100	CAFETERIA	0	11,589	0	11,589	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,195	0	3,195	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,589	0	7,589	0
15.00	01500	PHARMACY	0	3,466	0	3,466	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,756	0	3,756	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM. (EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	42,735	0	42,735	20,244
31.00	03100	INTENSIVE CARE UNIT	0	13,292	0	13,292	3,475
43.00	04300	NURSERY	0	9,801	0	9,801	1,193
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	33,660	0	33,660	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,100	0	6,100	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,192	0	3,192	0
54.01	05401	ULTRASOUND	0	1,158	0	1,158	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	1,503	0	1,503	0
57.00	05700	CT SCAN	0	5,868	0	5,868	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	6,519	0	6,519	0
60.00	06000	LABORATORY	0	7,774	0	7,774	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	854	0	854	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	250	0	250	0
66.00	06600	PHYSICAL THERAPY	0	6,366	0	6,366	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,272	0	1,272	0
68.00	06800	SPEECH PATHOLOGY	0	592	0	592	0
69.00	06900	ELECTROCARDIOLOGY	0	14,563	0	14,563	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,453	0	3,453	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	0	5,438	0	5,438	0
90.02	09002	CTR ADVANCED HEART CARE	0	0	0	0	0
90.03	09003	RADIATION ONCOLOGY	0	1,078	0	1,078	0
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0
90.06	09006	PREGNANCY PLUS	0	0	0	0	0
90.07	09007	O/P LAB	0	0	0	0	0
90.08	09008	O/P LAB	0	0	0	0	0
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0
90.11	09011	DIABETIC PLUS CLINIC	0	0	0	0	0
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0
91.00	09100	EMERGENCY	0	12,428	0	12,428	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	210,550	0	207,491	24,912	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	0	802	0	802	0	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006 MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	0	0	0	0	0	190.14
190.15	19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	4,808	0	4,808	0	192.00
192.01	19201 MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202 FOUNDATION	0	0	0	0	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208 RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210 1512 N MADISON AVE	0	0	0	0	0	192.10
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	12,240,942	0	4,724,618	126,297	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	56.629080	0.000000	22.170792	5.069725	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,373,235	0	118,691	15,551	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	6.352864	0.000000	0.556971	0.624237	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		CAFETERIA (ONSITE FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	653					11.00
12.00	01200	0	0				12.00
13.00	01300	23	0	641,666			13.00
14.00	01400	6	0	0	22,613,916		14.00
15.00	01500	28	0	0	99,858	8,635,215	15.00
16.00	01600	0	0	0	6	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	188	0	390,751	1,411,287	0	30.00
31.00	03100	38	0	78,980	286,205	0	31.00
43.00	04300	8	0	16,663	66,641	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	75	0	155,272	2,165,842	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	12	0	0	97,759	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	18	0	0	102,434	0	54.00
54.01	05401	5	0	0	32,406	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	3	0	0	8,079	0	56.00
57.00	05700	10	0	0	17,997	0	57.00
58.00	05800	7	0	0	25,480	0	58.00
59.00	05900	8	0	0	139,130	0	59.00
60.00	06000	41	0	0	2,664,632	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	3	0	0	425,349	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	21	0	0	123,373	0	65.00
66.00	06600	38	0	0	44,670	0	66.00
67.00	06700	2	0	0	2,805	0	67.00
68.00	06800	1	0	0	1,306	0	68.00
69.00	06900	14	0	0	32,708	0	69.00
70.00	07000	6	0	0	32,965	0	70.00
71.00	07100	0	0	0	6,280,005	0	71.00
72.00	07200	0	0	0	7,434,234	0	72.00
73.00	07300	0	0	0	0	8,635,215	73.00
74.00	07400	0	0	0	8,047	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	7	0	0	140,793	0	90.01
90.02	09002	4	0	0	10,427	0	90.02
90.03	09003	20	0	0	178,819	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	4	0	0	19,746	0	90.05
90.06	09006	0	0	0	0	0	90.06
90.07	09007	0	0	0	0	0	90.07
90.08	09008	0	0	0	0	0	90.08
90.09	09009	0	0	0	0	0	90.09
90.10	09010	0	0	0	0	0	90.10
90.11	09011	5	0	0	8,680	0	90.11
90.12	09012	0	0	0	0	0	90.12
91.00	09100	58	0	0	715,540	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	0	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		CAFETERIA (ONSITE FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	653	0	641,666	22,577,223	8,635,215	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	0	0	0	3,667	0	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006 MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	0	0	128	0	190.12
190.13	19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	0	0	0	910	0	190.14
190.15	19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	31,974	0	192.00
192.01	19201 MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202 FOUNDATION	0	0	0	0	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208 RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	14	0	192.09
192.10	19210 1512 N MADISON AVE	0	0	0	0	0	192.10
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,324,430	0	6,379,066	1,926,807	6,083,282	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6,622.404288	0.000000	9.941412	0.085204	0.704474	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	287,850	0	132,959	387,315	690,698	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	440.811639	0.000000	0.207209	0.017127	0.079986	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	774,227,043					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING PROGRAM	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			1,600	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	74,217,948	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	16,714,115	0	0	0	0	31.00
43.00 04300 NURSERY	2,878,806	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	154,332,359	0	0	0	1,600	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,223,099	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,372,477	0	0	0	0	54.00
54.01 05401 ULTRASOUND	10,332,168	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	9,104,964	0	0	0	0	56.00
57.00 05700 CT SCAN	52,450,807	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	18,447,380	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	26,057,795	0	0	0	0	59.00
60.00 06000 LABORATORY	63,419,395	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,119,438	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	15,178,332	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	10,242,844	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,988,071	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	928,257	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	16,576,704	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,370,349	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,390,014	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	22,645,297	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	60,453,718	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	985,907	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	8,548,622	0	0	0	0	90.01
90.02 09002 CTR ADVANCED HEART CARE	508,977	0	0	0	0	90.02
90.03 09003 RADIATION ONCOLOGY	57,184,061	0	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	1,221,951	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	259,905	0	0	0	0	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	103,073,283	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	774,227,043	0	0	0	1,600	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	0	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06 19006 MONTICELLO HSE.	0	0	0	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14 19014 ROCK STEADY BOXING	0	0	0	0	0	190.14
190.15 19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08 19208 RENTAL PROPERTY	0	0	0	0	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10 19210 1512 N MADISON AVE	0	0	0	0	0	192.10
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,694,490	0	0	0	17,392	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.002189	0.000000	0.000000	0.000000	10.870000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	79,648	0	0	0	197	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000103	0.000000	0.000000	0.000000	0.123125	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	22.00		
GENERAL SERVICE COST CENTERS			
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING PROGRAM			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,600		22.00
23.00 02300 PARAMED PRGM-(EMS)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
43.00 04300 NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	1,600	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
54.01 05401 ULTRASOUND	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	90.06
90.07 09007 O/P LAB	0	0	90.07
90.08 09008 O/P LAB	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	90.12
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	22.00		
OTHER REIMBURSABLE COST CENTERS			
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)		1,600
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	190.05
190.06 19006 MONTICELLO HSE.	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	190.13
190.14 19014 ROCK STEADY BOXING	0	0	190.14
190.15 19015 OTHER ONCOLOGY SERVICES	0	0	190.15
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	0	192.01
192.02 19202 FOUNDATION	0	0	192.02
192.03 19203 SPOE	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	192.04
192.05 19205 VACANT SPACE	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	192.07
192.08 19208 RENTAL PROPERTY	0	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	192.09
192.10 19210 1512 N MADISON AVE	0	0	192.10
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	36,816	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.010000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	417	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.260625	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 11:38 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	40,576,633		40,576,633	0	40,576,633	30.00
31.00	03100 INTENSIVE CARE UNIT	10,519,186		10,519,186	0	10,519,186	31.00
43.00	04300 NURSERY	2,515,914		2,515,914	0	2,515,914	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	21,336,480		21,336,480	0	21,336,480	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,685,418		2,685,418	0	2,685,418	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,132,895		4,132,895	0	4,132,895	54.00
54.01	05401 ULTRASOUND	1,202,360		1,202,360	0	1,202,360	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	983,746		983,746	0	983,746	56.00
57.00	05700 CT SCAN	2,595,773		2,595,773	0	2,595,773	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,404,872		2,404,872	0	2,404,872	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,441,217		2,441,217	0	2,441,217	59.00
60.00	06000 LABORATORY	11,650,443		11,650,443	0	11,650,443	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,048,986		1,048,986	0	1,048,986	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,541,330	0	4,541,330	0	4,541,330	65.00
66.00	06600 PHYSICAL THERAPY	6,756,080	0	6,756,080	0	6,756,080	66.00
67.00	06700 OCCUPATIONAL THERAPY	806,018	0	806,018	0	806,018	67.00
68.00	06800 SPEECH PATHOLOGY	375,807	0	375,807	0	375,807	68.00
69.00	06900 ELECTROCARDIOLOGY	3,478,159		3,478,159	0	3,478,159	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,628,372		1,628,372	0	1,628,372	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,323,324		8,323,324	0	8,323,324	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,852,440		9,852,440	0	9,852,440	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,767,744		16,767,744	0	16,767,744	73.00
74.00	07400 RENAL DIALYSIS	404,057		404,057	0	404,057	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	3,050,843		3,050,843	0	3,050,843	90.01
90.02	09002 CTR ADVANCED HEART CARE	308,580		308,580	0	308,580	90.02
90.03	09003 RADIATION ONCOLOGY	5,612,751		5,612,751	0	5,612,751	90.03
90.04	09004 MUNCIE CLINIC	0		0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	601,941		601,941	0	601,941	90.05
90.06	09006 PREGNANCY PLUS	0		0	0	0	90.06
90.07	09007 O/P LAB	0		0	0	0	90.07
90.08	09008 O/P LAB	0		0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	39,774		39,774	0	39,774	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0		0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	638,736		638,736	0	638,736	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0		0	0	0	90.12
91.00	09100 EMERGENCY	11,948,760		11,948,760	0	11,948,760	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,194,618		4,194,618	0	4,194,618	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
200.00	Subtotal (see instructions)	183,423,257	0	183,423,257	0	183,423,257	200.00
201.00	Less Observation Beds	4,194,618		4,194,618	0	4,194,618	201.00
202.00	Total (see instructions)	179,228,639	0	179,228,639	0	179,228,639	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet C Part I Date/Time Prepared: 5/25/2023 11:38 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	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	69,847,431		69,847,431				30.00
31.00	03100	INTENSIVE CARE UNIT	16,714,115		16,714,115				31.00
43.00	04300	NURSERY	2,878,806		2,878,806				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	42,127,590	112,204,769	154,332,359	0.138250	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,223,099	0	4,223,099	0.635888	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,367,629	12,004,848	15,372,477	0.268850	0.000000		54.00
54.01	05401	ULTRASOUND	1,548,382	8,783,786	10,332,168	0.116371	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	476,661	8,628,303	9,104,964	0.108045	0.000000		56.00
57.00	05700	CT SCAN	11,124,272	41,326,535	52,450,807	0.049490	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,208,561	16,238,819	18,447,380	0.130364	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	10,196,311	15,861,484	26,057,795	0.093685	0.000000		59.00
60.00	06000	LABORATORY	14,057,091	49,362,304	63,419,395	0.183705	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,459,902	659,536	2,119,438	0.494936	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	12,168,761	3,009,571	15,178,332	0.299198	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,198,901	9,043,943	10,242,844	0.659590	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	910,645	1,077,426	1,988,071	0.405427	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	614,003	314,254	928,257	0.404852	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,305,272	12,271,432	16,576,704	0.209822	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,376,155	3,994,194	5,370,349	0.303215	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,384,846	13,005,168	19,390,014	0.429258	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,870,724	14,774,573	22,645,297	0.435077	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,525,606	34,928,112	60,453,718	0.277365	0.000000		73.00
74.00	07400	RENAL DIALYSIS	985,907	0	985,907	0.409833	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	390,169	8,158,453	8,548,622	0.356881	0.000000		90.01
90.02	09002	CTR ADVANCED HEART CARE	7,122	501,855	508,977	0.606275	0.000000		90.02
90.03	09003	RADIATION ONCOLOGY	1,148,827	56,035,234	57,184,061	0.098152	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	1,891	1,220,060	1,221,951	0.492606	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000		90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000		90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	0.000000		90.10
90.11	09011	DIABETIC PLUS CLINIC	468	259,437	259,905	2.457575	0.000000		90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	23,157,834	79,915,449	103,073,283	0.115925	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	787,728	3,582,789	4,370,517	0.959753	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	267,064,709	507,162,334	774,227,043				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	267,064,709	507,162,334	774,227,043				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 11:38 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.138250		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.635888		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268850		54.00
54.01	05401 ULTRASOUND	0.116371		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.108045		56.00
57.00	05700 CT SCAN	0.049490		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130364		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093685		59.00
60.00	06000 LABORATORY	0.183705		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.494936		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.299198		65.00
66.00	06600 PHYSICAL THERAPY	0.659590		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.405427		67.00
68.00	06800 SPEECH PATHOLOGY	0.404852		68.00
69.00	06900 ELECTROCARDIOLOGY	0.209822		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303215		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429258		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435077		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.277365		73.00
74.00	07400 RENAL DIALYSIS	0.409833		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.356881		90.01
90.02	09002 CTR ADVANCED HEART CARE	0.606275		90.02
90.03	09003 RADIATION ONCOLOGY	0.098152		90.03
90.04	09004 MUNCIE CLINIC	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	0.492606		90.05
90.06	09006 PREGNANCY PLUS	0.000000		90.06
90.07	09007 O/P LAB	0.000000		90.07
90.08	09008 O/P LAB	0.000000		90.08
90.09	09009 FORTVILLE CLINIC	0.000000		90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000		90.10
90.11	09011 DIABETIC PLUS CLINIC	2.457575		90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000		90.12
91.00	09100 EMERGENCY	0.115925		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.959753		92.00
	OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 11:38 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	40,576,633		40,576,633	0	40,576,633	30.00
31.00	03100	INTENSIVE CARE UNIT	10,519,186		10,519,186	0	10,519,186	31.00
43.00	04300	NURSERY	2,515,914		2,515,914	0	2,515,914	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,390,688		21,390,688	0	21,390,688	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,685,418		2,685,418	0	2,685,418	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,132,895		4,132,895	0	4,132,895	54.00
54.01	05401	ULTRASOUND	1,202,360		1,202,360	0	1,202,360	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	983,746		983,746	0	983,746	56.00
57.00	05700	CT SCAN	2,595,773		2,595,773	0	2,595,773	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,404,872		2,404,872	0	2,404,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,441,217		2,441,217	0	2,441,217	59.00
60.00	06000	LABORATORY	11,650,443		11,650,443	0	11,650,443	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,048,986		1,048,986	0	1,048,986	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,541,330	0	4,541,330	0	4,541,330	65.00
66.00	06600	PHYSICAL THERAPY	6,756,080	0	6,756,080	0	6,756,080	66.00
67.00	06700	OCCUPATIONAL THERAPY	806,018	0	806,018	0	806,018	67.00
68.00	06800	SPEECH PATHOLOGY	375,807	0	375,807	0	375,807	68.00
69.00	06900	ELECTROCARDIOLOGY	3,478,159		3,478,159	0	3,478,159	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,628,372		1,628,372	0	1,628,372	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,323,324		8,323,324	0	8,323,324	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,852,440		9,852,440	0	9,852,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,767,744		16,767,744	0	16,767,744	73.00
74.00	07400	RENAL DIALYSIS	404,057		404,057	0	404,057	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	3,050,843		3,050,843	0	3,050,843	90.01
90.02	09002	CTR ADVANCED HEART CARE	308,580		308,580	0	308,580	90.02
90.03	09003	RADIATION ONCOLOGY	5,612,751		5,612,751	0	5,612,751	90.03
90.04	09004	MUNCIE CLINIC	0		0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	601,941		601,941	0	601,941	90.05
90.06	09006	PREGNANCY PLUS	0		0	0	0	90.06
90.07	09007	O/P LAB	0		0	0	0	90.07
90.08	09008	O/P LAB	0		0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	39,774		39,774	0	39,774	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0		0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	638,736		638,736	0	638,736	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0		0	0	0	90.12
91.00	09100	EMERGENCY	11,948,760		11,948,760	0	11,948,760	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,194,618		4,194,618	0	4,194,618	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
200.00		Subtotal (see instructions)	183,477,465	0	183,477,465	0	183,477,465	200.00
201.00		Less Observation Beds	4,194,618		4,194,618	0	4,194,618	201.00
202.00		Total (see instructions)	179,282,847	0	179,282,847	0	179,282,847	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/25/2023 11:38 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	69,847,431		69,847,431		30.00
31.00	03100	INTENSIVE CARE UNIT	16,714,115		16,714,115		31.00
43.00	04300	NURSERY	2,878,806		2,878,806		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	42,127,590	112,204,769	154,332,359	0.138601	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,223,099	0	4,223,099	0.635888	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,367,629	12,004,848	15,372,477	0.268850	54.00
54.01	05401	ULTRASOUND	1,548,382	8,783,786	10,332,168	0.116371	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	476,661	8,628,303	9,104,964	0.108045	56.00
57.00	05700	CT SCAN	11,124,272	41,326,535	52,450,807	0.049490	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,208,561	16,238,819	18,447,380	0.130364	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,196,311	15,861,484	26,057,795	0.093685	59.00
60.00	06000	LABORATORY	14,057,091	49,362,304	63,419,395	0.183705	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,459,902	659,536	2,119,438	0.494936	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	12,168,761	3,009,571	15,178,332	0.299198	65.00
66.00	06600	PHYSICAL THERAPY	1,198,901	9,043,943	10,242,844	0.659590	66.00
67.00	06700	OCCUPATIONAL THERAPY	910,645	1,077,426	1,988,071	0.405427	67.00
68.00	06800	SPEECH PATHOLOGY	614,003	314,254	928,257	0.404852	68.00
69.00	06900	ELECTROCARDIOLOGY	4,305,272	12,271,432	16,576,704	0.209822	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,376,155	3,994,194	5,370,349	0.303215	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,384,846	13,005,168	19,390,014	0.429258	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,870,724	14,774,573	22,645,297	0.435077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,525,606	34,928,112	60,453,718	0.277365	73.00
74.00	07400	RENAL DIALYSIS	985,907	0	985,907	0.409833	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	390,169	8,158,453	8,548,622	0.356881	90.01
90.02	09002	CTR ADVANCED HEART CARE	7,122	501,855	508,977	0.606275	90.02
90.03	09003	RADIATION ONCOLOGY	1,148,827	56,035,234	57,184,061	0.098152	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	1,891	1,220,060	1,221,951	0.492606	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	90.06
90.07	09007	O/P LAB	0	0	0	0.000000	90.07
90.08	09008	O/P LAB	0	0	0	0.000000	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	90.10
90.11	09011	DIABETIC PLUS CLINIC	468	259,437	259,905	2.457575	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0.000000	90.12
91.00	09100	EMERGENCY	23,157,834	79,915,449	103,073,283	0.115925	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	787,728	3,582,789	4,370,517	0.959753	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
200.00		Subtotal (see instructions)	267,064,709	507,162,334	774,227,043		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	267,064,709	507,162,334	774,227,043		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/25/2023 11:38 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
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.138601		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.635888		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268850		54.00
54.01	05401 ULTRASOUND	0.116371		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.108045		56.00
57.00	05700 CT SCAN	0.049490		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130364		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093685		59.00
60.00	06000 LABORATORY	0.183705		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.494936		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.299198		65.00
66.00	06600 PHYSICAL THERAPY	0.659590		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.405427		67.00
68.00	06800 SPEECH PATHOLOGY	0.404852		68.00
69.00	06900 ELECTROCARDIOLOGY	0.209822		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303215		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429258		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435077		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.277365		73.00
74.00	07400 RENAL DIALYSIS	0.409833		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.356881		90.01
90.02	09002 CTR ADVANCED HEART CARE	0.606275		90.02
90.03	09003 RADIATION ONCOLOGY	0.098152		90.03
90.04	09004 MUNCIE CLINIC	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	0.492606		90.05
90.06	09006 PREGNANCY PLUS	0.000000		90.06
90.07	09007 O/P LAB	0.000000		90.07
90.08	09008 O/P LAB	0.000000		90.08
90.09	09009 FORTVILLE CLINIC	0.000000		90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000		90.10
90.11	09011 DIABETIC PLUS CLINIC	2.457575		90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000		90.12
91.00	09100 EMERGENCY	0.115925		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.959753		92.00
	OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
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: 15-0113

Period: From 01/01/2022 To 12/31/2022

Worksheet C Part II Date/Time Prepared: 5/25/2023 11:38 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	21,390,688	2,356,800	19,033,888	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,685,418	147,495	2,537,923	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,132,895	455,190	3,677,705	0	0	54.00
54.01	05401	ULTRASOUND	1,202,360	39,344	1,163,016	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	983,746	142,753	840,993	0	0	56.00
57.00	05700	CT SCAN	2,595,773	135,103	2,460,670	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,404,872	536,260	1,868,612	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,441,217	323,130	2,118,087	0	0	59.00
60.00	06000	LABORATORY	11,650,443	621,318	11,029,125	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,048,986	37,344	1,011,642	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,541,330	139,123	4,402,207	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,756,080	1,193,367	5,562,713	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	806,018	34,677	771,341	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	375,807	16,174	359,633	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,478,159	432,403	3,045,756	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,628,372	159,391	1,468,981	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,323,324	197,249	8,126,075	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,852,440	233,478	9,618,962	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,767,744	816,391	15,951,353	0	0	73.00
74.00	07400	RENAL DIALYSIS	404,057	4,782	399,275	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	3,050,843	133,625	2,917,218	0	0	90.01
90.02	09002	CTR ADVANCED HEART CARE	308,580	5,733	302,847	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	5,612,751	638,632	4,974,119	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	601,941	8,836	593,105	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	39,774	32,097	7,677	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	638,736	11,859	626,877	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	11,948,760	426,270	11,522,490	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,194,618	152,873	4,041,745	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Subtotal (sum of lines 50 thru 199)	129,865,732	9,431,697	120,434,035	0	0	200.00
201.00		Less Observation Beds	4,194,618	152,873	4,041,745	0	0	201.00
202.00		Total (line 200 minus line 201)	125,671,114	9,278,824	116,392,290	0	0	202.00

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

Provider CCN: 15-0113

Period: From 01/01/2022 To 12/31/2022

Worksheet C Part II Date/Time Prepared: 5/25/2023 11:38 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)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	21,390,688	154,332,359	0.138601		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,685,418	4,223,099	0.635888		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,132,895	15,372,477	0.268850		54.00
54.01	05401 ULTRASOUND	1,202,360	10,332,168	0.116371		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	983,746	9,104,964	0.108045		56.00
57.00	05700 CT SCAN	2,595,773	52,450,807	0.049490		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,404,872	18,447,380	0.130364		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,441,217	26,057,795	0.093685		59.00
60.00	06000 LABORATORY	11,650,443	63,419,395	0.183705		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,048,986	2,119,438	0.494936		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	4,541,330	15,178,332	0.299198		65.00
66.00	06600 PHYSICAL THERAPY	6,756,080	10,242,844	0.659590		66.00
67.00	06700 OCCUPATIONAL THERAPY	806,018	1,988,071	0.405427		67.00
68.00	06800 SPEECH PATHOLOGY	375,807	928,257	0.404852		68.00
69.00	06900 ELECTROCARDIOLOGY	3,478,159	16,576,704	0.209822		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,628,372	5,370,349	0.303215		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,323,324	19,390,014	0.429258		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	9,852,440	22,645,297	0.435077		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,767,744	60,453,718	0.277365		73.00
74.00	07400 RENAL DIALYSIS	404,057	985,907	0.409833		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	3,050,843	8,548,622	0.356881		90.01
90.02	09002 CTR ADVANCED HEART CARE	308,580	508,977	0.606275		90.02
90.03	09003 RADIATION ONCOLOGY	5,612,751	57,184,061	0.098152		90.03
90.04	09004 MUNCIE CLINIC	0	0	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	601,941	1,221,951	0.492606		90.05
90.06	09006 PREGNANCY PLUS	0	0	0.000000		90.06
90.07	09007 O/P LAB	0	0	0.000000		90.07
90.08	09008 O/P LAB	0	0	0.000000		90.08
90.09	09009 FORTVILLE CLINIC	39,774	0	0.000000		90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000		90.10
90.11	09011 DIABETIC PLUS CLINIC	638,736	259,905	2.457575		90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	0	0.000000		90.12
91.00	09100 EMERGENCY	11,948,760	103,073,283	0.115925		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,194,618	4,370,517	0.959753		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
200.00	Subtotal (sum of lines 50 thru 199)	129,865,732	684,786,691			200.00
201.00	Less Observation Beds	4,194,618	0			201.00
202.00	Total (line 200 minus line 201)	125,671,114	684,786,691			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/25/2023 11:38 am
--	--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,478,805	0	1,478,805	22,578	65.50	30.00
31.00	INTENSIVE CARE UNIT	490,673		490,673	3,475	141.20	31.00
43.00	NURSERY	201,329		201,329	1,193	168.76	43.00
200.00	Total (lines 30 through 199)	2,170,807		2,170,807	27,246		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	5,599	366,735				30.00
31.00	INTENSIVE CARE UNIT	897	126,656				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	6,496	493,391				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet D
Part II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		Title XVIII			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	2,356,800	154,332,359	0.015271	12,415,732	189,601	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	147,495	4,223,099	0.034926	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	455,190	15,372,477	0.029611	1,013,110	29,999	54.00
54.01	05401	ULTRASOUND	39,344	10,332,168	0.003808	436,088	1,661	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	142,753	9,104,964	0.015679	168,770	2,646	56.00
57.00	05700	CT SCAN	135,103	52,450,807	0.002576	3,200,661	8,245	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	536,260	18,447,380	0.029070	538,911	15,666	58.00
59.00	05900	CARDIAC CATHETERIZATION	323,130	26,057,795	0.012401	2,373,968	29,440	59.00
60.00	06000	LABORATORY	621,318	63,419,395	0.009797	3,947,008	38,669	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	37,344	2,119,438	0.017620	345,909	6,095	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	139,123	15,178,332	0.009166	3,183,663	29,181	65.00
66.00	06600	PHYSICAL THERAPY	1,193,367	10,242,844	0.116507	453,225	52,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,677	1,988,071	0.017443	317,364	5,536	67.00
68.00	06800	SPEECH PATHOLOGY	16,174	928,257	0.017424	187,183	3,261	68.00
69.00	06900	ELECTROCARDIOLOGY	432,403	16,576,704	0.026085	1,370,002	35,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	159,391	5,370,349	0.029680	376,794	11,183	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	197,249	19,390,014	0.010173	1,878,670	19,112	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,478	22,645,297	0.010310	2,859,153	29,478	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	816,391	60,453,718	0.013504	6,985,406	94,331	73.00
74.00	07400	RENAL DIALYSIS	4,782	985,907	0.004850	278,840	1,352	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	133,625	8,548,622	0.015631	162,597	2,542	90.01
90.02	09002	CTR ADVANCED HEART CARE	5,733	508,977	0.011264	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	638,632	57,184,061	0.011168	346,261	3,867	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	8,836	1,221,951	0.007231	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0.000000	0	0	90.06
90.07	09007	O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008	O/P LAB	0	0	0.000000	0	0	90.08
90.09	09009	FORTVILLE CLINIC	32,097	0	0.000000	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	11,859	259,905	0.045628	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	426,270	103,073,283	0.004136	6,933,877	28,679	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	152,873	4,370,517	0.034978	350,360	12,255	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	9,431,697	684,786,691		50,123,552	651,340	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 11:38 am
---	-----------------------	---	--

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	22,578	0.00	5,599	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,475	0.00	897	31.00	
43.00	04300	NURSERY		0	1,193	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	27,246		6,496	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet D
Part IV
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		Title XVIII			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
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	
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700 CT SCAN	0	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	90.00	
90.01	09001 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01	
90.02	09002 CTR ADVANCED HEART CARE	0	0	0	0	0	90.02	
90.03	09003 RADIATION ONCOLOGY	0	0	0	0	0	90.03	
90.04	09004 MUNCIE CLINIC	0	0	0	0	0	90.04	
90.05	09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05	
90.06	09006 PREGNANCY PLUS	0	0	0	0	0	90.06	
90.07	09007 O/P LAB	0	0	0	0	0	90.07	
90.08	09008 O/P LAB	0	0	0	0	0	90.08	
90.09	09009 FORTVILLE CLINIC	0	0	0	0	0	90.09	
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10	
90.11	09011 DIABETIC PLUS CLINIC	0	0	0	0	0	90.11	
90.12	09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12	
91.00	09100 EMERGENCY	0	0	0	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 11:38 am
--	-----------------------	---	---

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	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) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	154,332,359	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	4,223,099	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	15,372,477	0.000000	54.00
54.01 05401 ULTRASOUND	0	0	0	10,332,168	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	9,104,964	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	52,450,807	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,447,380	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	26,057,795	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	63,419,395	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,119,438	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	15,178,332	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	10,242,844	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,988,071	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	928,257	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	16,576,704	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,370,349	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,390,014	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,645,297	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	60,453,718	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	985,907	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	8,548,622	0.000000	90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	508,977	0.000000	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	57,184,061	0.000000	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 ANTICOAGULATION CLINIC	0	0	0	1,221,951	0.000000	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0.000000	90.06
90.07 09007 O/P LAB	0	0	0	0	0.000000	90.07
90.08 09008 O/P LAB	0	0	0	0	0.000000	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0.000000	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0.000000	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	259,905	0.000000	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	103,073,283	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,370,517	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	684,786,691		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet D
Part IV
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		Title XVIII				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00	13.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	12,415,732	0	21,261,893	0	50.00	
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	1,013,110	0	1,902,068	0	54.00	
54.01	05401	ULTRASOUND	0.000000	436,088	0	1,796,217	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0.000000	168,770	0	2,020,142	0	56.00	
57.00	05700	CT SCAN	0.000000	3,200,661	0	9,052,908	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	538,911	0	3,667,976	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0.000000	2,373,968	0	3,859,266	0	59.00	
60.00	06000	LABORATORY	0.000000	3,947,008	0	3,219,919	0	60.00	
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	345,909	0	357,961	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0.000000	3,183,663	0	482,704	0	65.00	
66.00	06600	PHYSICAL THERAPY	0.000000	453,225	0	12,861	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0.000000	317,364	0	9,518	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0.000000	187,183	0	1,692	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0.000000	1,370,002	0	2,825,183	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	376,794	0	499,924	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,878,670	0	2,470,808	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,859,153	0	2,831,381	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	6,985,406	0	9,623,534	0	73.00	
74.00	07400	RENAL DIALYSIS	0.000000	278,840	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001	WOUND/OSTOMY CLINIC	0.000000	162,597	0	3,259,091	0	90.01	
90.02	09002	CTR ADVANCED HEART CARE	0.000000	0	0	143,303	0	90.02	
90.03	09003	RADIATION ONCOLOGY	0.000000	346,261	0	14,533,230	0	90.03	
90.04	09004	MUNCIE CLINIC	0.000000	0	0	0	0	90.04	
90.05	09005	ANTI COAGULATION CLINIC	0.000000	0	0	398,242	0	90.05	
90.06	09006	PREGNANCY PLUS	0.000000	0	0	0	0	90.06	
90.07	09007	O/P LAB	0.000000	0	0	0	0	90.07	
90.08	09008	O/P LAB	0.000000	0	0	0	0	90.08	
90.09	09009	FORTVILLE CLINIC	0.000000	0	0	0	0	90.09	
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10	
90.11	09011	DIABETIC PLUS CLINIC	0.000000	0	0	330	0	90.11	
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	90.12	
91.00	09100	EMERGENCY	0.000000	6,933,877	0	11,143,243	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	350,360	0	319,084	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00		Total (lines 50 through 199)		50,123,552	0	95,692,478	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part V Date/Time Prepared: 5/25/2023 11:38 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	0.138250	21,261,893	0	0	2,939,457	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.635888	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.268850	1,902,068	0	0	511,371	54.00
54.01	05401	ULTRASOUND	0.116371	1,796,217	0	0	209,028	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.108045	2,020,142	0	0	218,266	56.00
57.00	05700	CT SCAN	0.049490	9,052,908	0	0	448,028	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130364	3,667,976	0	0	478,172	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093685	3,859,266	0	0	361,555	59.00
60.00	06000	LABORATORY	0.183705	3,219,919	1,316	0	591,515	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.494936	357,961	0	0	177,168	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.299198	482,704	0	0	144,424	65.00
66.00	06600	PHYSICAL THERAPY	0.659590	12,861	0	0	8,483	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.405427	9,518	0	0	3,859	67.00
68.00	06800	SPEECH PATHOLOGY	0.404852	1,692	0	0	685	68.00
69.00	06900	ELECTROCARDIOLOGY	0.209822	2,825,183	0	0	592,786	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303215	499,924	0	0	151,584	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429258	2,470,808	3,429	0	1,060,614	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435077	2,831,381	0	0	1,231,869	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277365	9,623,534	0	0	2,669,232	73.00
74.00	07400	RENAL DIALYSIS	0.409833	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.356881	3,259,091	0	0	1,163,108	90.01
90.02	09002	CTR ADVANCED HEART CARE	0.606275	143,303	0	0	86,881	90.02
90.03	09003	RADIATION ONCOLOGY	0.098152	14,533,230	0	0	1,426,466	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0.492606	398,242	0	0	196,176	90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0	0	0	90.06
90.07	09007	O/P LAB	0.000000	0	0	0	0	90.07
90.08	09008	O/P LAB	0.000000	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	2.457575	330	0	0	811	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	90.12
91.00	09100	EMERGENCY	0.115925	11,143,243	0	0	1,291,780	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.959753	319,084	0	0	306,242	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		95,692,478	4,745	0	16,269,560	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		95,692,478	4,745	0	16,269,560	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 11:38 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
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	242	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,472	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0		90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0		90.02
90.03 09003 RADIATION ONCOLOGY	0	0		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0		90.05
90.06 09006 PREGNANCY PLUS	0	0		90.06
90.07 09007 O/P LAB	0	0		90.07
90.08 09008 O/P LAB	0	0		90.08
90.09 09009 FORTVILLE CLINIC	0	0		90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0		90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0		90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0		90.12
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	1,714	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	1,714	0		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/25/2023 11:38 am
--	--	-----------------------	---	--

Cost Center Description	Title XIX			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,478,805	0	1,478,805	22,578	65.50	30.00
31.00	INTENSIVE CARE UNIT	490,673		490,673	3,475	141.20	31.00
43.00	NURSERY	201,329		201,329	1,193	168.76	43.00
200.00	Total (Lines 30 through 199)	2,170,807		2,170,807	27,246		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	751	49,191			30.00
31.00	INTENSIVE CARE UNIT	124	17,509			31.00
43.00	NURSERY	899	151,715			43.00
200.00	Total (Lines 30 through 199)	1,774	218,415			200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet D
Part II
Date/Time Prepared:
5/25/2023 11:38 am

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	2,356,800	154,332,359	0.015271	562,944	8,597	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	147,495	4,223,099	0.034926	118,754	4,148	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	455,190	15,372,477	0.029611	112,903	3,343	54.00
54.01	05401	ULTRASOUND	39,344	10,332,168	0.003808	67,782	258	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	142,753	9,104,964	0.015679	0	0	56.00
57.00	05700	CT SCAN	135,103	52,450,807	0.002576	281,167	724	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	536,260	18,447,380	0.029070	69,907	2,032	58.00
59.00	05900	CARDIAC CATHETERIZATION	323,130	26,057,795	0.012401	122,300	1,517	59.00
60.00	06000	LABORATORY	621,318	63,419,395	0.009797	540,286	5,293	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	37,344	2,119,438	0.017620	62,159	1,095	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	139,123	15,178,332	0.009166	388,249	3,559	65.00
66.00	06600	PHYSICAL THERAPY	1,193,367	10,242,844	0.116507	20,445	2,382	66.00
67.00	06700	OCCUPATIONAL THERAPY	34,677	1,988,071	0.017443	14,507	253	67.00
68.00	06800	SPEECH PATHOLOGY	16,174	928,257	0.017424	23,444	408	68.00
69.00	06900	ELECTROCARDIOLOGY	432,403	16,576,704	0.026085	103,244	2,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	159,391	5,370,349	0.029680	16,629	494	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	197,249	19,390,014	0.010173	132,698	1,350	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	233,478	22,645,297	0.010310	73,602	759	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	816,391	60,453,718	0.013504	1,023,147	13,817	73.00
74.00	07400	RENAL DIALYSIS	4,782	985,907	0.004850	35,781	174	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	133,625	8,548,622	0.015631	20,014	313	90.01
90.02	09002	CTR ADVANCED HEART CARE	5,733	508,977	0.011264	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	638,632	57,184,061	0.011168	51,883	579	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	8,836	1,221,951	0.007231	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0.000000	0	0	90.06
90.07	09007	O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008	O/P LAB	0	0	0.000000	0	0	90.08
90.09	09009	FORTVILLE CLINIC	32,097	0	0.000000	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	11,859	259,905	0.045628	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	426,270	103,073,283	0.004136	749,186	3,099	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	152,873	4,370,517	0.034978	8,552	299	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	9,431,697	684,786,691		4,599,583	57,186	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/25/2023 11:38 am
---	-----------------------	---	--

Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	22,578	0.00	751	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	3,475	0.00	124	31.00	
43.00	04300	NURSERY		0	1,193	0.00	899	43.00	
200.00		Total (lines 30 through 199)		0	27,246		1,774	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet D
Part IV
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		Title XIX					Hospital		PPS
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health			
		1.00	2A	2.00	3A	3.00			
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	
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01	
90.02	09002	CTR ADVANCED HEART CARE	0	0	0	0	0	90.02	
90.03	09003	RADIATION ONCOLOGY	0	0	0	0	0	90.03	
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04	
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06	
90.07	09007	O/P LAB	0	0	0	0	0	90.07	
90.08	09008	O/P LAB	0	0	0	0	0	90.08	
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09	
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10	
90.11	09011	DIABETIC PLUS CLINIC	0	0	0	0	0	90.11	
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/25/2023 11:38 am
--	-----------------------	---	---

Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	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) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	154,332,359	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	4,223,099	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	15,372,477	0.000000	54.00
54.01 05401 ULTRASOUND	0	0	0	10,332,168	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	9,104,964	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	52,450,807	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	18,447,380	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	26,057,795	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	63,419,395	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,119,438	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	15,178,332	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	10,242,844	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,988,071	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	928,257	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	16,576,704	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,370,349	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,390,014	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	22,645,297	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	60,453,718	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	985,907	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	8,548,622	0.000000	90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	508,977	0.000000	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	57,184,061	0.000000	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 ANTICOAGULATION CLINIC	0	0	0	1,221,951	0.000000	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0.000000	90.06
90.07 09007 O/P LAB	0	0	0	0	0.000000	90.07
90.08 09008 O/P LAB	0	0	0	0	0.000000	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0.000000	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0.000000	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	259,905	0.000000	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	103,073,283	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,370,517	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	684,786,691		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet D
Part IV
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		Title XIX				Hospital		PPS	
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)			
		9.00	10.00	11.00	12.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0.000000	562,944	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	118,754	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	112,903	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0.000000	67,782	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	281,167	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	69,907	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	122,300	0	0	0	0	59.00
60.00	06000	LABORATORY	0.000000	540,286	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	62,159	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.000000	388,249	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	20,445	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	14,507	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	23,444	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	103,244	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	16,629	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	132,698	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	73,602	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	1,023,147	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	35,781	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0.000000	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.000000	20,014	0	0	0	0	90.01
90.02	09002	CTR ADVANCED HEART CARE	0.000000	0	0	0	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	0.000000	51,883	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0.000000	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0.000000	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0.000000	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0.000000	0	0	0	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0.000000	749,186	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	8,552	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)		4,599,583	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 11:38 am
--	--	-----------------------	---	--

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	0.138601	0	1,591,195	0	0
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.635888	0	0	0	0
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268850	0	317,889	0	0
54.01	05401 ULTRASOUND	0.116371	0	216,048	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00	05600 RADIO SOTOPE	0.108045	0	127,691	0	0
57.00	05700 CT SCAN	0.049490	0	1,014,654	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130364	0	303,091	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.093685	0	453,886	0	0
60.00	06000 LABORATORY	0.183705	0	954,998	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.494936	0	25,818	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.299198	0	47,203	0	0
66.00	06600 PHYSICAL THERAPY	0.659590	0	86,320	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.405427	0	6,735	0	0
68.00	06800 SPEECH PATHOLOGY	0.404852	0	5,397	0	0
69.00	06900 ELECTROCARDIOLOGY	0.209822	0	160,743	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303215	0	108,434	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429258	0	339,073	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435077	0	138,412	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.277365	0	507,644	0	0
74.00	07400 RENAL DIALYSIS	0.409833	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0
90.01	09001 WOUND/OSTOMY CLINIC	0.356881	0	156,802	0	0
90.02	09002 CTR ADVANCED HEART CARE	0.606275	0	5,978	0	0
90.03	09003 RADIATION ONCOLOGY	0.098152	0	1,839,751	0	0
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0
90.05	09005 ANTI COAGULATION CLINIC	0.492606	0	7,721	0	0
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0
90.07	09007 O/P LAB	0.000000	0	0	0	0
90.08	09008 O/P LAB	0.000000	0	0	0	0
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0
90.11	09011 DIABETIC PLUS CLINIC	2.457575	0	4,740	0	0
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0
91.00	09100 EMERGENCY	0.115925	0	3,198,633	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.959753	0	121,096	0	0
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)		0	11,739,952	0	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00	Net Charges (line 200 - line 201)		0	11,739,952	0	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/25/2023 11:38 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	220,541	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	85,464	0		54.00
54.01 05401 ULTRASOUND	25,142	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	13,796	0		56.00
57.00 05700 CT SCAN	50,215	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	39,512	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	42,522	0		59.00
60.00 06000 LABORATORY	175,438	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	12,778	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	14,123	0		65.00
66.00 06600 PHYSICAL THERAPY	56,936	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	2,731	0		67.00
68.00 06800 SPEECH PATHOLOGY	2,185	0		68.00
69.00 06900 ELECTROCARDIOLOGY	33,727	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	32,879	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	145,550	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	60,220	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	140,803	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	55,960	0		90.01
90.02 09002 CTR ADVANCED HEART CARE	3,624	0		90.02
90.03 09003 RADIATION ONCOLOGY	180,575	0		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	3,803	0		90.05
90.06 09006 PREGNANCY PLUS	0	0		90.06
90.07 09007 O/P LAB	0	0		90.07
90.08 09008 O/P LAB	0	0		90.08
90.09 09009 FORTVILLE CLINIC	0	0		90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0		90.10
90.11 09011 DIABETIC PLUS CLINIC	11,649	0		90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0		90.12
91.00 09100 EMERGENCY	370,802	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	116,222	0		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	1,897,197	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,897,197	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 11:38 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)		22,578	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,578	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,244	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) (see instructions)		5,599	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)		40,576,633	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)		40,576,633	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)		40,576,633	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)		1,797.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,062,411	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,062,411	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/25/2023 11:38 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,519,186	3,475	3,027.10	897	2,715,309		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,597,081		48.00
48.01 Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0		48.01
49.00 Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					23,374,801		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)					493,391		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					651,340		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,144,731		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					22,230,070		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
55.01 Permanent adjustment amount per discharge					0.00		55.01
55.02 Adjustment amount per discharge (contractor use only)					0.00		55.02
56.00 Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00		59.00
60.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00		60.00
61.00 Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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)					2,334		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,797.18		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,194,618		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 11:38 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,478,805	40,576,633	0.036445	4,194,618	152,873	90.00
91.00	Nursing Program cost	0	40,576,633	0.000000	4,194,618	0	91.00
92.00	Allied health cost	0	40,576,633	0.000000	4,194,618	0	92.00
93.00	All other Medical Education	0	40,576,633	0.000000	4,194,618	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 11:38 am
		Title XIX	Hospital	PPS
Cost Center Description				
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,578	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,578	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,244	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) (see instructions)		751	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)		1,193	15.00
16.00	Nursery days (title V or XIX only)		899	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)		40,576,633	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)		40,576,633	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)		40,576,633	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)		1,797.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,349,682	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,349,682	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/25/2023 11:38 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,515,914	1,193	2,108.90	899	1,895,901	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,519,186	3,475	3,027.10	124	375,360	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,022,737	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)					0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)					4,643,680	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)					218,415	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					57,186	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					275,601	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					4,368,079	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
55.01	Permanent adjustment amount per discharge					0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)					0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)					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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)					0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)					0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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)					2,334	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,797.18	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,194,618	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/25/2023 11:38 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,478,805	40,576,633	0.036445	4,194,618	152,873	90.00
91.00	Nursing Program cost	0	40,576,633	0.000000	4,194,618	0	91.00
92.00	Allied health cost	0	40,576,633	0.000000	4,194,618	0	92.00
93.00	All other Medical Education	0	40,576,633	0.000000	4,194,618	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 11:38 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,798,252	30.00
31.00	03100	INTENSIVE CARE UNIT		4,043,088	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.138250	12,415,732	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.635888	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.268850	1,013,110	54.00
54.01	05401	ULTRASOUND	0.116371	436,088	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.108045	168,770	56.00
57.00	05700	CT SCAN	0.049490	3,200,661	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130364	538,911	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.093685	2,373,968	59.00
60.00	06000	LABORATORY	0.183705	3,947,008	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.494936	345,909	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.299198	3,183,663	65.00
66.00	06600	PHYSICAL THERAPY	0.659590	453,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.405427	317,364	67.00
68.00	06800	SPEECH PATHOLOGY	0.404852	187,183	68.00
69.00	06900	ELECTROCARDIOLOGY	0.209822	1,370,002	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303215	376,794	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429258	1,878,670	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.435077	2,859,153	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.277365	6,985,406	73.00
74.00	07400	RENAL DIALYSIS	0.409833	278,840	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.356881	162,597	90.01
90.02	09002	CTR ADVANCED HEART CARE	0.606275	0	90.02
90.03	09003	RADIATION ONCOLOGY	0.098152	346,261	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0.492606	0	90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	90.06
90.07	09007	O/P LAB	0.000000	0	90.07
90.08	09008	O/P LAB	0.000000	0	90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	2.457575	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	90.12
91.00	09100	EMERGENCY	0.115925	6,933,877	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.959753	350,360	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		50,123,552	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		50,123,552	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/25/2023 11:38 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		2,570,571		30.00
31.00	03100 INTENSIVE CARE UNIT		554,568		31.00
43.00	04300 NURSERY		303,722		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.138601	562,944	78,025	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.635888	118,754	75,514	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.268850	112,903	30,354	54.00
54.01	05401 ULTRASOUND	0.116371	67,782	7,888	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.108045	0	0	56.00
57.00	05700 CT SCAN	0.049490	281,167	13,915	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130364	69,907	9,113	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.093685	122,300	11,458	59.00
60.00	06000 LABORATORY	0.183705	540,286	99,253	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.494936	62,159	30,765	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.299198	388,249	116,163	65.00
66.00	06600 PHYSICAL THERAPY	0.659590	20,445	13,485	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.405427	14,507	5,882	67.00
68.00	06800 SPEECH PATHOLOGY	0.404852	23,444	9,491	68.00
69.00	06900 ELECTROCARDIOLOGY	0.209822	103,244	21,663	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303215	16,629	5,042	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.429258	132,698	56,962	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.435077	73,602	32,023	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.277365	1,023,147	283,785	73.00
74.00	07400 RENAL DIALYSIS	0.409833	35,781	14,664	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.356881	20,014	7,143	90.01
90.02	09002 CTR ADVANCED HEART CARE	0.606275	0	0	90.02
90.03	09003 RADIATION ONCOLOGY	0.098152	51,883	5,092	90.03
90.04	09004 MUNCIE CLINIC	0.000000	0	0	90.04
90.05	09005 ANTICOAGULATION CLINIC	0.492606	0	0	90.05
90.06	09006 PREGNANCY PLUS	0.000000	0	0	90.06
90.07	09007 O/P LAB	0.000000	0	0	90.07
90.08	09008 O/P LAB	0.000000	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	2.457575	0	0	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	90.12
91.00	09100 EMERGENCY	0.115925	749,186	86,849	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.959753	8,552	8,208	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,599,583	1,022,737	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)		4,599,583		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 11:38 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)		10,164,916	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		3,720,380	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)			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
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		926,738	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		161,126	2.04
3.00	Managed Care Simulated Payments		15,584,759	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		121.44	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
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
6.00	FTE count for allopathic and osteopathic programs that 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
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
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 § 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
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
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 § 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 § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (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.		0.16	11.00
12.00	Current year allowable FTE (see instructions)		0.16	12.00
13.00	Total allowable FTE count for the prior year.		0.25	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.		0.14	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		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		0.14	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.001153	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.002112	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.001153	21.00
22.00	IME payment adjustment (see instructions)		8,748	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		9,818	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 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)		8,748	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		9,818	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.46	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.72	31.00
32.00	Sum of lines 30 and 31		29.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.29	33.00
34.00	Disproportionate share adjustment (see instructions)		461,339	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 11:38 am
		Title XVIII	Hospital	PPS
			Prior to 10/1	On/After 10/1
			1.00	2.00
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)		7,192,008,710	6,874,403,459
35.01	Factor 3 (see instructions)		0.000111704	0.000124273
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)		803,373	854,301
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)		600,879	215,331
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)		816,210	
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)		0	
41.00	Total ESRD Medicare discharges (see instructions)		0	
41.01	Total ESRD Medicare covered and paid discharges (see instructions)		0	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	
43.00	Total Medicare ESRD inpatient days (see instructions)		0	
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	
47.00	Subtotal (see instructions)		16,259,457	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)			16,269,275
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)			1,132,536
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).			5,337
53.00	Nursing and Allied Health Managed Care payment			0
54.00	Special add-on payments for new technologies			320,020
54.01	Islet isolation add-on payment			0
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0
55.01	Cellular therapy acquisition cost (see instructions)			0
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)			0
59.00	Total (sum of amounts on lines 49 through 58)			17,727,168
60.00	Primary payer payments			18,593
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			17,708,575
62.00	Deductibles billed to program beneficiaries			1,641,840
63.00	Coinurance billed to program beneficiaries			6,224
64.00	Allowable bad debts (see instructions)			45,140
65.00	Adjusted reimbursable bad debts (see instructions)			29,341
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,418
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			16,089,852
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)			0
70.75	N95 respirator payment adjustment amount (see instructions)			0
70.87	Demonstration payment adjustment amount before sequestration			0
70.88	SCH or MDH volume decrease adjustment (contractor use only)			0
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0
70.92	Bundled Model 1 discount amount (see instructions)			0
70.93	HVBP payment adjustment amount (see instructions)			0
70.94	HRR adjustment amount (see instructions)			-125,056
70.95	Recovery of accelerated depreciation			0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/25/2023 11:38 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)			127,148	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			15,837,648	71.00
71.01	Sequestration adjustment (see instructions)			199,554	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			15,294,751	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			343,343	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			272,637	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, 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
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 11:38 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,714	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,269,560	2.00
3.00	OPPS payments		13,390,926	3.00
4.00	Outlier payment (see instructions)		195,678	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
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 lines 3, 4, and 4.01, 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)		1,714	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,745	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)		4,745	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)		4,745	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,031	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 (see instructions)		1,714	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, 4.01, 8 and 9)		13,586,604	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		686	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,513,114	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)		11,074,518	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,716	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)		11,078,234	30.00
31.00	Primary payer payments		11,657	31.00
32.00	Subtotal (line 30 minus line 31)		11,066,577	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)		180,640	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		117,416	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		156,600	36.00
37.00	Subtotal (see instructions)		11,183,993	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-132	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		11,184,125	40.00
40.01	Sequestration adjustment (see instructions)		140,920	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		11,161,468	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-118,263	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		4,896	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/25/2023 11:38 am
Title XVIII		Hospital	PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2023 11:38 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		15,294,751		11,161,468	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		15,294,751		11,161,468	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		343,343		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		118,263	6.02	
7.00	Total Medicare program liability (see instructions)		15,638,094		11,043,205	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: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/25/2023 11:38 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			1.00
2.00	Medicare days (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/25/2023 11:38 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)				2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.16		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.16		10.01
11.00	Total weighted FTE count	0.00	0.16		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.25		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.14		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.14		17.00
18.00	Per resident amount	106,207.23	106,207.23		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	0	14,869	14,869	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			14,869	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/25/2023 11:38 am
--	-----------------------	---	--

		Title XVIII		Hospital	PPS
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	6,496	8,336		26.00
27.00	Total Inpatient Days (see instructions)	23,914	23,914		27.00
28.00	Ratio of inpatient days to total inpatient days	0.271640	0.348582		28.00
29.00	Program direct GME amount	4,039	5,183	9,222	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		169	169	30.00
31.00	Net Program direct GME amount			9,053	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			985,907	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			23,374,801	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			18,593	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			23,356,208	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			16,271,274	42.00
43.00	Primary payer payments (see instructions)			11,657	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			16,259,617	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			39,615,825	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.589568	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.410432	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			9,053	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			5,337	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			3,716	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/25/2023 11:38 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet G

Date/Time Prepared:
5/25/2023 11:38 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	860,164	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	76,183,475	0	0	0	4.00
5.00	Other receivable	-52,632,986	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	398,680	0	0	0	6.00
7.00	Inventory	4,059,908	0	0	0	7.00
8.00	Prepaid expenses	73,582	0	0	0	8.00
9.00	Other current assets	447,427	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)	29,390,250	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,268,153	0	0	0	12.00
13.00	Land improvements	2,023,177	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	82,665,381	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,763,325	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	81,484,492	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	1,033,859	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-122,085,867	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)	54,152,520	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	886,187	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	282,045,419	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	282,931,606	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	366,474,376	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	911,724	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	8,818,568	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	9,730,292	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,585,809	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,585,809	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,316,101	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	353,158,275				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)	353,158,275	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	366,474,376	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-1

Date/Time Prepared:
5/25/2023 11:38 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		353,743,749		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-585,472			2.00
3.00	Total (sum of line 1 and line 2)		353,158,277		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)		353,158,277		0	11.00
12.00	ROUNDING	2		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)		2		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		353,158,275		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	ROUNDING		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: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/25/2023 11:38 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	42,492,683		42,492,683	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)	42,492,683		42,492,683	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,729,996		16,729,996	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,729,996		16,729,996	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	59,222,679		59,222,679	17.00
18.00	Ancillary services	192,257,154	540,421,395	732,678,549	18.00
19.00	Outpatient services	0	0	0	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	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	251,479,833	540,421,395	791,901,228	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		211,862,934		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)		211,862,934		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-3

Date/Time Prepared:
5/25/2023 11:38 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	791,901,228	1.00
2.00	Less contractual allowances and discounts on patients' accounts	577,332,022	2.00
3.00	Net patient revenues (line 1 minus line 2)	214,569,206	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	211,862,934	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,706,272	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	538,172	6.00
7.00	Income from investments	-14,407,135	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	8,217	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	1,013,476	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	2,498,006	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	1,384,592	24.00
24.50	COVID-19 PHE Funding	5,686,550	24.50
25.00	Total other income (sum of lines 6-24)	-3,278,122	25.00
26.00	Total (line 5 plus line 25)	-571,850	26.00
27.00	INCOME TAX	13,622	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	13,622	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-585,472	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0113	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/25/2023 11:38 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,048,665	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		19,378	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)		66.13	3.00
4.00	Number of interns & residents (see instructions)		0.14	4.00
5.00	Indirect medical education percentage (see instructions)		0.06	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)		629	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.46	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.72	8.00
9.00	Sum of lines 7 and 8		29.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.09	10.00
11.00	Disproportionate share adjustment (see instructions)		63,864	11.00
12.00	Total prospective capital payments (see instructions)		1,132,536	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