

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 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 6/29/2020 8:00 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 6/29/2020 Time: 8:00 am
 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 or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (3) Settled with Audit 9. Final Report for this Provider CCN
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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

CERTIFICATION BY 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 the Balance Sheet and Statement of Revenue and Expenses prepared by BALL MEMORIAL HOSPITAL (15-0089) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 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.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

(Signed) JONATHAN VANATOR
 Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	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	422,651	151,509	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	45,851	-3		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	468,502	151,506	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:00 am					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47303-3428 County: DELAWARE					
1.00 Street: 2401 UNIVERSITY AVENUE		2.00 City: MUNCIE									
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	BALL MEMORIAL HOSPITAL	150089	34620	1	07/01/1966	N	P	0	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF	BMH PHYSICAL REHAB	15T089	34620	5	07/01/1986	N	P	0	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)					01/01/2019	12/31/2019		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 uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y				22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N				22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				N	N		N		22.03	
23.00	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.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N				23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				3,734	821	20	82	14,919	34	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:00 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		
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	322		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)					N	N	40.00	
		V		XVII		XIX			
		1.00		2.00		3.00			
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	Y	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? 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), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
		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.					Y	Y		60.00
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)						23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:00 am	
		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)	Y			12.00	12.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						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	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			2.75	15.74	0.148729	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-2
Part I
Date/Time Prepared:
6/29/2020 8:00 am

		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)	FAMILY MEDICINE	1350	3.21	21.04	0.132371	65.00
65.01		INTERNAL MEDICINE	1400	4.25	13.76	0.235980	65.01
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			1.89	8.11	0.189000	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)	FAMILY MEDICINE	1350	10.43	19.56	0.347783	67.00
67.01		INT MEDICINE	1400	7.44	16.33	0.313000	67.01
				1.00	2.00	3.00	
<u>Inpatient Psychiatric Facility PPS</u>							
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		0	71.00
<u>Inpatient Rehabilitation Facility PPS</u>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y			75.00

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			1.00	2.00	3.00
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	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00
87.00	Is this hospital 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
			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
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		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.	N	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.	N	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. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	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.	N	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)				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:00 am	
		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		109.00
				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			110.00
				1.00	2.00		
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			111.00
				1.00	2.00	3.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model 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			112.00
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					115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1			118.00
		Premiums		Losses		Insurance	
		1.00		2.00		3.00	
118.01	List amounts of malpractice premiums and paid losses:	620,178		0			118.01
				1.00		2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.			N			118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.			N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y			121.00
122.00	Does the cost report contain 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.			Y		5.06	122.00
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:00 am	
		1.00		2.00			
133.00	Removed and reserved					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H059		140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00	
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
1.00							
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
		1.00		2.00			
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y				145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
1.00							
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
						Title XIX	
						4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
1.00							
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
						3.00	
						4.00	
						5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
1.00							
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	
						169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:00 am
		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			170.00
		1.00	2.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	Y	1,350	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:00 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/20/2020		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				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	04/01/2020	Y	04/01/2020		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: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:00 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA		UTTER	41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@IUHEALTH.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:00 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.	DI RECTOR, GOVERNMENT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:00 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	249	90,885	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)		249	90,885	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	23	8,395	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		308	112,420	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00
18.00 SUBPROVIDER						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)		324				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)		8	2,920			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:00 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	29,603	2,283	63,867			1.00
2.00 HMO and other (see instructions)	12,399	14,592				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	695	322				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)	29,603	2,283	63,867			7.00
8.00 INTENSIVE CARE UNIT	4,607	889	10,344			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	409	3,542			12.00
13.00 NURSERY		1,403	2,137			13.00
14.00 Total (see instructions)	34,210	4,984	79,890	63.76	1,811.11	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	3,023	0	4,614	0.00	23.86	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)			1,060			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				63.76	1,834.97	27.00
28.00 Observation Bed Days		160	8,070			28.00
29.00 Ambulance Trips	17					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	34	1,198			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:00 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,500	604	15,175	1.00
2.00 HMO and other (see instructions)			1,996	2,632		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				22		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 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,500	604	15,175	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	204	0	313	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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:00 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	111,132,675	-537,760	110,594,915	3,817,201.53	28.97
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	3,915,954	3,915,954	139,240.00	28.12
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)		5,010,768	1,425,675	6,436,443	192,841.15	33.38
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		6,941,748	0	6,941,748	90,675.80	76.56
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		5,547,101	0	5,547,101	50,844.72	109.10
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		31,034,682	0	31,034,682	913,652.00	33.97
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)		44,389,211	0	44,389,211		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,698,770	0	2,698,770		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		965,180	0	965,180		
25.50	Home office wage-related (core)		8,694,683	0	8,694,683		
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: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:00 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	36,271	0	36,271	2,080.50	17.43	26.00
27.00	Administrative & General	6,850,972	-513,218	6,337,754	146,925.52	43.14	27.00
28.00	Administrative & General under contract (see inst.)	825,240	0	825,240	8,448.71	97.68	28.00
29.00	Maintenance & Repairs	3,026,110	-63,406	2,962,704	131,002.88	22.62	29.00
30.00	Operation of Plant	1,429,736	-59,613	1,370,123	54,668.25	25.06	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,754,924	-28,468	2,726,456	197,015.13	13.84	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,630,952	-1,236,795	1,394,157	78,109.60	17.85	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,228,949	1,228,949	86,190.00	14.26	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	5,716,624	-241,868	5,474,756	147,952.87	37.00	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	5,178,030	-369,784	4,808,246	124,826.08	38.52	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	576,035	-185	575,850	43,757.43	13.16	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet S-3
Part III
Date/Time Prepared:
6/29/2020 8:00 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	111,957,915	-4,453,714	107,504,201	3,686,410.24	29.16	1.00
2.00	Excluded area salaries (see instructions)	5,010,768	1,425,675	6,436,443	192,841.15	33.38	2.00
3.00	Subtotal salaries (line 1 minus line 2)	106,947,147	-5,879,389	101,067,758	3,493,569.09	28.93	3.00
4.00	Subtotal other wages & related costs (see inst.)	43,523,531	0	43,523,531	1,055,172.52	41.25	4.00
5.00	Subtotal wage-related costs (see inst.)	53,083,894	0	53,083,894	0.00	52.52	5.00
6.00	Total (sum of lines 3 thru 5)	203,554,572	-5,879,389	197,675,183	4,548,741.61	43.46	6.00
7.00	Total overhead cost (see instructions)	29,024,894	-1,284,388	27,740,506	1,020,976.97	27.17	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 6/29/2020 8:00 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	3,950,086	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)	17,408,333	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)	16,702,587	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	526,769	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	51,281	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)	681,374	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	671,966	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,011,746	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	37,718	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	11,300	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	48,053,160	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: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part V Date/Time Prepared: 6/29/2020 8:00 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	6,941,748	48,053,160	1.00
2.00	Hospital	6,941,748	48,053,160	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 6/29/2020 8:00 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.181187	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		53,290,826	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?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		344,465,965	6.00	
7.00	Medicaid cost (line 1 times line 6)		62,412,755	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		9,121,929	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)		223,922	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		662,314	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		120,003	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		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		9,121,929	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)	35,717,534	989,168	36,706,702	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,471,553	989,168	7,460,721	21.00
22.00	Payments received from patients for amounts previously written off as charity care	69,990	0	69,990	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,401,563	989,168	7,390,731	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)			22,610,556	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,390,598	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			2,139,382	27.01
28.00	Non-Medicare bad debt expense (see instructions)			20,471,174	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			4,457,895	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			11,848,626	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,970,555	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		5,213,218		5,213,218	20,061,788	25,275,006	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	36,271	684,476	720,747	20,699,418	21,420,165	4.00	
5.01	01160	COMMUNICATIONS	497,597	254,890	752,487	-165,994	586,493	5.01	
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02	
5.04	00570	ADMINITTING	928,475	312,583	1,241,058	-229,576	1,011,482	5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5,424,900	85,746,122	91,171,022	-2,362,249	88,808,773	5.06	
6.00	00600	MAINTENANCE & REPAIRS	3,026,110	13,375,484	16,401,594	-8,146,490	8,255,104	6.00	
7.00	00700	OPERATION OF PLANT	1,429,736	5,063,342	6,493,078	105,477	6,598,555	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,377,898	1,377,898	8.00	
9.00	00900	HOUSEKEEPING	2,754,924	1,925,680	4,680,604	-1,507,915	3,172,689	9.00	
10.00	01000	DIETARY	2,630,952	2,634,449	5,265,401	-3,096,541	2,168,860	10.00	
11.00	01100	CAFETERIA	0	0	0	2,315,511	2,315,511	11.00	
13.00	01300	NURSING ADMINISTRATION	5,716,624	2,898,008	8,614,632	-1,389,729	7,224,903	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,470,875	1,470,875	10,187,891	11,658,766	14.00	
15.00	01500	PHARMACY	5,178,030	36,780,479	41,958,509	-36,000,510	5,957,999	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00	
18.00	01080	PATIENT TRANSPORTATION	576,035	181,513	757,548	-132,257	625,291	18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,915,954	3,915,954	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,135,421	4,750,427	8,885,848	-5,078,008	3,807,840	22.00	
23.00	02300	PARAMED PRGM	73,257	30,711	103,968	92,955	196,923	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	22,311,099	20,954,367	43,265,466	-8,567,917	34,697,549	30.00	
31.00	03100	INTENSIVE CARE UNIT	7,056,095	3,608,965	10,665,060	-2,777,866	7,887,194	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,848,833	2,192,055	4,040,888	-686,691	3,354,197	35.00	
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I/RF	1,590,246	915,787	2,506,033	-404,809	2,101,224	41.00	
43.00	04300	NURSERY	0	0	0	477,596	477,596	43.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,516,264	27,061,245	32,577,509	-19,884,695	12,692,814	50.00	
51.00	05100	RECOVERY ROOM	1,462,258	907,692	2,369,950	-777,669	1,592,281	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,861,210	967,794	2,829,004	-822,531	2,006,473	52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,670,935	16,235,131	24,906,066	-11,753,870	13,152,196	54.00	
57.00	05700	CT SCAN	126,056	64,385	190,441	-54,173	136,268	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	1,979,736	9,226,261	11,205,997	-8,900,030	2,305,967	59.00	
60.00	06000	LABORATORY	0	12,096,315	12,096,315	-22,241	12,074,074	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,347,870	1,347,870	-69	1,347,801	63.00	
65.00	06500	RESPIRATORY THERAPY	3,322,885	1,467,293	4,790,178	-1,235,995	3,554,183	65.00	
65.01	06501	SLEEP LAB	460,946	487,918	948,864	-410,364	538,500	65.01	
66.00	06600	PHYSICAL THERAPY	5,412,270	2,123,467	7,535,737	-1,676,224	5,859,513	66.00	
67.00	06700	OCCUPATIONAL THERAPY	700,097	241,651	941,748	-72,074	869,674	67.00	
68.00	06800	SPEECH PATHOLOGY	464,230	127,013	591,243	-61,816	529,427	68.00	
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01	
69.00	06900	ELECTROCARDIOLOGY	1,021,684	1,363,942	2,385,626	-822,238	1,563,388	69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,730,735	11,730,735	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,196,706	14,196,706	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	36,115,985	36,115,985	73.00	
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,435,545	7,156,728	8,592,273	-383,635	8,208,638	73.01	
74.00	07400	RENAL DIALYSIS	0	1,546,273	1,546,273	-99,318	1,446,955	74.00	
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	757,092	345,850	1,102,942	-215,946	886,996	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	521,914	1,332,053	1,853,967	-599,136	1,254,831	76.98	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	SUBSTANCE ABUSE CLINIC	229,874	427,868	657,742	-60,667	597,075	90.01	
90.02	09002	PAIN CLINIC	385,159	623,190	1,008,349	-297,048	711,301	90.02	
90.03	09003	ONCOLOGY CLINIC	1,101,644	720,210	1,821,854	-395,105	1,426,749	90.03	
91.00	09100	EMERGENCY	7,141,006	5,834,560	12,975,566	-2,911,900	10,063,666	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	932	932	-646	286	95.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	107,785,410	280,699,072	388,484,482	-726,028	387,758,454	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	141,819	672,960	814,779	-36,208	778,571	190.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
191.00 19100 RESEARCH	667,653	220,488	888,141	-126,333	761,808	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	143,786	38,227	182,013	16,939	198,952	194.01
194.02 07952 PAVILLION PHARMACY	743,902	6,049,955	6,793,857	-60,943	6,732,914	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	49,184	49,184	-42,768	6,416	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,613,555	1,613,555	-931,466	682,089	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRALTC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	6,714	6,714	-17	6,697	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	363,555	62,274	425,829	1,054,973	1,480,802	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	1,263,467	367,563	1,631,030	-213,476	1,417,554	194.22
194.23 07973 CANCER CENTER BOUTIQUE	14,175	100,959	115,134	-82	115,052	194.23
194.24 07974 BOSCBALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	1,012	1,012	-356	656	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	8,908	1,151	10,059	1,065,765	1,075,824	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 TOTAL (SUM OF LINES 118 through 199)	111,132,675	289,883,114	401,015,789	0	401,015,789	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,486,389	27,761,395	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	30,129,396	51,549,561	4.00
5.01	01160	COMMUNICATIONS	-110,162	476,331	5.01
5.02	00550	DATA PROCESSING	16,159,637	16,159,637	5.02
5.04	00570	ADMITTING	8,458,982	9,470,464	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	10,766,961	10,766,961	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-53,938,610	34,870,163	5.06
6.00	00600	MAINTENANCE & REPAIRS	-361,743	7,893,361	6.00
7.00	00700	OPERATION OF PLANT	-125,854	6,472,701	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,377,898	8.00
9.00	00900	HOUSEKEEPING	-48,217	3,124,472	9.00
10.00	01000	DIETARY	-293,086	1,875,774	10.00
11.00	01100	CAFETERIA	-1,653,341	662,170	11.00
13.00	01300	NURSING ADMINISTRATION	-139,824	7,085,079	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,658,766	14.00
15.00	01500	PHARMACY	-620,257	5,337,742	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	-21,725	603,566	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,915,954	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-4,000	3,803,840	22.00
23.00	02300	PARAMED PRGM	-840	196,083	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,004,974	25,692,575	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,887,194	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-1,361,574	1,992,623	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	1,444	2,102,668	41.00
43.00	04300	NURSERY	0	477,596	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,462,935	7,229,879	50.00
51.00	05100	RECOVERY ROOM	0	1,592,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,006,473	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-507,712	12,644,484	54.00
57.00	05700	CT SCAN	-69,063	67,205	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,305,967	59.00
60.00	06000	LABORATORY	0	12,074,074	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,347,801	63.00
65.00	06500	RESPIRATORY THERAPY	-321	3,553,862	65.00
65.01	06501	SLEEP LAB	-12,318	526,182	65.01
66.00	06600	PHYSICAL THERAPY	-1,467,288	4,392,225	66.00
67.00	06700	OCCUPATIONAL THERAPY	-7,377	862,297	67.00
68.00	06800	SPEECH PATHOLOGY	-4,821	524,606	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-59,437	1,503,951	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,730,735	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,196,706	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,115,985	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	-654,512	7,554,126	73.01
74.00	07400	RENAL DIALYSIS	0	1,446,955	74.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-121,731	765,265	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,328	1,256,159	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	-344,191	252,884	90.01
90.02	09002	PAIN CLINIC	-278,030	433,271	90.02
90.03	09003	ONCOLOGY CLINIC	0	1,426,749	90.03
91.00	09100	EMERGENCY	-242	10,063,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	286	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-8,670,048	379,088,406	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	778,571	190.00
191.00	19100	RESEARCH	0	761,808	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.01	07951	BSU PHARMACY	-174,376	24,576	194.01
194.02	07952	PAVILLION PHARMACY	0	6,732,914	194.02
194.03	07953	VENDING	0	0	194.03
194.04	07954	CARELINE	0	0	194.04
194.05	07955	WELLNESS CENTER	0	6,416	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	682,089	194.08
194.09	07959	ADVERTISING	0	0	194.09
194.10	07960	INTEGRA LTAC	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	6,697	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	-425,829	1,054,973	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	-1,417,554	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	115,052	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	656	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	-9,943	1,065,881	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	194.32
194.33	07983	LAB CORP	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	194.34
194.35	07985	LEASED SPACE	0	0	194.35
200.00		TOTAL (SUM OF LINES 118 through 199)	-10,697,750	390,318,039	200.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/29/2020 8:00 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,096,587	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	66	2.00
3.00	COMMUNICATIONS	5.01	0	144	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,115	4.00
5.00	OPERATION OF PLANT	7.00	0	688	5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	271	6.00
7.00	CANCER CENTER BOUTIQUE	194.23	0	509	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
0			0	11,100,380	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,730,735	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
0			0	11,730,735	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/29/2020 8:00 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	14,196,706	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
	0		0	14,196,706	
D - BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	652,410	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	36,115,985	2.00
3.00	HOUSEKEEPING	9.00	0	10	3.00
4.00	DIETARY	10.00	0	82	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,572	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	0		0	36,773,059	
E - INTERN & RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,915,954	0	1.00
	0		3,915,954	0	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,228,949	1,086,562	1.00
	0		1,228,949	1,086,562	
G - PHARMACY ADMIN COSTS					
1.00	BSU PHARMACY	194.01	30,790	14,204	1.00
2.00	PAVILLION PHARMACY	194.02	30,790	14,204	2.00
	0		61,580	28,408	
H - AUTO & BUILDING INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	331,472	1.00
	0		0	331,472	
I - REHAB ADMIN COSTS					
1.00	OCCUPATIONAL THERAPY	67.00	42,067	3,900	1.00
2.00	SPEECH PATHOLOGY	68.00	27,895	2,050	2.00
3.00	THERAPIES TO OTHER ENTITIES	194.22	53,207	4,300	3.00
	0		123,169	10,250	
J - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,377,898	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

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
0			0	1,377,898		
P - LEGAL FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	4,083		1.00
2.00		0.00	0	0		2.00
0			0	4,083		
Q - NURSERY						
1.00	NURSERY	43.00	438,529	39,067		1.00
2.00		0.00	0	0		2.00
0			438,529	39,067		
S - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,793,821		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
0			0	20,793,821	
T - CORPORATE TELEPHONE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42,334	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
0			0	42,334	
U - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	18,127,333	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
0			0	18,127,333	
V - LEASE EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,368,274	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
0			0	1,368,274	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
W - PTO USED AS STD					
1.00	COMMUNICATIONS	5.01	0	2,648	1.00
2.00	ADMINISTRATIVE	5.04	0	3,898	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	7,439	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	7,528	4.00
5.00	OPERATION OF PLANT	7.00	0	2,295	5.00
6.00	HOUSEKEEPING	9.00	0	28,468	6.00
7.00	DIETARY	10.00	0	7,846	7.00
8.00	NURSING ADMINISTRATION	13.00	0	28,596	8.00
9.00	PHARMACY	15.00	0	31,546	9.00
10.00	PATIENT TRANSPORTATION	18.00	0	185	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	104,977	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	63,968	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	4,676	13.00
14.00	SUBPROVIDER - IRF	41.00	0	4,932	14.00
15.00	OPERATING ROOM	50.00	0	30,585	15.00
16.00	RECOVERY ROOM	51.00	0	6,752	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	30,124	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,359	18.00
19.00	CT SCAN	57.00	0	918	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	43	20.00
21.00	RESPIRATORY THERAPY	65.00	0	19,945	21.00
22.00	SLEEP LAB	65.01	0	3,020	22.00
23.00	PHYSICAL THERAPY	66.00	0	41,331	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	9,276	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	8,193	25.00
26.00	CARDIAC REHABILITATION	76.97	0	7,351	26.00
27.00	HYPERBARIC OXYGEN THERAPY	76.98	0	98	27.00
28.00	PAIN CLINIC	90.02	0	296	28.00
29.00	ONCOLOGY CLINIC	90.03	0	6,867	29.00
30.00	EMERGENCY	91.00	0	5,260	30.00
31.00	THERAPIES TO OTHER ENTITIES	194.22	0	8,340	31.00
0			0	537,760	
X - WASTE DISPOSAL					
1.00	OPERATION OF PLANT	7.00	0	306,821	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
0			0	306,821	
Y - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	559,125	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
0			0	559,125	
Z - BLACKFORD					
1.00	BLACKFORD COMMUNITY HOSPITAL	194.26	635,235	430,900	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
0			635,235	430,900	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AA - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	159	1.00
	0		0	159	
AB - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM	23.00	92,663	7,089	1.00
	0		92,663	7,089	
AC - PROPERTY TAX					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	362,181	1.00
	0		0	362,181	
AD - JAY HOSPITAL					
1.00	JAY COUNTY HOSPITAL	194.16	713,757	502,249	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
	0		713,757	502,249	
AE - MALPRACTICE INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	750	1.00
	TOTALS		0	750	
500.00	Grand Total : Increases		7,209,836	119,717,416	500.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:00 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,559	0	1.00
2.00	ADMINISTRATIVE	5.04	0	29,929	14	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	21,193	0	3.00
4.00	HOUSEKEEPING	9.00	0	126,548	0	4.00
5.00	DIETARY	10.00	0	3,352	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	741	0	6.00
7.00	PHARMACY	15.00	0	203,416	0	7.00
8.00	PATIENT TRANSPORTATION	18.00	0	556	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	2,210,517	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	1,023,024	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	133,848	0	11.00
12.00	SUBPROVIDER - IRF	41.00	0	67,606	0	12.00
13.00	OPERATING ROOM	50.00	0	3,600,854	0	13.00
14.00	RECOVERY ROOM	51.00	0	197,536	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	181,581	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	963,929	0	16.00
17.00	CT SCAN	57.00	0	2,662	0	17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	287,492	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	405,691	0	19.00
20.00	SLEEP LAB	65.01	0	63,458	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	59,276	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	4,155	0	22.00
23.00	SPEECH PATHOLOGY	68.00	0	1,484	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	24,696	0	24.00
25.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	878	0	25.00
26.00	RENAL DIALYSIS	74.00	0	23,641	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	11,538	0	27.00
28.00	HYPERBARIC OXYGEN THERAPY	76.98	0	129,962	0	28.00
29.00	SUBSTANCE ABUSE CLINIC	90.01	0	6,241	0	29.00
30.00	PAIN CLINIC	90.02	0	81,918	0	30.00
31.00	ONCOLOGY CLINIC	90.03	0	141,190	0	31.00
32.00	EMERGENCY	91.00	0	1,084,665	0	32.00
33.00	AMBULANCE SERVICES	95.00	0	646	0	33.00
34.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	70	0	34.00
35.00	RESEARCH	191.00	0	166	0	35.00
36.00	PAVILLION PHARMACY	194.02	0	296	0	36.00
37.00	WELLNESS CENTER	194.05	0	1,331	0	37.00
38.00	RENTAL PROPERTY	194.08	0	1,484	0	38.00
39.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	251	0	39.00
0			0	11,100,380		
B - BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4	0	1.00
2.00	ADMINISTRATIVE	5.04	0	5	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	168	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	3,113	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	512,888	0	5.00
6.00	PHARMACY	15.00	0	2,301	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	38,492	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	64,676	0	8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	11,153	0	9.00
10.00	SUBPROVIDER - IRF	41.00	0	704	0	10.00
11.00	OPERATING ROOM	50.00	0	3,028,449	0	11.00
12.00	RECOVERY ROOM	51.00	0	8,504	0	12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	94,157	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,451,804	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	4,023,174	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	26,801	0	16.00
17.00	PHYSICAL THERAPY	66.00	0	2,710	0	17.00
18.00	ELECTROCARDIOLOGY	69.00	0	141,792	0	18.00
19.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	19	0	19.00
20.00	RENAL DIALYSIS	74.00	0	28	0	20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	0	248,831	0	21.00
22.00	SUBSTANCE ABUSE CLINIC	90.01	0	9	0	22.00
23.00	PAIN CLINIC	90.02	0	1,149	0	23.00
24.00	ONCOLOGY CLINIC	90.03	0	16,198	0	24.00
25.00	EMERGENCY	91.00	0	53,505	0	25.00
26.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	101	0	26.00
0			0	11,730,735		

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:00 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
C - IMPLANTABLE DEVICES						
1.00	ADULTS & PEDIATRICS	30.00	0	2,549	0	1.00
2.00	OPERATING ROOM	50.00	0	9,440,756	0	2.00
3.00	RECOVERY ROOM	51.00	0	1,795	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	719,441	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	4,009,582	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	360	0	6.00
7.00	PAIN CLINIC	90.02	0	425	0	7.00
8.00	EMERGENCY	91.00	0	21,798	0	8.00
	O		0	14,196,706		
D - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	34,963,977	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	91,040	0	2.00
3.00	ADMITTING	5.04	0	127	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	199	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	315	0	5.00
6.00	NURSING ADMINISTRATION	13.00	0	35	0	6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	4	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	195,777	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	76,776	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	11,747	0	10.00
11.00	SUBPROVIDER - IRF	41.00	0	2,243	0	11.00
12.00	OPERATING ROOM	50.00	0	226,568	0	12.00
13.00	RECOVERY ROOM	51.00	0	34,131	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	15,778	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	749,398	0	15.00
16.00	CT SCAN	57.00	0	6	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	73,667	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	4,558	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	26	0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	9	0	20.00
21.00	SPEECH PATHOLOGY	68.00	0	37	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	2,349	0	22.00
23.00	RENAL DIALYSIS	74.00	0	66,595	0	23.00
24.00	HYPERBARIC OXYGEN THERAPY	76.98	0	50,376	0	24.00
25.00	SUBSTANCE ABUSE CLINIC	90.01	0	11	0	25.00
26.00	PAIN CLINIC	90.02	0	33,966	0	26.00
27.00	ONCOLOGY CLINIC	90.03	0	31,898	0	27.00
28.00	EMERGENCY	91.00	0	141,387	0	28.00
29.00	RESEARCH	191.00	0	55	0	29.00
30.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	4	0	30.00
	O		0	36,773,059		
E - INTERN & RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,915,954	0	0	1.00
	O		3,915,954	0		
F - CAFETERIA						
1.00	DIETARY	10.00	1,228,949	1,086,562	0	1.00
	O		1,228,949	1,086,562		
G - PHARMACY ADMIN COSTS						
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	61,580	28,408	0	1.00
2.00	O	0.00	0	0	0	2.00
	O		61,580	28,408		
H - AUTO & BUILDING INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	331,472	12	1.00
	O		0	331,472		
I - REHAB ADMIN COSTS						
1.00	PHYSICAL THERAPY	66.00	123,169	10,250	0	1.00
2.00	O	0.00	0	0	0	2.00
3.00	O	0.00	0	0	0	3.00
	O		123,169	10,250		
J - LAUNDRY						
1.00	ADMITTING	5.04	0	25	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	303	0	2.00
3.00	HOUSEKEEPING	9.00	0	207,939	0	3.00
4.00	DIETARY	10.00	0	16,154	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	335,882	0	5.00
6.00	PHARMACY	15.00	0	3	0	6.00
7.00	PATIENT TRANSPORTATION	18.00	0	3,580	0	7.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:00 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
8.00	ADULTS & PEDIATRICS	30.00	0	312,127	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	63,071	0	9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	5,078	0	10.00	
11.00	SUBPROVIDER - IRF	41.00	0	19,259	0	11.00	
12.00	OPERATING ROOM	50.00	0	120,579	0	12.00	
13.00	RECOVERY ROOM	51.00	0	22,719	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	19,341	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	68,976	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	7,904	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	342	0	17.00	
18.00	SLEEP LAB	65.01	0	18,492	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	24,152	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	7,118	0	20.00	
21.00	RENAL DIALYSIS	74.00	0	919	0	21.00	
22.00	CARDIAC REHABILITATION	76.97	0	13	0	22.00	
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	24,570	0	23.00	
24.00	SUBSTANCE ABUSE CLINIC	90.01	0	200	0	24.00	
25.00	PAIN CLINIC	90.02	0	5,645	0	25.00	
26.00	ONCOLOGY CLINIC	90.03	0	236	0	26.00	
27.00	EMERGENCY	91.00	0	84,604	0	27.00	
28.00	WELLNESS CENTER	194.05	0	8,607	0	28.00	
29.00	RENTAL PROPERTY	194.08	0	60	0	29.00	
	O			1,377,898			
P - LEGAL FEES							
1.00	PHARMACY	15.00	0	331	0	1.00	
2.00	PHYSICAL THERAPY	66.00	0	3,752	0	2.00	
	O			4,083			
Q - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	422,630	37,678	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	15,899	1,389	0	2.00	
	O		438,529	39,067			
S - EMPLOYEE BENEFITS							
1.00	COMMUNICATIONS	5.01	0	166,138	0	1.00	
2.00	ADMINISTRATIVE	5.04	0	194,164	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	685,418	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	760,153	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	216,073	0	5.00	
6.00	HOUSEKEEPING	9.00	0	1,015,578	0	6.00	
7.00	DIETARY	10.00	0	684,740	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	941,455	0	8.00	
9.00	PHARMACY	15.00	0	875,361	0	9.00	
10.00	PATIENT TRANSPORTATION	18.00	0	103,328	0	10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	770,810	0	11.00	
12.00	PARAMEDICAL PRGM	23.00	0	6,797	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	4,104,412	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	1,184,187	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	428,381	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	294,247	0	16.00	
17.00	OPERATING ROOM	50.00	0	1,159,487	0	17.00	
18.00	RECOVERY ROOM	51.00	0	232,731	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	382,863	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,502,833	0	20.00	
21.00	CT SCAN	57.00	0	51,505	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	293,697	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	586,677	0	23.00	
24.00	SLEEP LAB	65.01	0	115,499	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	1,045,179	0	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	113,277	0	26.00	
27.00	SPEECH PATHOLOGY	68.00	0	87,832	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	282,815	0	28.00	
29.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	214,608	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	191,885	0	30.00	
31.00	HYPERBARIC OXYGEN THERAPY	76.98	0	108,233	0	31.00	
32.00	SUBSTANCE ABUSE CLINIC	90.01	0	31,691	0	32.00	
33.00	PAIN CLINIC	90.02	0	84,680	0	33.00	
34.00	ONCOLOGY CLINIC	90.03	0	187,259	0	34.00	
35.00	EMERGENCY	91.00	0	1,098,252	0	35.00	
36.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	34,621	0	36.00	
37.00	RESEARCH	191.00	0	125,952	0	37.00	
38.00	BSU PHARMACY	194.01	0	28,055	0	38.00	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
39.00	PAVILLION PHARMACY	194.02	0	105,641	0	39.00	
40.00	WELLNESS CENTER	194.05	0	33	0	40.00	
41.00	JAY COUNTY HOSPITAL	194.16	0	26,817	0	41.00	
42.00	THERAPIES TO OTHER ENTITIES	194.22	0	269,496	0	42.00	
43.00	CANCER CENTER BOUTIQUE	194.23	0	591	0	43.00	
44.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	370	0	44.00	
	T - CORPORATE TELEPHONE		0	20,793,821			
1.00	DIETARY	10.00	0	275	0	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	757	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	476	0	3.00	
4.00	PHARMACY	15.00	0	1,506	0	4.00	
5.00	PATIENT TRANSPORTATION	18.00	0	15,137	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	15,845	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	1,250	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	855	0	8.00	
9.00	OPERATING ROOM	50.00	0	2,989	0	9.00	
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	292	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,436	0	11.00	
12.00	PHYSICAL THERAPY	66.00	0	275	0	12.00	
13.00	PAIN CLINIC	90.02	0	241	0	13.00	
	U - DEPRECIATION		0	42,334			
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	800	9	1.00	
2.00	ADMINISTRATION	5.04	0	5,326	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	226,468	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	7,076,205	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	464,154	0	5.00	
6.00	HOUSEKEEPING	9.00	0	5,732	0	6.00	
7.00	DIETARY	10.00	0	76,591	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	96,122	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	64,022	0	9.00	
10.00	PHARMACY	15.00	0	157,408	0	10.00	
11.00	PATIENT TRANSPORTATION	18.00	0	9,656	0	11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	387,579	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	1,227,890	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	364,882	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	95,629	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	20,750	0	16.00	
17.00	OPERATING ROOM	50.00	0	2,282,992	0	17.00	
18.00	RECOVERY ROOM	51.00	0	280,253	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	111,231	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,638,009	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	189,056	0	21.00	
22.00	LABORATORY	60.00	0	16,632	0	22.00	
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	69	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	174,454	0	24.00	
25.00	SLEEP LAB	65.01	0	38,648	0	25.00	
26.00	PHYSICAL THERAPY	66.00	0	23,334	0	26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	600	0	27.00	
28.00	SPEECH PATHOLOGY	68.00	0	2,408	0	28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	327,415	0	29.00	
30.00	RENAL DIALYSIS	74.00	0	8,135	0	30.00	
31.00	CARDIAC REHABILITATION	76.97	0	7,065	0	31.00	
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	35,163	0	32.00	
33.00	PAIN CLINIC	90.02	0	82,315	0	33.00	
34.00	ONCOLOGY CLINIC	90.03	0	3,372	0	34.00	
35.00	EMERGENCY	91.00	0	427,689	0	35.00	
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,517	0	36.00	
37.00	RESEARCH	191.00	0	160	0	37.00	
38.00	WELLNESS CENTER	194.05	0	32,797	0	38.00	
39.00	RENTAL PROPERTY	194.08	0	163,301	0	39.00	
40.00	IU HEALTH HOSPICE	194.11	0	17	0	40.00	
41.00	THERAPIES TO OTHER ENTITIES	194.22	0	1,487	0	41.00	
	V - LEASE EXPENSE		0	18,127,333			
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	3,182	10	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	456,140	0	2.00	
3.00	LABORATORY	60.00	0	5,609	0	3.00	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6
Date/Time Prepared:
6/29/2020 8:00 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	SLEEP LAB	65.01	0	170,669	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	341,082	0	5.00	
6.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	76,181	0	6.00	
7.00	ONCOLOGY CLINIC	90.03	0	14,952	0	7.00	
8.00	RENTAL PROPERTY	194.08	0	300,459	0	8.00	
	0		0	1,368,274			
W - PTO USED AS STD							
1.00	COMMUNICATIONS	5.01	2,648	0	0	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	3,898	0	0	2.00	
3.00	MAINTENANCE & REPAIRS	5.06	7,439	0	0	3.00	
4.00	OPERATION OF PLANT	6.00	7,528	0	0	4.00	
5.00	HOUSEKEEPING	7.00	2,295	0	0	5.00	
6.00	DIETARY	9.00	28,468	0	0	6.00	
7.00	NURSING ADMINISTRATION	10.00	7,846	0	0	7.00	
8.00	PHARMACY	13.00	28,596	0	0	8.00	
9.00	PATIENT TRANSPORTATION	15.00	31,546	0	0	9.00	
10.00	ADULTS & PEDIATRICS	18.00	185	0	0	10.00	
11.00	INTENSIVE CARE UNIT	30.00	104,977	0	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	31.00	63,968	0	0	12.00	
13.00	SUBPROVIDER - IRF	35.00	4,676	0	0	13.00	
14.00	OPERATING ROOM	41.00	4,932	0	0	14.00	
15.00	RECOVERY ROOM	50.00	30,585	0	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	51.00	6,752	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	52.00	30,124	0	0	17.00	
18.00	CT SCAN	54.00	60,359	0	0	18.00	
19.00	CARDIAC CATHETERIZATION	57.00	918	0	0	19.00	
20.00	RESPIRATORY THERAPY	59.00	43	0	0	20.00	
21.00	SLEEP LAB	65.00	19,945	0	0	21.00	
22.00	PHYSICAL THERAPY	65.01	3,020	0	0	22.00	
23.00	OCCUPATIONAL THERAPY	66.00	41,331	0	0	23.00	
24.00	ELECTROCARDIOLOGY	67.00	9,276	0	0	24.00	
25.00	CARDIAC REHABILITATION	69.00	8,193	0	0	25.00	
26.00	HYPERBARIC OXYGEN THERAPY	76.97	7,351	0	0	26.00	
27.00	PAIN CLINIC	76.98	98	0	0	27.00	
28.00	ONCOLOGY CLINIC	90.02	296	0	0	28.00	
29.00	EMERGENCY	90.03	6,867	0	0	29.00	
30.00	THERAPIES TO OTHER ENTITIES	91.00	5,260	0	0	30.00	
31.00	0	194.22	8,340	0	0	31.00	
			537,760	0			
X - WASTE DISPOSAL							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	24,118	14	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	21,447	0	2.00	
3.00	HOUSEKEEPING	9.00	0	152,128	0	3.00	
4.00	PHARMACY	15.00	0	17,050	0	4.00	
5.00	OPERATING ROOM	50.00	0	875	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	315	0	6.00	
7.00	SLEEP LAB	65.01	0	785	0	7.00	
8.00	PHYSICAL THERAPY	66.00	0	304	0	8.00	
9.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	1,961	0	9.00	
10.00	SUBSTANCE ABUSE CLINIC	90.01	0	515	0	10.00	
11.00	PAIN CLINIC	90.02	0	6,709	0	11.00	
12.00	RENTAL PROPERTY	194.08	0	80,614	0	12.00	
	0		0	306,821			
Y - UTILITIES							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	103,579	14	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	38,603	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,238	0	3.00	
4.00	SLEEP LAB	65.01	0	2,813	0	4.00	
5.00	PHYSICAL THERAPY	66.00	0	343	0	5.00	
6.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,001	0	6.00	
7.00	SUBSTANCE ABUSE CLINIC	90.01	0	22,000	0	7.00	
8.00	RENTAL PROPERTY	194.08	0	385,548	0	8.00	
	0		0	559,125			
Z - BLACKFORD							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	234,132	139,957	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	33,037	106,796	0	2.00	
3.00	OPERATION OF PLANT	7.00	28,659	11,806	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	67,093	41,481	0	4.00	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-6

Date/Time Prepared:
6/29/2020 8:00 am

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
5.00	PHARMACY	15.00	81,130	28,438	0	5.00	
6.00	OPERATING ROOM	50.00	5,653	3,552	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	28,291	62,771	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	5,781	3,072	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	12,494	5,521	0	9.00	
10.00	PHYSICAL THERAPY	66.00	14,727	3,561	0	10.00	
11.00	ELECTROCARDIOLOGY	69.00	2,964	5,558	0	11.00	
12.00	CARDIAC REHABILITATION	76.97	3,779	1,666	0	12.00	
13.00	JAY COUNTY HOSPITAL	194.16	117,495	16,721	0	13.00	
	O		635,235	430,900			
AA - INTEREST EXPENSE							
1.00	PHARMACY	15.00	0	159	11	1.00	
	O		0	159			
AB - PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	92,663	7,089	0	1.00	
	O		92,663	7,089			
AC - PROPERTY TAX							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	362,181	13	1.00	
	O		0	362,181			
AD - JAY HOSPITAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	265,101	166,132	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	22,841	65,900	0	2.00	
3.00	OPERATION OF PLANT	7.00	28,659	11,806	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	146,179	92,753	0	4.00	
5.00	PHARMACY	15.00	164,445	57,643	0	5.00	
6.00	OPERATING ROOM	50.00	7,333	4,608	0	6.00	
7.00	RADIOLOGY-DIAGNOSTIC	54.00	32,711	72,578	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	4,313	2,292	0	8.00	
9.00	RESPIRATORY THERAPY	65.00	13,494	5,963	0	9.00	
10.00	PHYSICAL THERAPY	66.00	19,105	4,619	0	10.00	
11.00	ELECTROCARDIOLOGY	69.00	9,576	17,955	0	11.00	
	O		713,757	502,249			
AE - MALPRACTICE INSURANCE							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	750	0	1.00	
	TOTALS		0	750			
500.00	Grand Total: Decreases		7,747,596	119,179,656		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part I
Date/Time Prepared:
6/29/2020 8:00 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0	0	0	1.00
2.00	Land Improvements	3,630,983	0	0	0	2.00
3.00	Buildings and Fixtures	268,244,435	0	0	1,300,400	3.00
4.00	Building Improvements	52,480,439	16,441,358	0	10,485	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	153,081,150	6,383,475	0	41,932,187	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	480,361,417	22,824,833	0	43,243,072	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	480,361,417	22,824,833	0	43,243,072	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0			1.00
2.00	Land Improvements	3,630,983	1,491,744			2.00
3.00	Buildings and Fixtures	266,944,035	83,957,694			3.00
4.00	Building Improvements	68,911,312	850,591			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	117,532,438	51,393,111			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	459,943,178	137,693,140			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	459,943,178	137,693,140			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part II
Date/Time Prepared:
6/29/2020 8:00 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	NEW CAP REL COSTS-BLDG & FIXT	2,161,884	242,581	2,233,999	0	0	1.00
3.00	Total (sum of lines 1-2)	2,161,884	242,581	2,233,999	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	574,754	5,213,218				1.00
3.00	Total (sum of lines 1-2)	574,754	5,213,218				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-7
Part III
Date/Time Prepared:
6/29/2020 8:00 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	NEW CAP REL COSTS-BLDG & FIXT	459,943,179	0	459,943,179	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	459,943,179	0	459,943,179	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	31,476,704	1,218,688	1.00
3.00	Total (sum of lines 1-2)	0	0	0	31,476,704	1,218,688	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-6,372,844	331,472	362,181	745,194	27,761,395	1.00
3.00	Total (sum of lines 1-2)	-6,372,844	331,472	362,181	745,194	27,761,395	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-8,607,002	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00			2.00
3.00 Investment income - other (chapter 2)		0		0.00			3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00			4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00			5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00			6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00			7.00
8.00 Television and radio service (chapter 21)		0		0.00			8.00
9.00 Parking lot (chapter 21)		0		0.00			9.00
10.00 Provider-based physician adjustment	A-8-2	-16,553,032					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00			11.00
12.00 Related organization transactions (chapter 10)	A-8-1	42,693,953					12.00
13.00 Laundry and linen service		0		0.00			13.00
14.00 Cafeteria-employees and guests	B	-1,653,341	CAFETERIA	11.00			14.00
15.00 Rental of quarters to employee and others		0		0.00			15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00			16.00
17.00 Sale of drugs to other than patients		0		0.00			17.00
18.00 Sale of medical records and abstracts		0		0.00			18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00			19.00
20.00 Vending machines		0		0.00			20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00			21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00			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 - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00			26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00			27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00			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			32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8

Date/Time Prepared:
6/29/2020 8:00 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	
33.00 MI SCCELLANEOUS INCOME	B	-392,167	NEW CAP REL COSTS-BLDG & FIXT	1.00	10 33.00
34.00 MI SCCELLANEOUS INCOME	B	-32,589	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
35.00 MI SCCELLANEOUS INCOME	B	-110,162	COMMUNICATIONS	5.01	0 35.00
36.00 MI SCCELLANEOUS INCOME	B	-436,792	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 36.00
37.00 MI SCCELLANEOUS INCOME	B	-361,743	MAINTENANCE & REPAIRS	6.00	0 37.00
38.00 MI SCCELLANEOUS INCOME	B	-125,854	OPERATION OF PLANT	7.00	0 38.00
39.00 MI SCCELLANEOUS INCOME	B	-48,217	HOUSEKEEPING	9.00	0 39.00
40.00 MI SCCELLANEOUS INCOME	B	-293,086	DIETARY	10.00	0 40.00
41.00 MI SCCELLANEOUS INCOME	B	-29,413	NURSING ADMINISTRATION	13.00	0 41.00
42.00 MI SCCELLANEOUS INCOME	B	-620,257	PHARMACY	15.00	0 42.00
43.00 MI SCCELLANEOUS INCOME	B	-21,725	PATIENT TRANSPORTATION	18.00	0 43.00
44.00 MI SCCELLANEOUS INCOME	B	-4,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 44.00
45.00 MI SCCELLANEOUS INCOME	B	-218,369	OPERATING ROOM	50.00	0 45.00
46.01 MI SCCELLANEOUS INCOME	B	-507,638	RADIOLOGY-DIAGNOSTIC	54.00	0 46.01
46.02 MI SCCELLANEOUS INCOME	B	-69,063	CT SCAN	57.00	0 46.02
46.04 MI SCCELLANEOUS INCOME	B	-321	RESPIRATORY THERAPY	65.00	0 46.04
46.05 MI SCCELLANEOUS INCOME	B	-12,318	SLEEP LAB	65.01	0 46.05
46.06 MI SCCELLANEOUS INCOME	B	-1,467,138	PHYSICAL THERAPY	66.00	0 46.06
46.07 MI SCCELLANEOUS INCOME	B	-7,377	OCCUPATIONAL THERAPY	67.00	0 46.07
46.08 MI SCCELLANEOUS INCOME	B	-4,821	SPEECH PATHOLOGY	68.00	0 46.08
46.09 MI SCCELLANEOUS INCOME	B	-59,437	ELECTROCARDIOLOGY	69.00	0 46.09
46.10 MI SCCELLANEOUS INCOME	B	-654,512	HOSPITAL BASED RETAIL PHARMACIES	73.01	0 46.10
46.11 MI SCCELLANEOUS INCOME	B	-121,731	CARDIAC REHABILITATION	76.97	0 46.11
46.13 MI SCCELLANEOUS INCOME	B	-690	EMERGENCY	91.00	0 46.13
46.14 MI SCCELLANEOUS INCOME	B	-174,376	BSU PHARMACY	194.01	0 46.14
46.18 MI SCCELLANEOUS INCOME	B	-425,829	JAY COUNTY HOSPITAL	194.16	0 46.18
46.19 MI SCCELLANEOUS INCOME	B	-1,417,554	THERAPIES TO OTHER ENTITIES	194.22	0 46.19
46.20 MI SCCELLANEOUS INCOME	B	-9,943	BLACKFORD COMMUNITY HOSPITAL	194.26	0 46.20
46.21 NON-ALLOWABLE MARKETING	A	-953,148	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.21
46.22 NON-ALLOWABLE MARKETING	A	-129	NURSING ADMINISTRATION	13.00	0 46.22
46.23 NON-ALLOWABLE MARKETING	A	-188	SUBPROVIDER - IRF	41.00	0 46.23
46.24 NON-ALLOWABLE MARKETING	A	-840	PARAMEDICAL PRGM	23.00	0 46.24
46.25 NON-ALLOWABLE MARKETING	A	-74	RADIOLOGY-DIAGNOSTIC	54.00	0 46.25
46.26 NON-ALLOWABLE MARKETING	A	-150	PHYSICAL THERAPY	66.00	0 46.26
46.27 NON-ALLOWABLE MARKETING	A	448	EMERGENCY	91.00	0 46.27
46.28 CORPORATE TELEPHONE	A	-43,784	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.28
46.29 EMPLOYEE BENEFITS OFFSET	A	-20,783,286	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.29
46.30 HAF FEES	A	-22,814,564	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.30
46.31 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-53	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.31
46.32 PTO ACCRUAL	A	-582,895	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.32
46.33 LOSS ON EXTINGUISHMENT OF DEBT CARRY	A	298,071	NEW CAP REL COSTS-BLDG & FIXT	1.00	14 46.33
46.34 ADDITION AND PAIN CLINIC STARTUP C	A	-221,438	SUBSTANCE ABUSE CLINIC	90.01	9 46.34
46.35 ADDITION AND PAIN CLINIC STARTUP C	A	38,324	SUBSTANCE ABUSE CLINIC	90.01	0 46.35
46.36 PENSION EXPENSE	A	26,112,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.36
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,697,750			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: 15-0089

Period: From 01/01/2019 To 12/31/2019

Worksheet A-8-1

Date/Time Prepared: 6/29/2020 8:00 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	13,421,486	2,233,999	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	24,832,771	0	2.00
3.00	5.02	DATA PROCESSING	HOME OFFICE	16,159,637	0	3.00
4.00	5.04	ADMITTING	HOME OFFICE	8,458,982	0	4.00
4.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	10,766,961	0	4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	25,624,178	54,225,781	4.02
4.03	13.00	NURSING ADMINISTRATION	HOME OFFICE	0	110,282	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	RELATED PARTY	236,648	236,648	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	474,542	474,542	4.05
4.06	5.06	OTHER ADMINISTRATIVE AND GEN	RELATED PARTY	894,566	894,566	4.06
4.07	13.00	NURSING ADMINISTRATION	RELATED PARTY	362,881	362,881	4.07
4.08	22.00	I&R SERVICES-OTHER PRGM COST	RELATED PARTY	2,449,259	2,449,259	4.08
4.09	30.00	ADULTS & PEDIATRICS	RELATED PARTY	9,004,974	9,004,974	4.09
4.10	31.00	INTENSIVE CARE UNIT	RELATED PARTY	4,091	4,091	4.10
4.11	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	1,361,574	1,361,574	4.11
4.12	41.00	SUBPROVIDER - IRF	RELATED PARTY	385,052	385,052	4.12
4.13	50.00	OPERATING ROOM	RELATED PARTY	5,724,266	5,724,266	4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	2,204,230	2,204,230	4.14
4.15	59.00	CARDIAC CATHETERIZATION	RELATED PARTY	52,451	52,451	4.15
4.16	60.00	LABORATORY	RELATED PARTY	11,952,854	11,952,854	4.16
4.17	65.01	SLEEP LAB	RELATED PARTY	170,894	170,894	4.17
4.18	66.00	PHYSICAL THERAPY	RELATED PARTY	257,874	257,874	4.18
4.19	69.00	ELECTROCARDIOLOGY	RELATED PARTY	7,200	7,200	4.19
4.20	73.01	HOSPITAL BASED RETAIL PHARMA	RELATED PARTY	76,181	76,181	4.20
4.21	76.98	HYPERBARIC OXYGEN THERAPY	RELATED PARTY	-1,328	-1,328	4.21
4.22	90.01	SUBSTANCE ABUSE CLINIC	RELATED PARTY	236,941	236,941	4.22
4.23	90.02	PAIN CLINIC	RELATED PARTY	305,213	305,213	4.23
4.24	90.03	ONCOLOGY CLINIC	RELATED PARTY	239,213	239,213	4.24
4.25	91.00	EMERGENCY	RELATED PARTY	2,173,123	2,173,123	4.25
4.26	191.00	RESEARCH	RELATED PARTY	6,584	6,584	4.26
4.27	194.08	RENTAL PROPERTY	RELATED PARTY	267,924	267,924	4.27
5.00	0			138,111,222	95,417,269	5.00

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

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

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

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

6.00	B		0.00	IU HEALTH	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
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: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-1

Date/Time Prepared:
6/29/2020 8:00 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	11,187,487	9	1.00
2.00	24,832,771	0	2.00
3.00	16,159,637	0	3.00
4.00	8,458,982	0	4.00
4.01	10,766,961	0	4.01
4.02	-28,601,603	0	4.02
4.03	-110,282	0	4.03
4.04	0	9	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
5.00	42,693,953		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	HEALTHCARE		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: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet A-8-2

Date/Time Prepared:
6/29/2020 8:00 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	897,898	505,771	392,127	211,500	5,974	1.00
2.00	30.00	ADULTS & PEDIATRICS	9,004,974	9,004,974	0	179,000	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,361,574	1,361,574	0	169,700	0	3.00
4.00	41.00	SUBPROVIDER - IRF	-1,632	-1,632	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	5,244,566	5,244,566	0	246,400	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,145,625	0	1,145,625	271,900	9,855	6.00
7.00	76.98	HYPERBARIC OXYGEN THERAPY	-1,328	-1,328	0	211,500	0	7.00
8.00	90.01	SUBSTANCE ABUSE CLINIC	161,077	161,077	0	211,501	0	8.00
9.00	90.02	PAIN CLINIC	278,030	278,030	0	211,500	0	9.00
10.00	91.00	EMERGENCY	1,621,289	0	1,621,289	211,500	20,805	10.00
200.00			19,712,073	16,553,032	3,159,041		36,634	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	607,452	30,373	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,288,257	64,413	0	0	0	6.00
7.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	7.00
8.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	8.00
9.00	90.02	PAIN CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	2,115,508	105,775	0	0	0	10.00
200.00			4,011,217	200,561	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	607,452	0	505,771		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	9,004,974		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,361,574		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	-1,632		4.00
5.00	50.00	OPERATING ROOM	0	0	0	5,244,566		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,288,257	0	0		6.00
7.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	-1,328		7.00
8.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	0	161,077		8.00
9.00	90.02	PAIN CLINIC	0	0	0	278,030		9.00
10.00	91.00	EMERGENCY	0	2,115,508	0	0		10.00
200.00			0	4,011,217	0	16,553,032		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATIONS	DATA PROCESSING	
		NEW BLDG & FIXT				
	0	1.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	27,761,395	27,761,395			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	51,549,561	68,124	51,617,685		4.00
5.01 01160	COMMUNI CATIONS	476,331	23,422	231,082	730,835	5.01
5.02 00550	DATA PROCESSING	16,159,637	0	0	0	16,159,637
5.04 00570	ADMI TTING	9,470,464	108,463	431,667	6,571	0
5.05 00580	CASHI ERING/ACCOUNTS RECEI VABLE	10,766,961	0	0	0	0
5.06 00590	OTHER ADMI NI STRATI VE AND GENERAL	34,870,163	765,434	2,296,227	14,990	0
6.00 00600	MAI NTENANCE & REPAIRS	7,893,361	14,128,603	1,383,230	25,049	0
7.00 00700	OPERATI ON OF PLANT	6,472,701	546,709	639,684	10,452	0
8.00 00800	LAUNDRY & LI NEN SERVI CE	1,377,898	0	0	0	0
9.00 00900	HOUSEKEEPING	3,124,472	188,235	1,272,931	37,673	0
10.00 01000	DI ETARY	1,875,774	154,478	650,905	14,935	0
11.00 01100	CAFETERIA	662,170	232,171	573,773	16,482	0
13.00 01300	NURSI NG ADMI NI STRATI ON	7,085,079	214,800	2,556,060	28,291	0
14.00 01400	CENTRAL SERVI CES & SUPPLY	11,658,766	331,722	0	0	0
15.00 01500	PHARMACY	5,337,742	115,655	2,244,879	23,868	0
16.00 01600	MEDI CAL RECORDS & LI BRARY	0	0	0	0	0
18.00 01080	PATI ENT TRANSPORTATI ON	603,566	11,226	268,853	8,368	0
21.00 02100	I&R SERVI CES-SALARY & FRINGES APPRVD	3,915,954	0	1,828,285	26,624	0
22.00 02200	I&R SERVI CES-OTHER PRGM COSTS APPRVD	3,803,840	657,534	102,465	2,947	0
23.00 02300	PARAMED ED PRGM	196,083	2,236	77,465	911	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDI ATRI CS	25,692,575	2,677,025	10,170,254	153,769	1,750,199
31.00 03100	INTENSIVE CARE UNI T	7,887,194	431,054	3,264,491	40,923	496,066
32.00 03200	CORONARY CARE UNI T	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNI T	1,992,623	74,691	861,002	10,898	137,207
40.00 04000	SUBPROVI DER - I PF	0	0	0	0	0
41.00 04100	SUBPROVI DER - I RF	2,102,668	156,308	740,153	9,490	90,258
43.00 04300	NURSERY	477,596	47,485	204,741	2,542	27,245
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000	OPERATI NG ROOM	7,229,879	592,459	2,555,096	37,864	1,569,029
51.00 05100	RECOVERY ROOM	1,592,281	127,273	679,548	9,327	214,451
52.00 05200	DELI VERY ROOM & LABOR ROOM	2,006,473	201,009	847,476	11,101	220,432
54.00 05400	RADI OLOGY-DI AGNOSTI C	12,644,484	937,518	3,991,634	47,529	2,144,764
57.00 05700	CT SCAN	67,205	0	58,425	1,615	30,301
58.00 05800	MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	0	0	0
59.00 05900	CARDI AC CATHETERI ZATI ON	2,305,967	219,522	919,568	10,651	866,203
60.00 06000	LABORATORY	12,074,074	277,436	0	16,756	754,894
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORI NG, PROCESSI NG, & TRANS.	1,347,801	0	0	0	71,374
65.00 06500	RESPI RATORY THERAPY	3,553,862	72,142	1,529,947	19,636	224,867
65.01 06501	SLEEP LAB	526,182	0	213,797	3,146	65,394
66.00 06600	PHYSI CAL THERAPY	4,392,225	54,130	2,434,289	30,037	181,617
67.00 06700	OCCUPATI ONAL THERAPY	862,297	37,588	342,171	3,858	56,141
68.00 06800	SPEECH PATHOLOGY	524,606	8,990	229,764	2,649	30,290
68.01 06801	AUDI OLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDI OLOGY	1,503,951	267,257	467,325	8,774	488,974
71.00 07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	11,730,735	0	0	0	629,089
72.00 07200	IMPL. DEV. CHARGED TO PATI ENT	14,196,706	0	0	0	1,063,329
73.00 07300	DRUGS CHARGED TO PATI ENTS	36,115,985	0	0	0	2,555,066
73.01 07301	HOSPI TAL BASED RETAI L PHARMACI ES	7,554,126	0	641,478	5,795	60,463
74.00 07400	RENAL DI ALYSI S	1,446,955	45,624	0	0	40,029
76.00 03160	CARDI OPULMONARY	0	0	0	0	0
76.97 07697	CARDI AC REHABI LI TATI ON	765,265	0	348,275	5,755	45,889
76.98 07698	HYPERBARI C OXYGEN THERAPY	1,256,159	6,489	243,626	3,452	138,289
OUTPATI ENT SERVI CE COST CENTERS						
90.00 09000	CLI NI C	0	0	0	0	0
90.01 09001	SUBSTANCE ABUSE CLI NI C	252,884	99,770	107,324	1,320	1,326
90.02 09002	PAI N CLI NI C	433,271	350,907	179,685	3,023	61,923
90.03 09003	ONCOLOGY CLI NI C	1,426,749	45,437	511,131	6,018	292,421
91.00 09100	EMERGENCY	10,063,424	507,527	3,331,544	50,166	1,852,093
92.00 09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)					
92.01 09201	OBSERVATI ON BEDS (DI STI NCT PART)	0	0	0	0	0
OTHER REI MBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVI CES	286	46,750	0	414	14
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	379,088,406	24,833,203	49,430,250	713,669	16,159,637

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	778,571	0	66,213	1,822		0 190.00
191.00 19100	RESEARCH	761,808	29,238	311,715	4,367		0 191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		0 194.00
194.01 07951	BSU PHARMACY	24,576	0	81,506	815		0 194.01
194.02 07952	PAVILLION PHARMACY	6,732,914	39,714	361,689	3,858		0 194.02
194.03 07953	VENDING	0	0	0	0		0 194.03
194.04 07954	CARELINE	0	0	0	0		0 194.04
194.05 07955	WELLNESS CENTER	6,416	79,319	0	0		0 194.05
194.06 07956	PHYSICIAN PRACTICE CLINICS	0	378,316	0	0		0 194.06
194.07 07957	PERINATAL CLINIC	0	0	0	0		0 194.07
194.08 07958	RENTAL PROPERTY	682,089	1,444,200	0	0		0 194.08
194.09 07959	ADVERTISING	0	0	0	0		0 194.09
194.10 07960	INTEGRALTC	0	184,045	0	0		0 194.10
194.11 07961	IU HEALTH HOSPICE	6,697	47,547	0	0		0 194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0		0 194.12
194.13 07963	EXECUTIVE PHYSICAL	0	0	0	0		0 194.13
194.14 07964	NEW CASTLE ONCOLOGY	0	0	0	0		0 194.14
194.15 07965	MARKETING/PUBLIC RELATIONS	0	34,773	0	0		0 194.15
194.16 07966	JAY COUNTY HOSPITAL	1,054,973	93,391	448,120	3,285		0 194.16
194.17 07967	CARDINAL HEALTH CHOICE	0	0	0	0		0 194.17
194.18 07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0		0 194.18
194.19 07969	HEALTH CARE CONNECTIONS	0	0	0	0		0 194.19
194.20 07970	MEALS ON WHEELS	0	0	0	0		0 194.20
194.21 07971	ST MARY'S SCHOOL	0	0	0	0		0 194.21
194.22 07972	THERAPIES TO OTHER ENTITIES	0	0	610,836	0		0 194.22
194.23 07973	CANCER CENTER BOUTIQUE	115,052	13,321	6,618	231		0 194.23
194.24 07974	BOSC BALL OUTPATIENT SURGERY	0	386,696	0	0		0 194.24
194.25 07975	CARDINAL BEHAVIORAL HEALTH	656	138,452	0	0		0 194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL	1,065,881	59,180	300,738	2,788		0 194.26
194.27 07977	MIDWEST HEALTH STRATEGIES	0	0	0	0		0 194.27
194.28 07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		0 194.28
194.29 07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		0 194.29
194.30 07980	CARDINAL HEALTH ALLIANCE	0	0	0	0		0 194.30
194.31 07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		0 194.31
194.32 07982	RENAL DIALYSIS	0	0	0	0		0 194.32
194.33 07983	LAB CORP	0	0	0	0		0 194.33
194.34 07984	H.O. MATERIALS MGMT	0	0	0	0		0 194.34
194.35 07985	LEASED SPACE	0	0	0	0		0 194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0		0 201.00
202.00	TOTAL (sum lines 118 through 201)	390,318,039	27,761,395	51,617,685	730,835	16,159,637	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE	10,017,165				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	10,766,961			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	37,946,814	37,946,814	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	23,430,243	2,523,203	25,953,446
7.00	00700	OPERATION OF PLANT	0	0	7,669,546	825,933	1,120,123
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,377,898	148,386	0
9.00	00900	HOUSEKEEPING	0	0	4,623,311	497,884	385,665
10.00	01000	DIETARY	0	0	2,696,092	290,342	316,502
11.00	01100	CAFETERIA	0	0	1,484,596	159,876	475,682
13.00	01300	NURSING ADMINISTRATION	0	0	9,884,230	1,064,433	440,092
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	11,990,488	1,291,256	679,647
15.00	01500	PHARMACY	0	0	7,722,144	831,598	236,960
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	0	0	892,013	96,061	23,001
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,770,863	621,464	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,566,786	491,797	1,347,185
23.00	02300	PARAMED ED PRGM	0	0	276,695	29,797	4,581
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,085,036	1,166,174	42,695,032	4,597,782	5,484,814
31.00	03100	INTENSIVE CARE UNIT	307,536	330,533	12,757,797	1,373,887	883,163
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	85,061	91,422	3,252,904	350,305	153,030
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	55,956	60,140	3,214,973	346,220	320,250
43.00	04300	NURSERY	16,890	18,153	794,652	85,576	97,289
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	972,720	1,045,459	14,002,506	1,507,930	1,213,857
51.00	05100	RECOVERY ROOM	132,949	142,891	2,898,720	312,163	260,762
52.00	05200	DELIVERY ROOM & LABOR ROOM	136,657	146,876	3,570,024	384,456	411,837
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,329,646	1,429,076	22,524,651	2,425,680	1,920,829
57.00	05700	CT SCAN	18,785	20,190	196,521	21,163	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	537,003	577,159	5,436,073	585,411	449,766
60.00	06000	LABORATORY	467,996	502,992	14,094,148	1,517,799	568,423
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	44,249	47,557	1,510,981	162,718	0
65.00	06500	RESPIRATORY THERAPY	139,406	149,831	5,689,691	612,723	147,808
65.01	06501	SLEEP LAB	40,541	43,572	892,632	96,128	0
66.00	06600	PHYSICAL THERAPY	112,593	121,013	7,325,904	788,927	110,904
67.00	06700	OCCUPATIONAL THERAPY	34,805	37,407	1,374,267	147,995	77,011
68.00	06800	SPEECH PATHOLOGY	18,778	20,182	835,259	89,949	18,420
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	303,139	325,808	3,365,228	362,401	547,568
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	390,004	419,168	13,168,996	1,418,169	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	659,211	708,506	16,627,752	1,790,643	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,583,012	1,702,111	41,956,174	4,518,260	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	37,484	40,287	8,339,633	898,095	0
74.00	07400	RENAL DIALYSIS	24,816	26,672	1,584,096	170,591	93,477
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	28,449	30,576	1,224,209	131,835	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	85,732	92,143	1,825,890	196,630	13,294
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	822	884	464,330	50,004	204,413
90.02	09002	PAIN CLINIC	38,389	41,260	1,108,458	119,370	718,954
90.03	09003	ONCOLOGY CLINIC	181,286	194,843	2,657,885	286,228	93,093
91.00	09100	EMERGENCY	1,148,205	1,234,066	18,187,025	1,958,561	1,039,845
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	9	10	47,483	5,113	95,784
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	10,017,165	10,766,961	373,955,613	36,184,742	19,954,029
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	846,606	91,171	0
191.00	19100	RESEARCH	0	0	1,107,128	119,227	59,905
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
		5.04	5.05	5A.05	5.06	6.00		
194.01	07951	BSU PHARMACY	0	0	106,897	11,512	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	7,138,175	768,710	81,368	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	85,735	9,233	162,512	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	378,316	40,741	775,110	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	2,126,289	228,980	2,958,944	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	184,045	19,820	377,080	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	54,244	5,842	97,417	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	34,773	3,745	71,245	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	1,599,769	172,279	191,343	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	610,836	65,781	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	135,222	14,562	27,294	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	386,696	41,643	792,281	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	139,108	14,981	283,667	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	1,428,587	153,845	121,251	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,017,165	10,766,961	390,318,039	37,946,814	25,953,446	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part I Date/Time Prepared: 6/29/2020 8:00 am	
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
			7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.04	00570	ADMINISTRATIVE						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT	9,615,602					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,526,284				8.00
9.00	00900	HOUSEKEEPING	149,332	0	5,656,192			9.00
10.00	01000	DIETARY	122,551	0	85,712	3,511,199		10.00
11.00	01100	CAFETERIA	184,187	0	128,819	0	2,433,160	11.00
13.00	01300	NURSING ADMINISTRATION	170,406	44	119,181	0	113,838	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	263,163	0	184,055	0	0	14.00
15.00	01500	PHARMACY	91,752	126	64,171	0	96,041	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	8,906	11,057	6,229	0	33,673	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	107,132	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	521,638	0	364,830	0	11,859	22.00
23.00	02300	PARAMED ED PRGM	1,774	3	1,241	0	3,665	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,123,751	704,220	1,485,337	2,775,882	618,751	30.00
31.00	03100	INTENSIVE CARE UNIT	341,966	123,431	239,169	232,844	164,667	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	59,254	7,846	41,442	0	43,851	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	124,003	54,431	86,727	203,682	38,186	41.00
43.00	04300	NURSERY	37,671	10,158	26,347	0	10,227	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	470,012	119,169	328,723	0	152,360	50.00
51.00	05100	RECOVERY ROOM	100,969	42,435	70,617	0	37,530	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	159,466	48,630	111,529	0	44,668	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	743,756	105,089	520,178	0	191,250	54.00
57.00	05700	CT SCAN	0	0	0	0	6,498	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	174,152	21,707	121,801	0	42,859	59.00
60.00	06000	LABORATORY	220,096	0	153,934	0	67,426	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	119	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	57,232	381	40,028	0	79,013	65.00
65.01	06501	SLEEP LAB	0	0	0	0	12,659	65.01
66.00	06600	PHYSICAL THERAPY	42,943	8,567	30,034	0	120,863	66.00
67.00	06700	OCCUPATIONAL THERAPY	29,819	0	20,855	0	15,524	67.00
68.00	06800	SPEECH PATHOLOGY	7,132	0	4,988	0	10,659	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	212,021	17,986	148,286	0	35,305	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	23,318	73.01
74.00	07400	RENAL DIALYSIS	36,195	2,182	25,314	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	26	0	0	23,158	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,148	0	3,600	0	13,892	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	79,150	0	55,357	0	5,313	90.01
90.02	09002	PAIN CLINIC	278,383	0	194,699	0	12,163	90.02
90.03	09003	ONCOLOGY CLINIC	36,046	612	25,210	0	24,214	90.03
91.00	09100	EMERGENCY	402,634	229,227	281,599	0	201,860	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	37,088	0	25,939	0	1,664	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,292,596	1,507,446	4,995,951	3,212,408	2,364,086	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	7,330	190.00
191.00	19100	RESEARCH	23,195	0	16,223	0	17,573	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	3,281	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.02	07952 PAVILLION PHARMACY	31,506	0	22,035	0	15,524	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	62,925	18,801	44,010	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	300,127	0	81,886	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	1,145,720	37	377,661	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	146,007	0	0	158,004	0	194.10
194.11	07961 IU HEALTH HOSPICE	37,721	0	26,382	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	27,586	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	74,089	0	51,817	0	13,219	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	10,568	0	7,391	0	928	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	306,776	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	109,837	0	0	140,787	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	46,949	0	32,836	0	11,219	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
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)	9,615,602	1,526,284	5,656,192	3,511,199	2,433,160	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	11,792,224					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	14,408,609				14.00
15.00 01500 PHARMACY	0	82,168	9,124,960			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00
18.00 01080 PATIENT TRANSPORTATION	0	302	0	0	1,071,242	18.00
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	45	1	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,650,690	855,831	48,158	0	115,971	30.00
31.00 03100 INTENSIVE CARE UNIT	1,497,856	393,057	18,941	0	32,870	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	380,916	52,122	2,745	0	9,092	35.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	338,447	26,062	531	0	5,981	41.00
43.00 04300 NURSERY	93,269	0	0	0	1,805	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	464,058	1,592,514	22,282	0	103,966	50.00
51.00 05100 RECOVERY ROOM	365,562	76,436	8,469	0	14,210	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	386,796	79,084	3,807	0	14,606	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	297,284	404,154	8,165	0	142,115	54.00
57.00 05700 CT SCAN	0	1,040	1	0	2,008	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	220,840	263,324	4,609	0	57,396	59.00
60.00 06000 LABORATORY	0	0	0	0	50,020	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	4,729	63.00
65.00 06500 RESPIRATORY THERAPY	52,760	154,500	171	0	14,900	65.00
65.01 06501 SLEEP LAB	0	23,946	0	0	4,333	65.01
66.00 06600 PHYSICAL THERAPY	0	23,790	4	0	12,034	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,111	2	0	3,720	67.00
68.00 06800 SPEECH PATHOLOGY	0	574	0	0	2,007	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	10,661	14	0	32,400	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,424,200	0	0	41,684	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5,354,224	0	0	70,458	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	8,961,794	0	169,785	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	605	0	0	4,006	73.01
74.00 07400 RENAL DIALYSIS	0	9,108	2,088	0	2,652	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	10,617	4,620	0	0	3,041	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	110,583	52,159	197	0	9,163	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	17,804	2,559	0	0	88	90.01
90.02 09002 PAIN CLINIC	47,369	32,711	241	0	4,103	90.02
90.03 09003 ONCOLOGY CLINIC	215,449	54,791	7,870	0	19,376	90.03
91.00 09100 EMERGENCY	1,550,452	429,690	34,869	0	122,722	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	244	0	0	1	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	11,700,752	14,406,632	9,124,959	0	1,071,242	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	OTHER GENERAL
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	SERVICE
	13.00	14.00	15.00	16.00	PATIENT TRANSPORTATION
191.00 19100 RESEARCH	91,472	94	0	0	0
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 07951 BSU PHARMACY	0	0	0	0	0
194.02 07952 PAVILLION PHARMACY	0	388	0	0	0
194.03 07953 VENDING	0	0	0	0	0
194.04 07954 CARELINE	0	0	0	0	0
194.05 07955 WELLNESS CENTER	0	578	0	0	0
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0
194.07 07957 PERINATAL CLINIC	0	0	0	0	0
194.08 07958 RENTAL PROPERTY	0	783	0	0	0
194.09 07959 ADVERTISING	0	0	0	0	0
194.10 07960 INTEGRAL TAC	0	0	0	0	0
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0
194.20 07970 MEALS ON WHEELS	0	0	0	0	0
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0
194.23 07973 CANCER CENTER BOUTIQUE	0	5	0	0	0
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	95	1	0	0
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.32 07982 RENAL DIALYSIS	0	0	0	0	0
194.33 07983 LAB CORP	0	0	0	0	0
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0
194.35 07985 LEASED SPACE	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)	11,792,224	14,408,609	9,124,960	0	1,071,242

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	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 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 01160 COMMUNICATIONS							5.01
5.02 00550 DATA PROCESSING							5.02
5.04 00570 ADMITTING							5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
18.00 01080 PATIENT TRANSPORTATION							18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,499,459						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		7,304,141					22.00
23.00 02300 PARAMED PRGM			317,756				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	3,759,717	4,225,200	0	75,141,136	-7,984,917		30.00
31.00 03100 INTENSIVE CARE UNIT	898,276	1,009,489	0	19,967,413	-1,907,765		31.00
32.00 03200 CORONARY CARE UNIT	124,600	140,026	0	264,626	-264,626		32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0	0	4,353,507	0		35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	4,759,493	0		41.00
43.00 04300 NURSERY	0	0	0	1,156,994	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	414,366	465,667	0	20,857,410	-880,033		50.00
51.00 05100 RECOVERY ROOM	0	0	0	4,187,873	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	5,214,903	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	141,986	159,564	0	29,584,701	-301,550		54.00
57.00 05700 CT SCAN	0	0	0	227,231	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	7,377,938	0		59.00
60.00 06000 LABORATORY	0	0	0	16,671,846	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,678,547	0		63.00
65.00 06500 RESPIRATORY THERAPY	134,741	151,423	0	7,135,371	-286,164		65.00
65.01 06501 SLEEP LAB	0	0	0	1,029,698	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	8,463,970	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,671,304	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	968,988	0		68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	268,034	301,218	0	5,301,122	-569,252		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,053,049	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,843,077	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	317,756	55,923,769	0		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	9,265,657	0		73.01
74.00 07400 RENAL DIALYSIS	0	0	0	1,925,703	0		74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	1,397,506	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	2,230,556	0		76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	879,018	0		90.01
90.02 09002 PAIN CLINIC	123,151	138,398	0	2,778,000	-261,549		90.02
90.03 09003 ONCOLOGY CLINIC	88,379	99,321	0	3,608,474	-187,700		90.03
91.00 09100 EMERGENCY	463,626	521,027	0	25,423,137	-984,653		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	213,316	0		95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,416,876	7,211,333	317,756	362,555,333	-13,628,209	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	945,141	0	190.00
191.00 19100	RESEARCH	82,583	92,808	0	1,610,208	-175,391	191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951	BSU PHARMACY	0	0	0	121,690	0	194.01
194.02 07952	PAVILLION PHARMACY	0	0	0	8,057,706	0	194.02
194.03 07953	VENDING	0	0	0	0	0	194.03
194.04 07954	CARELINE	0	0	0	0	0	194.04
194.05 07955	WELLNESS CENTER	0	0	0	383,794	0	194.05
194.06 07956	PHYSICIAN PRACTICE CLINICS	0	0	0	1,576,180	0	194.06
194.07 07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958	RENTAL PROPERTY	0	0	0	6,838,414	0	194.08
194.09 07959	ADVERTISING	0	0	0	0	0	194.09
194.10 07960	INTEGRAL TAC	0	0	0	884,956	0	194.10
194.11 07961	IU HEALTH HOSPICE	0	0	0	221,606	0	194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965	MARKETING/PUBLIC RELATIONS	0	0	0	137,349	0	194.15
194.16 07966	JAY COUNTY HOSPITAL	0	0	0	2,102,516	0	194.16
194.17 07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972	THERAPIES TO OTHER ENTITIES	0	0	0	676,617	0	194.22
194.23 07973	CANCER CENTER BOUTIQUE	0	0	0	195,970	0	194.23
194.24 07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	1,527,396	0	194.24
194.25 07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	688,476	0	194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	1,794,687	0	194.26
194.27 07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983	LAB CORP	0	0	0	0	0	194.33
194.34 07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985	LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,499,459	7,304,141	317,756	390,318,039	-13,803,600	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

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Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01080 PATIENT TRANSPORTATION		18.00
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		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	67,156,219	30.00
31.00	03100 INTENSIVE CARE UNIT	18,059,648	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,353,507	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	4,759,493	41.00
43.00	04300 NURSERY	1,156,994	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	19,977,377	50.00
51.00	05100 RECOVERY ROOM	4,187,873	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,214,903	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,283,151	54.00
57.00	05700 CT SCAN	227,231	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,377,938	59.00
60.00	06000 LABORATORY	16,671,846	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,678,547	63.00
65.00	06500 RESPIRATORY THERAPY	6,849,207	65.00
65.01	06501 SLEEP LAB	1,029,698	65.01
66.00	06600 PHYSICAL THERAPY	8,463,970	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,671,304	67.00
68.00	06800 SPEECH PATHOLOGY	968,988	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	4,731,870	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,053,049	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	23,843,077	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	55,923,769	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	9,265,657	73.01
74.00	07400 RENAL DIALYSIS	1,925,703	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,397,506	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,230,556	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	879,018	90.01
90.02	09002 PAIN CLINIC	2,516,451	90.02
90.03	09003 ONCOLOGY CLINIC	3,420,774	90.03
91.00	09100 EMERGENCY	24,438,484	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	213,316	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	348,927,124	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	945,141	190.00
191.00	19100 RESEARCH	1,434,817	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	121,690	194.01
194.02	07952 PAVILLION PHARMACY	8,057,706	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	Total	
	26.00	
194.03 07953 VENDING	0	194.03
194.04 07954 CARELINE	0	194.04
194.05 07955 WELLNESS CENTER	383,794	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	1,576,180	194.06
194.07 07957 PERINATAL CLINIC	0	194.07
194.08 07958 RENTAL PROPERTY	6,838,414	194.08
194.09 07959 ADVERTISING	0	194.09
194.10 07960 INTEGRA LTAC	884,956	194.10
194.11 07961 IU HEALTH HOSPICE	221,606	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	137,349	194.15
194.16 07966 JAY COUNTY HOSPITAL	2,102,516	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	194.19
194.20 07970 MEALS ON WHEELS	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	676,617	194.22
194.23 07973 CANCER CENTER BOUTIQUE	195,970	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	1,527,396	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	688,476	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	1,794,687	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32 07982 RENAL DIALYSIS	0	194.32
194.33 07983 LAB CORP	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	194.34
194.35 07985 LEASED SPACE	0	194.35
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118 through 201)	376,514,439	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	68,124	68,124	68,124		4.00
5.01 01160	COMMUNICATIONS	0	23,422	23,422	305	23,727	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04 00570	ADMINISTRATIVE	0	108,463	108,463	570	213	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	765,434	765,434	3,030	487	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	14,128,603	14,128,603	1,825	813	6.00
7.00 00700	OPERATION OF PLANT	0	546,709	546,709	844	339	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	188,235	188,235	1,679	1,223	9.00
10.00 01000	DIETARY	0	154,478	154,478	859	485	10.00
11.00 01100	CAFETERIA	0	232,171	232,171	757	535	11.00
13.00 01300	NURSING ADMINISTRATION	0	214,800	214,800	3,372	918	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	331,722	331,722	0	0	14.00
15.00 01500	PHARMACY	0	115,655	115,655	2,962	775	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00 01080	PATIENT TRANSPORTATION	0	11,226	11,226	355	272	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,412	864	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	657,534	657,534	135	96	22.00
23.00 02300	PARAMED PRGM	0	2,236	2,236	102	30	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,677,025	2,677,025	13,438	4,994	30.00
31.00 03100	INTENSIVE CARE UNIT	0	431,054	431,054	4,307	1,329	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	74,691	74,691	1,136	354	35.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	156,308	156,308	977	308	41.00
43.00 04300	NURSERY	0	47,485	47,485	270	83	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	592,459	592,459	3,371	1,229	50.00
51.00 05100	RECOVERY ROOM	0	127,273	127,273	897	303	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	201,009	201,009	1,118	360	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	937,518	937,518	5,267	1,543	54.00
57.00 05700	CT SCAN	0	0	0	77	52	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	219,522	219,522	1,213	346	59.00
60.00 06000	LABORATORY	0	277,436	277,436	0	544	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	72,142	72,142	2,019	637	65.00
65.01 06501	SLEEP LAB	0	0	0	282	102	65.01
66.00 06600	PHYSICAL THERAPY	0	54,130	54,130	3,212	975	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	37,588	37,588	451	125	67.00
68.00 06800	SPEECH PATHOLOGY	0	8,990	8,990	303	86	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	267,257	267,257	617	285	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	846	188	73.01
74.00 07400	RENAL DIALYSIS	0	45,624	45,624	0	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	460	187	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	6,489	6,489	321	112	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	SUBSTANCE ABUSE CLINIC	0	99,770	99,770	142	43	90.01
90.02 09002	PAIN CLINIC	0	350,907	350,907	237	98	90.02
90.03 09003	ONCOLOGY CLINIC	0	45,437	45,437	674	195	90.03
91.00 09100	EMERGENCY	0	507,527	507,527	4,396	1,629	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	46,750	46,750	0	13	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	24,833,203	24,833,203	65,238	23,170	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	87	59	190.00
191.00 19100 RESEARCH	0	29,238	29,238	29,238	411	142	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	0	108	26	194.01
194.02 07952 PAVILLION PHARMACY	0	39,714	39,714	39,714	477	125	194.02
194.03 07953 VENDI NG	0	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	79,319	79,319	79,319	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	378,316	378,316	378,316	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,444,200	1,444,200	1,444,200	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	184,045	184,045	184,045	0	0	194.10
194.11 07961 IU HEALTH HOSPI CE	0	47,547	47,547	47,547	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0	194.14
194.15 07965 MARKETI NG/PUBLI C RELATIONS	0	34,773	34,773	34,773	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	93,391	93,391	93,391	591	107	194.16
194.17 07967 CARDI NAL HEALTH CHOICE	0	0	0	0	0	0	194.17
194.18 07968 CHV CARDI NAL HEALTH VENTURES	0	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0	194.20
194.21 07971 ST MARY' S SCHOOL	0	0	0	0	0	0	194.21
194.22 07972 THERAPI ES TO OTHER ENTITIES	0	0	0	0	806	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	13,321	13,321	13,321	9	7	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	386,696	386,696	386,696	0	0	194.24
194.25 07975 CARDI NAL BEHAVIORAL HEALTH	0	138,452	138,452	138,452	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPI TAL	0	59,180	59,180	59,180	397	91	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0	194.27
194.28 07978 CARDI NAL SELECT RISK RETENTION GRP	0	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDI NAL HEALTH INITIATI	0	0	0	0	0	0	194.29
194.30 07980 CARDI NAL HEALTH ALLIANCE	0	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.31
194.32 07982 RENAL DI ALYSIS	0	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0			201.00
202.00 TOTAL (sum lines 118 through 201)	0	27,761,395	27,761,395	27,761,395	68,124	23,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:00 am			
Cost Center Description			DATA PROCESSING	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.04	5.05	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING	0				5.02	
5.04	00570	ADMITTING	0	109,246			5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0		5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	768,951	5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	51,125	14,182,366	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	16,735	612,096	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,007	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	10,088	210,748	9.00
10.00	01000	DIETARY	0	0	0	5,883	172,954	10.00
11.00	01100	CAFETERIA	0	0	0	3,239	259,939	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	21,567	240,490	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	26,163	371,396	14.00
15.00	01500	PHARMACY	0	0	0	16,850	129,488	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	0	0	1,946	12,569	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	12,592	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9,965	736,175	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	604	2,503	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	11,889	0	93,235	2,997,199	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,370	0	27,838	482,608	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	932	0	7,098	83,624	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	613	0	7,015	175,002	41.00
43.00	04300	NURSERY	0	185	0	1,734	53,164	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	10,658	0	30,553	663,317	50.00
51.00	05100	RECOVERY ROOM	0	1,457	0	6,325	142,494	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,497	0	7,790	225,050	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,569	0	49,149	1,049,645	54.00
57.00	05700	CT SCAN	0	206	0	429	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,884	0	11,862	245,777	59.00
60.00	06000	LABORATORY	0	5,128	0	30,753	310,617	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	485	0	3,297	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,528	0	12,415	80,770	65.00
65.01	06501	SLEEP LAB	0	444	0	1,948	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,234	0	15,985	60,604	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	381	0	2,999	42,083	67.00
68.00	06800	SPEECH PATHOLOGY	0	206	0	1,823	10,066	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	3,322	0	7,343	299,221	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,273	0	28,735	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	7,223	0	36,282	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,831	0	91,548	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	411	0	18,197	0	73.01
74.00	07400	RENAL DIALYSIS	0	272	0	3,456	51,081	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	312	0	2,671	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	939	0	3,984	7,265	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	9	0	1,013	111,702	90.01
90.02	09002	PAIN CLINIC	0	421	0	2,419	392,875	90.02
90.03	09003	ONCOLOGY CLINIC	0	1,986	0	5,800	50,871	90.03
91.00	09100	EMERGENCY	0	12,581	0	39,684	568,227	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	104	52,341	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	109,246	0	733,248	10,903,961	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,847	0	190.00
191.00	19100	RESEARCH	0	0	0	2,416	32,735	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
		5.02	5.04	5.05	5.06	6.00		
194.01	07951	BSU PHARMACY	0	0	0	233	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	15,575	44,464	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	0	187	88,805	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	0	825	423,562	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	0	4,640	1,616,927	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	0	402	206,057	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	0	118	53,234	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	76	38,932	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	3,491	104,560	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	1,333	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	295	14,915	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	844	432,945	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	304	155,011	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	3,117	66,258	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
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)	0	109,246	0	768,951	14,182,366	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:00 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	1,176,723				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,007			8.00	
9.00	00900	HOUSEKEEPING	18,275	0	430,248		9.00	
10.00	01000	DIETARY	14,997	0	6,520	356,176	10.00	
11.00	01100	CAFETERIA	22,540	0	9,799	0	528,980	11.00
13.00	01300	NURSING ADMINISTRATION	20,854	0	9,066	0	24,749	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	32,205	0	14,000	0	0	14.00
15.00	01500	PHARMACY	11,228	0	4,881	0	20,880	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	1,090	22	474	0	7,321	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	23,291	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	63,836	0	27,751	0	2,578	22.00
23.00	02300	PARAMED ED PRGM	217	0	94	0	797	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	259,897	1,388	112,984	281,586	134,519	30.00
31.00	03100	INTENSIVE CARE UNIT	41,849	243	18,193	23,620	35,799	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,251	15	3,152	0	9,533	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	15,175	107	6,597	20,661	8,302	41.00
43.00	04300	NURSERY	4,610	20	2,004	0	2,223	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57,518	235	25,005	0	33,124	50.00
51.00	05100	RECOVERY ROOM	12,356	84	5,372	0	8,159	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,515	96	8,484	0	9,711	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,018	207	39,568	0	41,579	54.00
57.00	05700	CT SCAN	0	0	0	0	1,413	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,312	43	9,265	0	9,318	59.00
60.00	06000	LABORATORY	26,935	0	11,709	0	14,659	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,004	1	3,045	0	17,178	65.00
65.01	06501	SLEEP LAB	0	0	0	0	2,752	65.01
66.00	06600	PHYSICAL THERAPY	5,255	17	2,285	0	26,276	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,649	0	1,586	0	3,375	67.00
68.00	06800	SPEECH PATHOLOGY	873	0	379	0	2,317	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	25,946	35	11,280	0	7,676	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	5,069	73.01
74.00	07400	RENAL DIALYSIS	4,429	4	1,926	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	5,035	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	630	0	274	0	3,020	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	9,686	0	4,211	0	1,155	90.01
90.02	09002	PAIN CLINIC	34,068	0	14,810	0	2,644	90.02
90.03	09003	ONCOLOGY CLINIC	4,411	1	1,918	0	5,264	90.03
91.00	09100	EMERGENCY	49,273	452	21,420	0	43,885	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	4,539	0	1,973	0	362	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	892,441	2,970	380,025	325,867	513,963	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,594	190.00
191.00	19100	RESEARCH	2,839	0	1,234	0	3,820	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	713	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.02	07952 PAVILLION PHARMACY	3,856	0	1,676	0	3,375	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	7,701	37	3,348	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	36,728	0	6,229	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	140,209	0	28,727	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	17,868	0	0	16,028	0	194.10
194.11	07961 IU HEALTH HOSPICE	4,616	0	2,007	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	3,376	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	9,067	0	3,942	0	2,874	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	1,293	0	562	0	202	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	37,542	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	13,442	0	0	14,281	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	5,745	0	2,498	0	2,439	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
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)	1,176,723	3,007	430,248	356,176	528,980	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:00 am		
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION
		13.00	14.00	15.00	16.00	18.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION	535,816			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	775,486		14.00
15.00	01500	PHARMACY	0	4,422	307,141	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	16	0	35,291
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	256,757	46,061	1,621	3,754
31.00	03100	INTENSIVE CARE UNIT	68,060	21,154	638	1,064
32.00	03200	CORONARY CARE UNIT	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,308	2,805	92	294
40.00	04000	SUBPROVIDER - I PF	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	15,378	1,403	18	194
43.00	04300	NURSERY	4,238	0	0	58
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	21,086	85,709	750	3,366
51.00	05100	RECOVERY ROOM	16,610	4,114	285	460
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,575	4,256	128	473
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,508	21,752	275	4,601
57.00	05700	CT SCAN	0	56	0	65
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	10,035	14,172	155	1,858
60.00	06000	LABORATORY	0	0	0	1,619
60.01	06001	BLOOD LABORATORY	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	153
65.00	06500	RESPIRATORY THERAPY	2,397	8,315	6	482
65.01	06501	SLEEP LAB	0	1,289	0	140
66.00	06600	PHYSICAL THERAPY	0	1,280	0	390
67.00	06700	OCCUPATIONAL THERAPY	0	114	0	120
68.00	06800	SPEECH PATHOLOGY	0	31	0	65
68.01	06801	AUDIOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	574	0	1,049
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	238,110	0	1,349
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	288,179	0	2,281
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	301,649	6,109
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	33	0	130
74.00	07400	RENAL DIALYSIS	0	490	70	86
76.00	03160	CARDIOPULMONARY	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	482	249	0	98
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,025	2,807	7	297
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	809	138	0	3
90.02	09002	PAIN CLINIC	2,152	1,761	8	133
90.03	09003	ONCOLOGY CLINIC	9,790	2,949	265	627
91.00	09100	EMERGENCY	70,450	23,126	1,174	3,973
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	13	0	0
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	531,660	775,380	307,141	35,291
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	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	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160	COMMUNICATIONS						5.01
5.02 00550	DATA PROCESSING						5.02
5.04 00570	ADMITTING						5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
18.00 01080	PATIENT TRANSPORTATION						18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	39,159					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,498,072				22.00
23.00 02300	PARAMED PRGM			6,583			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				6,896,347	0	30.00
31.00 03100	INTENSIVE CARE UNIT				1,161,126	0	31.00
32.00 03200	CORONARY CARE UNIT				0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT				208,285	0	35.00
40.00 04000	SUBPROVIDER - IPF				0	0	40.00
41.00 04100	SUBPROVIDER - IRF				408,058	0	41.00
43.00 04300	NURSERY				116,074	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				1,528,380	0	50.00
51.00 05100	RECOVERY ROOM				326,189	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				497,062	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,270,199	0	54.00
57.00 05700	CT SCAN				2,298	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION				550,762	0	59.00
60.00 06000	LABORATORY				679,400	0	60.00
60.01 06001	BLOOD LABORATORY				0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.				3,935	0	63.00
65.00 06500	RESPIRATORY THERAPY				207,939	0	65.00
65.01 06501	SLEEP LAB				6,957	0	65.01
66.00 06600	PHYSICAL THERAPY				171,643	0	66.00
67.00 06700	OCCUPATIONAL THERAPY				92,471	0	67.00
68.00 06800	SPEECH PATHOLOGY				25,139	0	68.00
68.01 06801	AUDIOLOGY				0	0	68.01
69.00 06900	ELECTROCARDIOLOGY				624,605	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				272,467	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT				333,965	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				416,137	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES				24,874	0	73.01
74.00 07400	RENAL DIALYSIS				107,438	0	74.00
76.00 03160	CARDIOPULMONARY				0	0	76.00
76.97 07697	CARDIAC REHABILITATION				9,494	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				31,170	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC				0	0	90.00
90.01 09001	SUBSTANCE ABUSE CLINIC				228,681	0	90.01
90.02 09002	PAIN CLINIC				802,533	0	90.02
90.03 09003	ONCOLOGY CLINIC				130,188	0	90.03
91.00 09100	EMERGENCY				1,347,797	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)				0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES				106,095	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	19,587,708	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			3,589	0
191.00	19100	RESEARCH			76,996	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			0	0
194.01	07951	BSU PHARMACY			1,080	0
194.02	07952	PAVILLION PHARMACY			109,283	0
194.03	07953	VENDING			0	0
194.04	07954	CARELINE			0	0
194.05	07955	WELLNESS CENTER			179,428	0
194.06	07956	PHYSICIAN PRACTICE CLINICS			845,660	0
194.07	07957	PERINATAL CLINIC			0	0
194.08	07958	RENTAL PROPERTY			3,234,745	0
194.09	07959	ADVERTISING			0	0
194.10	07960	INTEGRAL TAC			424,400	0
194.11	07961	IU HEALTH HOSPICE			107,522	0
194.12	07962	POB MEDICAL PAVILLION CONDOS			0	0
194.13	07963	EXECUTIVE PHYSICAL			0	0
194.14	07964	NEW CASTLE ONCOLOGY			0	0
194.15	07965	MARKETING/PUBLIC RELATIONS			77,157	0
194.16	07966	JAY COUNTY HOSPITAL			218,023	0
194.17	07967	CARDINAL HEALTH CHOICE			0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES			0	0
194.19	07969	HEALTH CARE CONNECTIONS			0	0
194.20	07970	MEALS ON WHEELS			0	0
194.21	07971	ST MARY'S SCHOOL			0	0
194.22	07972	THERAPIES TO OTHER ENTITIES			2,139	0
194.23	07973	CANCER CENTER BOUTIQUE			30,604	0
194.24	07974	BOSC BALL OUTPATIENT SURGERY			858,027	0
194.25	07975	CARDINAL BEHAVIORAL HEALTH			321,495	0
194.26	07976	BLACKFORD COMMUNITY HOSPITAL			139,725	0
194.27	07977	MIDWEST HEALTH STRATEGIES			0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP			0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI			0	0
194.30	07980	CARDINAL HEALTH ALLIANCE			0	0
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS			0	0
194.32	07982	RENAL DIALYSIS			0	0
194.33	07983	LAB CORP			0	0
194.34	07984	H.O. MATERIALS MGMT			0	0
194.35	07985	LEASED SPACE			0	0
200.00		Cross Foot Adjustments	39,159	1,498,072	6,583	1,543,814
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	39,159	1,498,072	6,583	27,761,395

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:00 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01080 PATIENT TRANSPORTATION		18.00
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		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	6,896,347	30.00
31.00	03100 INTENSIVE CARE UNIT	1,161,126	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	208,285	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	408,058	41.00
43.00	04300 NURSERY	116,074	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,528,380	50.00
51.00	05100 RECOVERY ROOM	326,189	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	497,062	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,270,199	54.00
57.00	05700 CT SCAN	2,298	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	550,762	59.00
60.00	06000 LABORATORY	679,400	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,935	63.00
65.00	06500 RESPIRATORY THERAPY	207,939	65.00
65.01	06501 SLEEP LAB	6,957	65.01
66.00	06600 PHYSICAL THERAPY	171,643	66.00
67.00	06700 OCCUPATIONAL THERAPY	92,471	67.00
68.00	06800 SPEECH PATHOLOGY	25,139	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	624,605	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	272,467	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	333,965	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	416,137	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	24,874	73.01
74.00	07400 RENAL DIALYSIS	107,438	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	9,494	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	31,170	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	228,681	90.01
90.02	09002 PAIN CLINIC	802,533	90.02
90.03	09003 ONCOLOGY CLINIC	130,188	90.03
91.00	09100 EMERGENCY	1,347,797	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	106,095	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	19,587,708	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,589	190.00
191.00	19100 RESEARCH	76,996	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	1,080	194.01
194.02	07952 PAVILLION PHARMACY	109,283	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B
Part II
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	Total	
	26.00	
194.03 07953 VENDI NG	0	194.03
194.04 07954 CARELINE	0	194.04
194.05 07955 WELLNESS CENTER	179,428	194.05
194.06 07956 PHYSI CI AN PRACTICE CLINICS	845,660	194.06
194.07 07957 PERINATAL CLINIC	0	194.07
194.08 07958 RENTAL PROPERTY	3,234,745	194.08
194.09 07959 ADVERTISI NG	0	194.09
194.10 07960 INTEGRA LTAC	424,400	194.10
194.11 07961 IU HEALTH HOSPI CE	107,522	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13 07963 EXECUTI VE PHYSI CAL	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	194.14
194.15 07965 MARKETING/PUBLI C RELATIONS	77,157	194.15
194.16 07966 JAY COUNTY HOSPI TAL	218,023	194.16
194.17 07967 CARDI NAL HEALTH CHOICE	0	194.17
194.18 07968 CHV CARDI NAL HEALTH VENTURES	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	194.19
194.20 07970 MEALS ON WHEELS	0	194.20
194.21 07971 ST MARY' S SCHOOL	0	194.21
194.22 07972 THERAPI ES TO OTHER ENTITI ES	2,139	194.22
194.23 07973 CANCER CENTER BOUTI QUE	30,604	194.23
194.24 07974 BOSC BALL OUTPATI ENT SURGERY	858,027	194.24
194.25 07975 CARDI NAL BEHAVI ORAL HEALTH	321,495	194.25
194.26 07976 BLACKFORD COMMUNI TY HOSPI TAL	139,725	194.26
194.27 07977 MI DWEST HEALTH STRATEGI ES	0	194.27
194.28 07978 CARDI NAL SELECT RISK RETENTI ON GRP	0	194.28
194.29 07979 HOME OFFI CE CARDI NAL HEALTH INITIATI	0	194.29
194.30 07980 CARDI NAL HEALTH ALLI ANCE	0	194.30
194.31 07986 OTHER NONREI MBURSABLE COST CENTERS	0	194.31
194.32 07982 RENAL DI ALYSI S	0	194.32
194.33 07983 LAB CORP	0	194.33
194.34 07984 H.O. MATERI ALS MGMT	0	194.34
194.35 07985 LEASED SPACE	0	194.35
200.00 Cross Foot Adjustments	1,543,814	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118 through 201)	27,761,395	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)		
		NEW BLDG & FIXT (SQUARE FEET)						
		1.00	4.00	5.01	5.02	5.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,775,541					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,357	110,558,644				4.00
5.01	01160	COMMUNICATIONS	1,498	494,949	183,751			5.01
5.02	00550	DATA PROCESSING	0	0	0	1,925,780,448		5.02
5.04	00570	ADMITTING	6,937	924,577	1,652	0	1,925,780,448	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	48,955	4,918,228	3,769	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	903,626	2,962,704	6,298	0	0	6.00
7.00	00700	OPERATION OF PLANT	34,966	1,370,123	2,628	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	12,039	2,726,456	9,472	0	0	9.00
10.00	01000	DIETARY	9,880	1,394,157	3,755	0	0	10.00
11.00	01100	CAFETERIA	14,849	1,228,949	4,144	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	13,738	5,474,756	7,113	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,216	0	0	0	0	14.00
15.00	01500	PHARMACY	7,397	4,808,246	6,001	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	718	575,850	2,104	0	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,915,954	6,694	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	42,054	219,467	741	0	0	22.00
23.00	02300	PARAMED ED PRGM	143	165,920	229	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	171,215	21,783,492	38,662	208,580,544	208,580,544	30.00
31.00	03100	INTENSIVE CARE UNIT	27,569	6,992,127	10,289	59,118,819	59,118,819	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,777	1,844,157	2,740	16,351,656	16,351,656	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,997	1,585,314	2,386	10,756,555	10,756,555	41.00
43.00	04300	NURSERY	3,037	438,529	639	3,246,898	3,246,898	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	37,892	5,472,693	9,520	186,989,547	186,989,547	50.00
51.00	05100	RECOVERY ROOM	8,140	1,455,506	2,345	25,557,246	25,557,246	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,856	1,815,187	2,791	26,270,035	26,270,035	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	59,961	8,549,574	11,950	255,602,932	255,602,932	54.00
57.00	05700	CT SCAN	0	125,138	406	3,611,184	3,611,184	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,040	1,969,599	2,678	103,230,051	103,230,051	59.00
60.00	06000	LABORATORY	17,744	0	4,213	89,964,667	89,964,667	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	8,506,074	8,506,074	63.00
65.00	06500	RESPIRATORY THERAPY	4,614	3,276,952	4,937	26,798,620	26,798,620	65.00
65.01	06501	SLEEP LAB	0	457,926	791	7,793,315	7,793,315	65.01
66.00	06600	PHYSICAL THERAPY	3,462	5,213,938	7,552	21,644,258	21,644,258	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,404	732,888	970	6,690,622	6,690,622	67.00
68.00	06800	SPEECH PATHOLOGY	575	492,125	666	3,609,778	3,609,778	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	17,093	1,000,951	2,206	58,273,580	58,273,580	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	74,971,856	74,971,856	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	126,722,542	126,722,542	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	304,451,438	304,451,438	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	1,373,965	1,457	7,205,708	7,205,708	73.01
74.00	07400	RENAL DIALYSIS	2,918	0	0	4,770,460	4,770,460	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	745,962	1,447	5,468,868	5,468,868	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	415	521,816	868	16,480,643	16,480,643	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	6,381	229,874	332	158,033	158,033	90.01
90.02	09002	PAIN CLINIC	22,443	384,863	760	7,379,713	7,379,713	90.02
90.03	09003	ONCOLOGY CLINIC	2,906	1,094,777	1,513	34,849,378	34,849,378	90.03
91.00	09100	EMERGENCY	32,460	7,135,746	12,613	220,723,720	220,723,720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,990	0	104	1,708	1,708	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,588,262	105,873,435	179,435	1,925,780,448	1,925,780,448	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5.01	5.02	5.04	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	141,819	458	0	0 190.00
191.00 19100	RESEARCH	1,870	667,653	1,098	0	0 191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01 07951	BSU PHARMACY	0	174,576	205	0	0 194.01
194.02 07952	PAVILLION PHARMACY	2,540	774,692	970	0	0 194.02
194.03 07953	VENDING	0	0	0	0	0 194.03
194.04 07954	CARELINE	0	0	0	0	0 194.04
194.05 07955	WELLNESS CENTER	5,073	0	0	0	0 194.05
194.06 07956	PHYSICIAN PRACTICE CLINICS	24,196	0	0	0	0 194.06
194.07 07957	PERINATAL CLINIC	0	0	0	0	0 194.07
194.08 07958	RENTAL PROPERTY	92,367	0	0	0	0 194.08
194.09 07959	ADVERTISING	0	0	0	0	0 194.09
194.10 07960	INTEGRAL TAC	11,771	0	0	0	0 194.10
194.11 07961	IU HEALTH HOSPICE	3,041	0	0	0	0 194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0 194.12
194.13 07963	EXECUTIVE PHYSICAL	0	0	0	0	0 194.13
194.14 07964	NEW CASTLE ONCOLOGY	0	0	0	0	0 194.14
194.15 07965	MARKETING/PUBLIC RELATIONS	2,224	0	0	0	0 194.15
194.16 07966	JAY COUNTY HOSPITAL	5,973	959,817	826	0	0 194.16
194.17 07967	CARDINAL HEALTH CHOICE	0	0	0	0	0 194.17
194.18 07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0 194.18
194.19 07969	HEALTH CARE CONNECTIONS	0	0	0	0	0 194.19
194.20 07970	MEALS ON WHEELS	0	0	0	0	0 194.20
194.21 07971	ST MARY'S SCHOOL	0	0	0	0	0 194.21
194.22 07972	THERAPIES TO OTHER ENTITIES	0	1,308,334	0	0	0 194.22
194.23 07973	CANCER CENTER BOUTIQUE	852	14,175	58	0	0 194.23
194.24 07974	BOSC BALL OUTPATIENT SURGERY	24,732	0	0	0	0 194.24
194.25 07975	CARDINAL BEHAVIORAL HEALTH	8,855	0	0	0	0 194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL	3,785	644,143	701	0	0 194.26
194.27 07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0 194.27
194.28 07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0 194.28
194.29 07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0 194.29
194.30 07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0 194.30
194.31 07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.31
194.32 07982	RENAL DIALYSIS	0	0	0	0	0 194.32
194.33 07983	LAB CORP	0	0	0	0	0 194.33
194.34 07984	H.O. MATERIALS MGMT	0	0	0	0	0 194.34
194.35 07985	LEASED SPACE	0	0	0	0	0 194.35
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)	27,761,395	51,617,685	730,835	16,159,637	10,017,165 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.635457	0.466881	3.977312	0.008391	0.005202 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		68,124	23,727	0	109,246 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000616	0.129126	0.000000	0.000057 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: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,925,780,448				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-37,946,814	352,371,225		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	23,430,243	810,168	6.00
7.00	00700	OPERATION OF PLANT	0	0	7,669,546	34,966	775,202
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,377,898	0	0
9.00	00900	HOUSEKEEPING	0	0	4,623,311	12,039	12,039
10.00	01000	DIETARY	0	0	2,696,092	9,880	9,880
11.00	01100	CAFETERIA	0	0	1,484,596	14,849	14,849
13.00	01300	NURSING ADMINISTRATION	0	0	9,884,230	13,738	13,738
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	11,990,488	21,216	21,216
15.00	01500	PHARMACY	0	0	7,722,144	7,397	7,397
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	0	0	892,013	718	718
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,770,863	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,566,786	42,054	42,054
23.00	02300	PARAMED ED PRGM	0	0	276,695	143	143
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	208,580,544	0	42,695,032	171,215	171,215
31.00	03100	INTENSIVE CARE UNIT	59,118,819	0	12,757,797	27,569	27,569
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,351,656	0	3,252,904	4,777	4,777
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	10,756,555	0	3,214,973	9,997	9,997
43.00	04300	NURSERY	3,246,898	0	794,652	3,037	3,037
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	186,989,547	0	14,002,506	37,892	37,892
51.00	05100	RECOVERY ROOM	25,557,246	0	2,898,720	8,140	8,140
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,270,035	0	3,570,024	12,856	12,856
54.00	05400	RADIOLOGY-DIAGNOSTIC	255,602,932	0	22,524,651	59,961	59,961
57.00	05700	CT SCAN	3,611,184	0	196,521	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	103,230,051	0	5,436,073	14,040	14,040
60.00	06000	LABORATORY	89,964,667	0	14,094,148	17,744	17,744
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	8,506,074	0	1,510,981	0	0
65.00	06500	RESPIRATORY THERAPY	26,798,620	0	5,689,691	4,614	4,614
65.01	06501	SLEEP LAB	7,793,315	0	892,632	0	0
66.00	06600	PHYSICAL THERAPY	21,644,258	0	7,325,904	3,462	3,462
67.00	06700	OCCUPATIONAL THERAPY	6,690,622	0	1,374,267	2,404	2,404
68.00	06800	SPEECH PATHOLOGY	3,609,778	0	835,259	575	575
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	58,273,580	0	3,365,228	17,093	17,093
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	74,971,856	0	13,168,996	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	126,722,542	0	16,627,752	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	304,451,438	0	41,956,174	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	7,205,708	0	8,339,633	0	0
74.00	07400	RENAL DIALYSIS	4,770,460	0	1,584,096	2,918	2,918
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	5,468,868	0	1,224,209	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,480,643	0	1,825,890	415	415
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	158,033	0	464,330	6,381	6,381
90.02	09002	PAIN CLINIC	7,379,713	0	1,108,458	22,443	22,443
90.03	09003	ONCOLOGY CLINIC	34,849,378	0	2,657,885	2,906	2,906
91.00	09100	EMERGENCY	220,723,720	0	18,187,025	32,460	32,460
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,708	0	47,483	2,990	2,990
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,925,780,448	-37,946,814	336,008,799	622,889	587,923
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	846,606	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)		
		5.05	5A.06	5.06	6.00	7.00		
191.00	19100	RESEARCH	0	0	1,107,128	1,870	1,870	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	106,897	0	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	7,138,175	2,540	2,540	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	85,735	5,073	5,073	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	378,316	24,196	24,196	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	2,126,289	92,367	92,367	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	184,045	11,771	11,771	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	54,244	3,041	3,041	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	34,773	2,224	2,224	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	1,599,769	5,973	5,973	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	610,836	0	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	135,222	852	852	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	386,696	24,732	24,732	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	139,108	8,855	8,855	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	1,428,587	3,785	3,785	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
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)	10,766,961		37,946,814	25,953,446	9,615,602	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005591		0.107690	32.034647	12.403995	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0		768,951	14,182,366	1,176,723	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		0.002182	17.505463	1.517957	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: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,526,616				8.00	
9.00	00900	HOUSEKEEPING	0	651,990			9.00	
10.00	01000	DIETARY	0	9,880	240,445		10.00	
11.00	01100	CAFETERIA	0	14,849	0	152,033	11.00	
13.00	01300	NURSING ADMINISTRATION	44	13,738	0	7,113	72,193	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,216	0	0	0	14.00
15.00	01500	PHARMACY	126	7,397	0	6,001	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	11,059	718	0	2,104	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,694	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	42,054	0	741	0	22.00
23.00	02300	PARAMED ED PRGM	3	143	0	229	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	704,373	171,215	190,091	38,662	34,594	30.00
31.00	03100	INTENSIVE CARE UNIT	123,458	27,569	15,945	10,289	9,170	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,848	4,777	0	2,740	2,332	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	54,443	9,997	13,948	2,386	2,072	41.00
43.00	04300	NURSERY	10,160	3,037	0	639	571	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	119,195	37,892	0	9,520	2,841	50.00
51.00	05100	RECOVERY ROOM	42,444	8,140	0	2,345	2,238	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,641	12,856	0	2,791	2,368	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,112	59,961	0	11,950	1,820	54.00
57.00	05700	CT SCAN	0	0	0	406	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,712	14,040	0	2,678	1,352	59.00
60.00	06000	LABORATORY	0	17,744	0	4,213	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	119	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	381	4,614	0	4,937	323	65.00
65.01	06501	SLEEP LAB	0	0	0	791	0	65.01
66.00	06600	PHYSICAL THERAPY	8,569	3,462	0	7,552	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,404	0	970	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	575	0	666	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	17,990	17,093	0	2,206	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	1,457	0	73.01
74.00	07400	RENAL DIALYSIS	2,182	2,918	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	26	0	0	1,447	65	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	415	0	868	677	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	6,381	0	332	109	90.01
90.02	09002	PAIN CLINIC	0	22,443	0	760	290	90.02
90.03	09003	ONCOLOGY CLINIC	612	2,906	0	1,513	1,319	90.03
91.00	09100	EMERGENCY	229,277	32,460	0	12,613	9,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,990	0	104	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,507,774	575,884	219,984	147,717	71,633	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	458	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
191.00	19100 RESEARCH	0	1,870	0	1,098	560	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	205	0	194.01
194.02	07952 PAVILLION PHARMACY	0	2,540	0	970	0	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	18,805	5,073	0	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	9,439	0	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	37	43,533	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TC	0	0	10,820	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	3,041	0	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	5,973	0	826	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	852	0	58	0	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	9,641	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	3,785	0	701	0	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
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)	1,526,284	5,656,192	3,511,199	2,433,160	11,792,224	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.999783	8.675274	14.602920	16.004157	163.343039	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,007	430,248	356,176	528,980	535,816	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001970	0.659900	1.481320	3.479376	7.421994	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: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	14.00	15.00	16.00	18.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 01160 COMMUNICATIONS						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.04 00570 ADMI TTING						5.04	
5.05 00580 CASHI ERING/ACCOUNTS RECEI VABLE						5.05	
5.06 00590 OTHER ADMINI STRATI VE AND GENERAL						5.06	
6.00 00600 MAI NTENANCE & REPAIRS						6.00	
7.00 00700 OPERATI ON OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DI ETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSI NG ADMINI STRATI ON						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	38,204,349					14.00	
15.00 01500 PHARMACY	217,868	36,773,560				15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,925,780,448			16.00	
18.00 01080 PATI ENT TRANSPORTATI ON	801	0	0	1,925,780,448		18.00	
21.00 02100 I&R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	4,486	21.00	
22.00 02200 I&R SERVI CES-OTHER PRGM COSTS APPRVD	118	4	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDI ATRICS	2,269,231	194,078	208,580,544	208,580,544	2,595	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,042,187	76,334	59,118,819	59,118,819	620	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	0	86	32.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	138,200	11,063	16,351,656	16,351,656	0	35.00	
40.00 04000 SUBPROVI DER - I PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVI DER - I RF	69,102	2,140	10,756,555	10,756,555	0	41.00	
43.00 04300 NURSERY	0	0	3,246,898	3,246,898	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATI NG ROOM	4,222,541	89,797	186,989,547	186,989,547	286	50.00	
51.00 05100 RECOVERY ROOM	202,669	34,131	25,557,246	25,557,246	0	51.00	
52.00 05200 DELI VERY ROOM & LABOR ROOM	209,692	15,342	26,270,035	26,270,035	0	52.00	
54.00 05400 RADIOLOGY-DI AGNOSTIC	1,071,612	32,906	255,602,932	255,602,932	98	54.00	
57.00 05700 CT SCAN	2,758	6	3,611,184	3,611,184	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDI AC CATHETERI ZATI ON	698,202	18,575	103,230,051	103,230,051	0	59.00	
60.00 06000 LABORATORY	0	0	89,964,667	89,964,667	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0	8,506,074	8,506,074	0	63.00	
65.00 06500 RESPI RATORY THERAPY	409,657	691	26,798,620	26,798,620	93	65.00	
65.01 06501 SLEEP LAB	63,492	0	7,793,315	7,793,315	0	65.01	
66.00 06600 PHYSI CAL THERAPY	63,080	15	21,644,258	21,644,258	0	66.00	
67.00 06700 OCCUPATI ONAL THERAPY	5,597	9	6,690,622	6,690,622	0	67.00	
68.00 06800 SPEECH PATHOLOGY	1,523	0	3,609,778	3,609,778	0	68.00	
68.01 06801 AUDI OLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDI OLOGY	28,268	58	58,273,580	58,273,580	185	69.00	
71.00 07100 MEDICAL SUPPLI ES CHARGED TO PATI ENTS	11,730,735	0	74,971,856	74,971,856	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATI ENT	14,196,706	0	126,722,542	126,722,542	0	72.00	
73.00 07300 DRUGS CHARGED TO PATI ENTS	0	36,115,986	304,451,438	304,451,438	0	73.00	
73.01 07301 HOSPI TAL BASED RETAI L PHARMACI ES	1,604	0	7,205,708	7,205,708	0	73.01	
74.00 07400 RENAL DI ALYSI S	24,151	8,415	4,770,460	4,770,460	0	74.00	
76.00 03160 CARDI OPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDI AC REHABI LI TATI ON	12,251	0	5,468,868	5,468,868	0	76.97	
76.98 07698 HYPERBARI C OXYGEN THERAPY	138,300	792	16,480,643	16,480,643	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINI C	0	0	0	0	0	90.00	
90.01 09001 SUBSTANCE ABUSE CLINI C	6,784	0	158,033	158,033	0	90.01	
90.02 09002 PAIN CLINI C	86,733	972	7,379,713	7,379,713	85	90.02	
90.03 09003 ONCOLOGY CLINI C	145,277	31,718	34,849,378	34,849,378	61	90.03	
91.00 09100 EMERGENCY	1,139,321	140,524	220,723,720	220,723,720	320	91.00	
92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)						92.00	
92.01 09201 OBSERVATI ON BEDS (DI STI NCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVI CES	646	0	1,708	1,708	0	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 I NTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	38,199,106	36,773,556	1,925,780,448	1,925,780,448	4,429	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	18.00	21.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	91	0	0	0	0	190.00
191.00 19100 RESEARCH	250	0	0	0	57	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02 07952 PAVILLION PHARMACY	1,030	0	0	0	0	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	1,532	0	0	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	2,077	0	0	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	12	0	0	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	251	4	0	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
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)	14,408,609	9,124,960	0	1,071,242	6,499,459	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.377146	0.248139	0.000000	0.000556	1,448.831699	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	775,486	307,141	0	35,291	39,159	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.020298	0.008352	0.000000	0.000018	8.729157	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: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
18.00	01080	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,486		22.00
23.00	02300	PARAMED PRGM		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,595	0	30.00
31.00	03100	INTENSIVE CARE UNIT	620	0	31.00
32.00	03200	CORONARY CARE UNIT	86	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	286	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	98	0	54.00
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
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	93	0	65.00
65.01	06501	SLEEP LAB	0	0	65.01
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
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	185	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	90.01
90.02	09002	PAIN CLINIC	85	0	90.02
90.03	09003	ONCOLOGY CLINIC	61	0	90.03
91.00	09100	EMERGENCY	320	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,429	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00	23.00	
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100 RESEARCH	57	0	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	194.02
194.03 07953 VENDING	0	0	194.03
194.04 07954 CARELINE	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	194.08
194.09 07959 ADVERTISING	0	0	194.09
194.10 07960 INTEGRALTC	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	194.32
194.33 07983 LAB CORP	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	194.34
194.35 07985 LEASED SPACE	0	0	194.35
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)	7,304,141	317,756	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,628.207980	3,177.560000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,498,072	6,583	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	333.943825	65.830000	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
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		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	67,156,219		67,156,219	0	67,156,219	30.00
31.00	03100	INTENSIVE CARE UNIT	18,059,648		18,059,648	0	18,059,648	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,353,507		4,353,507	0	4,353,507	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,759,493		4,759,493	0	4,759,493	41.00
43.00	04300	NURSERY	1,156,994		1,156,994	0	1,156,994	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,977,377		19,977,377	0	19,977,377	50.00
51.00	05100	RECOVERY ROOM	4,187,873		4,187,873	0	4,187,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,214,903		5,214,903	0	5,214,903	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,283,151		29,283,151	0	29,283,151	54.00
57.00	05700	CT SCAN	227,231		227,231	0	227,231	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,377,938		7,377,938	0	7,377,938	59.00
60.00	06000	LABORATORY	16,671,846		16,671,846	0	16,671,846	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,678,547		1,678,547	0	1,678,547	63.00
65.00	06500	RESPIRATORY THERAPY	6,849,207	0	6,849,207	0	6,849,207	65.00
65.01	06501	SLEEP LAB	1,029,698	0	1,029,698	0	1,029,698	65.01
66.00	06600	PHYSICAL THERAPY	8,463,970	0	8,463,970	0	8,463,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,671,304	0	1,671,304	0	1,671,304	67.00
68.00	06800	SPEECH PATHOLOGY	968,988	0	968,988	0	968,988	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,731,870		4,731,870	0	4,731,870	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,053,049		19,053,049	0	19,053,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,843,077		23,843,077	0	23,843,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,923,769		55,923,769	0	55,923,769	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	9,265,657		9,265,657	0	9,265,657	73.01
74.00	07400	RENAL DIALYSIS	1,925,703		1,925,703	0	1,925,703	74.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,397,506		1,397,506	0	1,397,506	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,230,556		2,230,556	0	2,230,556	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	879,018		879,018	0	879,018	90.01
90.02	09002	PAIN CLINIC	2,516,451		2,516,451	0	2,516,451	90.02
90.03	09003	ONCOLOGY CLINIC	3,420,774		3,420,774	0	3,420,774	90.03
91.00	09100	EMERGENCY	24,438,484		24,438,484	0	24,438,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,533,668		7,533,668	0	7,533,668	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	213,316		213,316	0	213,316	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	356,460,792	0	356,460,792	0	356,460,792	200.00
201.00		Less Observation Beds	7,533,668		7,533,668		7,533,668	201.00
202.00		Total (see instructions)	348,927,124	0	348,927,124	0	348,927,124	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:00 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	171,133,080		171,133,080		30.00
31.00	03100	INTENSIVE CARE UNIT	59,118,819		59,118,819		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,351,656		16,351,656		35.00
40.00	04000	SUBPROVIDER - I PF	0		0		40.00
41.00	04100	SUBPROVIDER - I RF	10,756,555		10,756,555		41.00
43.00	04300	NURSERY	3,246,898		3,246,898		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	111,274,578	75,714,969	186,989,547	0.106837	50.00
51.00	05100	RECOVERY ROOM	10,707,168	14,850,078	25,557,246	0.163862	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,461,244	4,808,791	26,270,035	0.198511	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,098,633	189,504,299	255,602,932	0.114565	54.00
57.00	05700	CT SCAN	1,566,062	2,045,122	3,611,184	0.062924	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,972,403	59,257,648	103,230,051	0.071471	59.00
60.00	06000	LABORATORY	47,290,253	42,674,414	89,964,667	0.185315	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,153,864	2,352,210	8,506,074	0.197335	63.00
65.00	06500	RESPIRATORY THERAPY	23,868,515	2,930,105	26,798,620	0.255581	65.00
65.01	06501	SLEEP LAB	27,021	7,766,294	7,793,315	0.132126	65.01
66.00	06600	PHYSICAL THERAPY	9,674,493	11,969,765	21,644,258	0.391049	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,600,648	89,974	6,690,622	0.249798	67.00
68.00	06800	SPEECH PATHOLOGY	3,253,605	356,173	3,609,778	0.268434	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	36,835,895	21,437,685	58,273,580	0.081201	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,102,282	41,869,574	74,971,856	0.254136	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	88,068,145	38,654,397	126,722,542	0.188152	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,431,472	207,019,966	304,451,438	0.183687	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	7,205,708	7,205,708	1.285877	73.01
74.00	07400	RENAL DIALYSIS	4,489,078	281,382	4,770,460	0.403672	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,297,285	4,171,583	5,468,868	0.255538	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	118,138	16,362,505	16,480,643	0.135344	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	158,033	158,033	5.562243	90.01
90.02	09002	PAIN CLINIC	10,437	7,369,276	7,379,713	0.340996	90.02
90.03	09003	ONCOLOGY CLINIC	345,841	34,503,537	34,849,378	0.098159	90.03
91.00	09100	EMERGENCY	65,184,979	155,538,741	220,723,720	0.110720	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,248,267	36,199,197	37,447,464	0.201180	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,708	0	1,708	124.892272	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	940,689,022	985,091,426	1,925,780,448		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	940,689,022	985,091,426	1,925,780,448		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:00 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106837		50.00
51.00	05100	RECOVERY ROOM	0.163862		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.198511		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114565		54.00
57.00	05700	CT SCAN	0.062924		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071471		59.00
60.00	06000	LABORATORY	0.185315		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.197335		63.00
65.00	06500	RESPIRATORY THERAPY	0.255581		65.00
65.01	06501	SLEEP LAB	0.132126		65.01
66.00	06600	PHYSICAL THERAPY	0.391049		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249798		67.00
68.00	06800	SPEECH PATHOLOGY	0.268434		68.00
68.01	06801	AUDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.081201		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254136		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.188152		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183687		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.285877		73.01
74.00	07400	RENAL DIALYSIS	0.403672		74.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.255538		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.135344		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	5.562243		90.01
90.02	09002	PAIN CLINIC	0.340996		90.02
90.03	09003	ONCOLOGY CLINIC	0.098159		90.03
91.00	09100	EMERGENCY	0.110720		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.201180		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	124.892272		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
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		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,156,219		67,156,219	0	67,156,219	30.00
31.00	03100	INTENSIVE CARE UNIT	18,059,648		18,059,648	0	18,059,648	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,353,507		4,353,507	0	4,353,507	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,759,493		4,759,493	0	4,759,493	41.00
43.00	04300	NURSERY	1,156,994		1,156,994	0	1,156,994	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,977,377		19,977,377	0	19,977,377	50.00
51.00	05100	RECOVERY ROOM	4,187,873		4,187,873	0	4,187,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,214,903		5,214,903	0	5,214,903	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,283,151		29,283,151	0	29,283,151	54.00
57.00	05700	CT SCAN	227,231		227,231	0	227,231	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,377,938		7,377,938	0	7,377,938	59.00
60.00	06000	LABORATORY	16,671,846		16,671,846	0	16,671,846	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,678,547		1,678,547	0	1,678,547	63.00
65.00	06500	RESPIRATORY THERAPY	6,849,207	0	6,849,207	0	6,849,207	65.00
65.01	06501	SLEEP LAB	1,029,698	0	1,029,698	0	1,029,698	65.01
66.00	06600	PHYSICAL THERAPY	8,463,970	0	8,463,970	0	8,463,970	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,671,304	0	1,671,304	0	1,671,304	67.00
68.00	06800	SPEECH PATHOLOGY	968,988	0	968,988	0	968,988	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,731,870		4,731,870	0	4,731,870	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,053,049		19,053,049	0	19,053,049	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	23,843,077		23,843,077	0	23,843,077	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	55,923,769		55,923,769	0	55,923,769	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	9,265,657		9,265,657	0	9,265,657	73.01
74.00	07400	RENAL DIALYSIS	1,925,703		1,925,703	0	1,925,703	74.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,397,506		1,397,506	0	1,397,506	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,230,556		2,230,556	0	2,230,556	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	879,018		879,018	0	879,018	90.01
90.02	09002	PAIN CLINIC	2,516,451		2,516,451	0	2,516,451	90.02
90.03	09003	ONCOLOGY CLINIC	3,420,774		3,420,774	0	3,420,774	90.03
91.00	09100	EMERGENCY	24,438,484		24,438,484	0	24,438,484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,533,668		7,533,668	0	7,533,668	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	213,316		213,316	0	213,316	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	356,460,792	0	356,460,792	0	356,460,792	200.00
201.00		Less Observation Beds	7,533,668		7,533,668		7,533,668	201.00
202.00		Total (see instructions)	348,927,124	0	348,927,124	0	348,927,124	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:00 am

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	171,133,080		171,133,080				30.00
31.00	03100	INTENSIVE CARE UNIT	59,118,819		59,118,819				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,351,656		16,351,656				35.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	10,756,555		10,756,555				41.00
43.00	04300	NURSERY	3,246,898		3,246,898				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	111,274,578	75,714,969	186,989,547	0.106837	0.000000		50.00
51.00	05100	RECOVERY ROOM	10,707,168	14,850,078	25,557,246	0.163862	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,461,244	4,808,791	26,270,035	0.198511	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66,098,633	189,504,299	255,602,932	0.114565	0.000000		54.00
57.00	05700	CT SCAN	1,566,062	2,045,122	3,611,184	0.062924	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	43,972,403	59,257,648	103,230,051	0.071471	0.000000		59.00
60.00	06000	LABORATORY	47,290,253	42,674,414	89,964,667	0.185315	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,153,864	2,352,210	8,506,074	0.197335	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	23,868,515	2,930,105	26,798,620	0.255581	0.000000		65.00
65.01	06501	SLEEP LAB	27,021	7,766,294	7,793,315	0.132126	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	9,674,493	11,969,765	21,644,258	0.391049	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,600,648	89,974	6,690,622	0.249798	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	3,253,605	356,173	3,609,778	0.268434	0.000000		68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	36,835,895	21,437,685	58,273,580	0.081201	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,102,282	41,869,574	74,971,856	0.254136	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	88,068,145	38,654,397	126,722,542	0.188152	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	97,431,472	207,019,966	304,451,438	0.183687	0.000000		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	7,205,708	7,205,708	1.285877	0.000000		73.01
74.00	07400	RENAL DIALYSIS	4,489,078	281,382	4,770,460	0.403672	0.000000		74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1,297,285	4,171,583	5,468,868	0.255538	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	118,138	16,362,505	16,480,643	0.135344	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	158,033	158,033	5.562243	0.000000		90.01
90.02	09002	PAIN CLINIC	10,437	7,369,276	7,379,713	0.340996	0.000000		90.02
90.03	09003	ONCOLOGY CLINIC	345,841	34,503,537	34,849,378	0.098159	0.000000		90.03
91.00	09100	EMERGENCY	65,184,979	155,538,741	220,723,720	0.110720	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,248,267	36,199,197	37,447,464	0.201180	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	1,708	0	1,708	124.892272	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	940,689,022	985,091,426	1,925,780,448				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	940,689,022	985,091,426	1,925,780,448				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:00 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	06501 SLEEP LAB	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 AUDIOLOGY	0.000000		68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03160 CARDIOPULMONARY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000		90.01
90.02	09002 PAIN CLINIC	0.000000		90.02
90.03	09003 ONCOLOGY CLINIC	0.000000		90.03
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 6/29/2020 8:00 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,896,347	0	6,896,347	71,937	95.87	30.00
31.00	INTENSIVE CARE UNIT	1,161,126		1,161,126	10,344	112.25	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	208,285		208,285	3,542	58.80	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	408,058	0	408,058	4,614	88.44	41.00
43.00	NURSERY	116,074		116,074	2,137	54.32	43.00
200.00	Total (lines 30 through 199)	8,789,890		8,789,890	92,574		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	29,603	2,838,040				
31.00	INTENSIVE CARE UNIT	4,607	517,136				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	3,023	267,354				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	37,233	3,622,530				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet D
Part II
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,528,380	186,989,547	0.008174	47,868,622	391,278	50.00
51.00	05100	RECOVERY ROOM	326,189	25,557,246	0.012763	4,857,043	61,990	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	497,062	26,270,035	0.018921	140,900	2,666	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,270,199	255,602,932	0.008882	31,896,238	283,302	54.00
57.00	05700	CT SCAN	2,298	3,611,184	0.000636	860,605	547	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	550,762	103,230,051	0.005335	19,655,676	104,863	59.00
60.00	06000	LABORATORY	679,400	89,964,667	0.007552	20,184,836	152,436	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,935	8,506,074	0.000463	3,002,114	1,390	63.00
65.00	06500	RESPIRATORY THERAPY	207,939	26,798,620	0.007759	10,423,225	80,874	65.00
65.01	06501	SLEEP LAB	6,957	7,793,315	0.000893	10,530	9	65.01
66.00	06600	PHYSICAL THERAPY	171,643	21,644,258	0.007930	3,171,038	25,146	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,471	6,690,622	0.013821	962,710	13,306	67.00
68.00	06800	SPEECH PATHOLOGY	25,139	3,609,778	0.006964	1,023,051	7,125	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	624,605	58,273,580	0.010718	19,453,504	208,503	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	272,467	74,971,856	0.003634	13,621,812	49,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	333,965	126,722,542	0.002635	40,231,939	106,011	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	416,137	304,451,438	0.001367	41,144,297	56,244	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	24,874	7,205,708	0.003452	0	0	73.01
74.00	07400	RENAL DIALYSIS	107,438	4,770,460	0.022522	2,437,004	54,886	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,494	5,468,868	0.001736	681,532	1,183	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,170	16,480,643	0.001891	73,881	140	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	228,681	158,033	1.447046	0	0	90.01
90.02	09002	PAIN CLINIC	802,533	7,379,713	0.108749	9,916	1,078	90.02
90.03	09003	ONCOLOGY CLINIC	130,188	34,849,378	0.003736	191,261	715	90.03
91.00	09100	EMERGENCY	1,347,797	220,723,720	0.006106	31,980,058	195,270	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	773,640	37,447,464	0.020659	558,759	11,543	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	11,465,363	1,665,171,732		294,440,551	1,810,007	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/29/2020 8:00 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	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	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	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	71,937	0.00	29,603	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	10,344	0.00	4,607	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,542	0.00	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	4,614	0.00	3,023	41.00
43.00	04300	NURSERY	0	0	2,137	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	92,574	0.00	37,233	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
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - I PF	0					40.00
41.00	04100	SUBPROVIDER - I RF	0					41.00
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: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:00 am
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	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	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
65.01 06501 SLEEP LAB	0	0	0	0	0	0	65.01	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	317,756	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	0	73.01	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0	0	90.01	
90.02 09002 PAIN CLINIC	0	0	0	0	0	0	90.02	
90.03 09003 ONCOLOGY CLINIC	0	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	317,756	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:00 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 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	186,989,547	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	25,557,246	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	26,270,035	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	255,602,932	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	3,611,184	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	103,230,051	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	89,964,667	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	8,506,074	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	26,798,620	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	7,793,315	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	21,644,258	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,690,622	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,609,778	0.000000	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	58,273,580	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	74,971,856	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	126,722,542	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	317,756	317,756	304,451,438	0.001044	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	7,205,708	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,770,460	0.000000	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	5,468,868	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	16,480,643	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	158,033	0.000000	90.01
90.02 09002 PAIN CLINIC	0	0	0	7,379,713	0.000000	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	34,849,378	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	220,723,720	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	37,447,464	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	317,756	317,756	1,665,171,732		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:00 am
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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	47,868,622	0	22,358,652	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	4,857,043	0	5,122,448	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	140,900	0	26,317	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	31,896,238	0	63,961,582	0	54.00	
57.00	05700 CT SCAN	0.000000	860,605	0	706,095	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	19,655,676	0	25,329,797	0	59.00	
60.00	06000 LABORATORY	0.000000	20,184,836	0	6,840,290	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	3,002,114	0	1,200,662	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	10,423,225	0	679,211	0	65.00	
65.01	06501 SLEEP LAB	0.000000	10,530	0	2,161,555	0	65.01	
66.00	06600 PHYSICAL THERAPY	0.000000	3,171,038	0	178,666	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	962,710	0	2,496	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	1,023,051	0	8,398	0	68.00	
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	0.000000	19,453,504	0	6,601,549	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,621,812	0	17,445,993	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	40,231,939	0	15,031,581	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001044	41,144,297	42,955	82,024,191	85,633	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	2,437,004	0	174,059	0	74.00	
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	681,532	0	1,776,534	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	73,881	0	7,099,631	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	1,207	0	90.01	
90.02	09002 PAIN CLINIC	0.000000	9,916	0	2,602,419	0	90.02	
90.03	09003 ONCOLOGY CLINIC	0.000000	191,261	0	14,157,476	0	90.03	
91.00	09100 EMERGENCY	0.000000	31,980,058	0	28,963,794	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	558,759	0	8,738,908	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		294,440,551	42,955	313,193,511	85,633	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:00 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	0.106837	22,358,652	0	0	2,388,731 50.00
51.00	05100 RECOVERY ROOM	0.163862	5,122,448	0	0	839,375 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.198511	26,317	0	0	5,224 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.114565	63,961,582	0	0	7,327,759 54.00
57.00	05700 CT SCAN	0.062924	706,095	0	0	44,430 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071471	25,329,797	0	0	1,810,346 59.00
60.00	06000 LABORATORY	0.185315	6,840,290	3,410	0	1,267,608 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.197335	1,200,662	0	0	236,933 63.00
65.00	06500 RESPIRATORY THERAPY	0.255581	679,211	0	0	173,593 65.00
65.01	06501 SLEEP LAB	0.132126	2,161,555	0	0	285,598 65.01
66.00	06600 PHYSICAL THERAPY	0.391049	178,666	0	0	69,867 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.249798	2,496	0	0	623 67.00
68.00	06800 SPEECH PATHOLOGY	0.268434	8,398	0	0	2,254 68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0 68.01
69.00	06900 ELECTROCARDIOLOGY	0.081201	6,601,549	0	0	536,052 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254136	17,445,993	0	0	4,433,655 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.188152	15,031,581	0	0	2,828,222 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183687	82,024,191	0	395,179	15,066,778 73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.285877	0	0	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.403672	174,059	0	0	70,263 74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.255538	1,776,534	0	0	453,972 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.135344	7,099,631	0	0	960,892 76.98
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.000000	0	0	0	0 90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	5.562243	1,207	0	0	6,714 90.01
90.02	09002 PAIN CLINIC	0.340996	2,602,419	0	0	887,414 90.02
90.03	09003 ONCOLOGY CLINIC	0.098159	14,157,476	0	0	1,389,684 90.03
91.00	09100 EMERGENCY	0.110720	28,963,794	0	0	3,206,871 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.201180	8,738,908	0	0	1,758,094 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	124.892272	0	0	0	0 95.00
200.00	Subtotal (see instructions)		313,193,511	3,410	395,179	46,050,952 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 - line 201)		313,193,511	3,410	395,179	46,050,952 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:00 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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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	632	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
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
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	72,589		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0		90.01
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	632	72,589		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	632	72,589		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part II Date/Time Prepared: 6/29/2020 8:00 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,528,380	186,989,547	0.008174	115,519	944	50.00
51.00	05100	RECOVERY ROOM	326,189	25,557,246	0.012763	23,453	299	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	497,062	26,270,035	0.018921	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,270,199	255,602,932	0.008882	149,515	1,328	54.00
57.00	05700	CT SCAN	2,298	3,611,184	0.000636	11,384	7	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	550,762	103,230,051	0.005335	5,411	29	59.00
60.00	06000	LABORATORY	679,400	89,964,667	0.007552	416,861	3,148	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,935	8,506,074	0.000463	7,161	3	63.00
65.00	06500	RESPIRATORY THERAPY	207,939	26,798,620	0.007759	156,466	1,214	65.00
65.01	06501	SLEEP LAB	6,957	7,793,315	0.000893	0	0	65.01
66.00	06600	PHYSICAL THERAPY	171,643	21,644,258	0.007930	2,064,852	16,374	66.00
67.00	06700	OCCUPATIONAL THERAPY	92,471	6,690,622	0.013821	2,673,547	36,951	67.00
68.00	06800	SPEECH PATHOLOGY	25,139	3,609,778	0.006964	545,910	3,802	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	624,605	58,273,580	0.010718	31,091	333	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	272,467	74,971,856	0.003634	74,223	270	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	333,965	126,722,542	0.002635	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	416,137	304,451,438	0.001367	1,016,400	1,389	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	24,874	7,205,708	0.003452	0	0	73.01
74.00	07400	RENAL DIALYSIS	107,438	4,770,460	0.022522	181,825	4,095	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9,494	5,468,868	0.001736	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,170	16,480,643	0.001891	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	228,681	158,033	1.447046	0	0	90.01
90.02	09002	PAIN CLINIC	802,533	7,379,713	0.108749	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	130,188	34,849,378	0.003736	0	0	90.03
91.00	09100	EMERGENCY	1,347,797	220,723,720	0.006106	4,457	27	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	37,447,464	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,691,723	1,665,171,732		7,478,075	70,213	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:00 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	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
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
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
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	317,756	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	317,756	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:00 am
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 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	186,989,547	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	25,557,246	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	26,270,035	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	255,602,932	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	3,611,184	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	103,230,051	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	89,964,667	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	8,506,074	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	26,798,620	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	7,793,315	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	21,644,258	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,690,622	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,609,778	0.000000	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	58,273,580	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	74,971,856	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	126,722,542	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	317,756	317,756	304,451,438	0.001044	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	7,205,708	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,770,460	0.000000	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	5,468,868	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	16,480,643	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	158,033	0.000000	90.01
90.02 09002 PAIN CLINIC	0	0	0	7,379,713	0.000000	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	34,849,378	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	220,723,720	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	37,447,464	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
200.00 Total (lines 50 through 199)	0	317,756	317,756	1,665,171,732		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:00 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		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	115,519	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	23,453	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	149,515	0	0	0	54.00
57.00	05700 CT SCAN	0.000000	11,384	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	5,411	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	416,861	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	7,161	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	156,466	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	2,064,852	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,673,547	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	545,910	0	0	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	31,091	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	74,223	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001044	1,016,400	1,061	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	181,825	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PAIN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	4,457	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		7,478,075	1,061	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:00 am
Title XVIII			Subprovider - IRF	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.)	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.106837	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.163862	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.198511	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.114565	0	0	0	0	54.00
57.00 05700 CT SCAN	0.062924	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.071471	0	0	0	0	59.00
60.00 06000 LABORATORY	0.185315	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.197335	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.255581	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0.132126	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.391049	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.249798	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.268434	0	0	0	0	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.081201	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254136	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.188152	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.183687	0	0	154	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.285877	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.403672	0	0	0	0	74.00
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.255538	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.135344	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	5.562243	0	0	0	0	90.01
90.02 09002 PAIN CLINIC	0.340996	0	0	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0.098159	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.110720	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.201180	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	124.892272	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	154	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	154	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:00 am
		Title XVIII	Subprovider - IRF	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
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
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
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
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
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	28		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0		90.01
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0			95.00
200.00	Subtotal (see instructions)	0	28	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	28	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/29/2020 8:00 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		71,937	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71,937	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)		63,867	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)		29,603	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		118.90	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)		67,156,219	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)		67,156,219	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)		67,156,219	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)		933.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,635,585	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)		27,635,585	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,059,648	10,344	1,745.91	4,607	8,043,407	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,353,507	3,542	1,229.11	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				44,816,765		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				80,495,757		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)				3,355,176		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,852,962		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				5,208,138		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				75,287,619		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				8,070		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				933.54		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				7,533,668		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 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	6,896,347	67,156,219	0.102691	7,533,668	773,640	90.00
91.00	Nursing School cost	0	67,156,219	0.000000	7,533,668	0	91.00
92.00	Allied health cost	0	67,156,219	0.000000	7,533,668	0	92.00
93.00	All other Medical Education	0	67,156,219	0.000000	7,533,668	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,614	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,614	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)		4,614	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)		3,023	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)		4,759,493	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)		4,759,493	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)		4,759,493	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)		1,031.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,118,315	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)		3,118,315	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1	
				Component CCN: 15-T089		Date/Time Prepared: 6/29/2020 8:00 am	
				Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,056,895		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,175,210		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)					267,354		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					71,274		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					338,628		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					4,836,582		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	408,058	4,759,493	0.085736	0	0	90.00
91.00	Nursing School cost	0	4,759,493	0.000000	0	0	91.00
92.00	Allied health cost	0	4,759,493	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,759,493	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		71,937	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		71,937	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)		63,867	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)		2,283	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,137	15.00
16.00	Nursery days (title V or XIX only)		1,403	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		118.90	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)		67,156,219	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)		67,156,219	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)		67,156,219	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)		933.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,131,272	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)		2,131,272	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 am	
Cost Center Description		Title XIX		Hospital		Cost	
	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)	1,156,994	2,137	541.41	1,403	759,598	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	18,059,648	10,344	1,745.91	889	1,552,114	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,353,507	3,542	1,229.11	409	502,706	47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,106,883	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,052,573	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					8,070	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					933.54	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,533,668	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,896,347	67,156,219	0.102691	7,533,668	773,640	90.00
91.00	Nursing School cost	0	67,156,219	0.000000	7,533,668	0	91.00
92.00	Allied health cost	0	67,156,219	0.000000	7,533,668	0	92.00
93.00	All other Medical Education	0	67,156,219	0.000000	7,533,668	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 am
		Title XIX	Subprovider - IRF	Cost
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)			4,614 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,614 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)			4,614 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)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,137 15.00
16.00	Nursery days (title V or XIX only)			1,403 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			118.90 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)			4,759,493 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)			4,759,493 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)			4,759,493 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)			1,031.53 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 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)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				0		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				0		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:00 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	408,058	4,759,493	0.085736	0	0	90.00
91.00	Nursing School cost	0	4,759,493	0.000000	0	0	91.00
92.00	Allied health cost	0	4,759,493	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,759,493	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:00 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		78,085,795	30.00
31.00	03100	INTENSIVE CARE UNIT		25,703,836	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106837	47,868,622	50.00
51.00	05100	RECOVERY ROOM	0.163862	4,857,043	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.198511	140,900	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114565	31,896,238	54.00
57.00	05700	CT SCAN	0.062924	860,605	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071471	19,655,676	59.00
60.00	06000	LABORATORY	0.185315	20,184,836	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.197335	3,002,114	63.00
65.00	06500	RESPIRATORY THERAPY	0.255581	10,423,225	65.00
65.01	06501	SLEEP LAB	0.132126	10,530	65.01
66.00	06600	PHYSICAL THERAPY	0.391049	3,171,038	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249798	962,710	67.00
68.00	06800	SPEECH PATHOLOGY	0.268434	1,023,051	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.081201	19,453,504	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254136	13,621,812	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.188152	40,231,939	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183687	41,144,297	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.285877	0	73.01
74.00	07400	RENAL DIALYSIS	0.403672	2,437,004	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.255538	681,532	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.135344	73,881	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	5.562243	0	90.01
90.02	09002	PAIN CLINIC	0.340996	9,916	90.02
90.03	09003	ONCOLOGY CLINIC	0.098159	191,261	90.03
91.00	09100	EMERGENCY	0.110720	31,980,058	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.201180	558,759	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		294,440,551	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)		294,440,551	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:00 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		6,988,410	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106837	115,519	50.00
51.00	05100	RECOVERY ROOM	0.163862	23,453	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.198511	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114565	149,515	54.00
57.00	05700	CT SCAN	0.062924	11,384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071471	5,411	59.00
60.00	06000	LABORATORY	0.185315	416,861	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.197335	7,161	63.00
65.00	06500	RESPIRATORY THERAPY	0.255581	156,466	65.00
65.01	06501	SLEEP LAB	0.132126	0	65.01
66.00	06600	PHYSICAL THERAPY	0.391049	2,064,852	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249798	2,673,547	67.00
68.00	06800	SPEECH PATHOLOGY	0.268434	545,910	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.081201	31,091	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254136	74,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.188152	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183687	1,016,400	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.285877	0	73.01
74.00	07400	RENAL DIALYSIS	0.403672	181,825	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.255538	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.135344	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	5.562243	0	90.01
90.02	09002	PAIN CLINIC	0.340996	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.098159	0	90.03
91.00	09100	EMERGENCY	0.110720	4,457	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.201180	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		7,478,075	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)		7,478,075	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:00 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		4,596,074	30.00
31.00	03100	INTENSIVE CARE UNIT		1,471,384	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,878,716	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		221,363	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.106837	1,305,723	50.00
51.00	05100	RECOVERY ROOM	0.163862	136,044	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.198511	764,512	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.114565	1,616,042	54.00
57.00	05700	CT SCAN	0.062924	21,675	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071471	371,137	59.00
60.00	06000	LABORATORY	0.185315	1,250,712	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.197335	149,220	63.00
65.00	06500	RESPIRATORY THERAPY	0.255581	734,604	65.00
65.01	06501	SLEEP LAB	0.132126	0	65.01
66.00	06600	PHYSICAL THERAPY	0.391049	118,894	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.249798	79,345	67.00
68.00	06800	SPEECH PATHOLOGY	0.268434	122,562	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.081201	766,041	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.254136	624,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.188152	577,362	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183687	2,605,684	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.285877	0	73.01
74.00	07400	RENAL DIALYSIS	0.403672	70,155	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.255538	15,689	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.135344	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	5.562243	0	90.01
90.02	09002	PAIN CLINIC	0.340996	111	90.02
90.03	09003	ONCOLOGY CLINIC	0.098159	141	90.03
91.00	09100	EMERGENCY	0.110720	1,717,810	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.201180	7,076	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		13,054,785	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)		13,054,785	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:00 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)		46,114,027	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		15,274,286	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)		516,585	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		329,259	2.04
3.00	Managed Care Simulated Payments		21,212,739	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		290.99	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		50.70	5.00
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
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
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.		12.00	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
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		62.48	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		62.48	12.00
13.00	Total allowable FTE count for the prior year.		62.34	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.		62.14	14.00
15.00	Sum of lines 12 through 14 divided by 3.		62.32	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		62.32	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.214165	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.203466	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.203466	21.00
22.00	IME payment adjustment (see instructions)		6,455,349	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,230,647	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).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.22	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)		6,455,349	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,230,647	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.71	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.18	31.00
32.00	Sum of lines 30 and 31		29.89	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.87	33.00
34.00	Disproportionate share adjustment (see instructions)		2,128,640	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:00 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000991126	0.000376569	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	8,199,460	3,144,574	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	6,132,745	790,439	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	6,923,184		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	77,741,330		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
				Amount
				1.00
49.00	Total payment for inpatient operating costs (see instructions)		79,971,977	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,744,611	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,552,265	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		42,955	58.00
59.00	Total (sum of amounts on lines 49 through 58)		88,311,808	59.00
60.00	Primary payer payments		23,934	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		88,287,874	61.00
62.00	Deductibles billed to program beneficiaries		6,349,360	62.00
63.00	Coinurance billed to program beneficiaries		234,356	63.00
64.00	Allowable bad debts (see instructions)		761,931	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		495,255	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		226,902	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		82,199,413	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		-50,004	70.93
70.94	HRR adjustment amount (see instructions)		-93,695	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:00 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)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		82,055,714	71.00
71.01	Sequestration adjustment (see instructions)		1,641,114	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		79,991,949	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		422,651	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,661,057	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	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	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. II, 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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:00 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	46,114,027	0	46,114,027		46,114,027	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,274,286	0		15,274,286	15,274,286	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	516,585	0	516,585		516,585	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	329,259	0		329,259	329,259	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	21,212,739	0	15,668,325	5,544,414	21,212,739	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.203466	0.203466	0.203466	0.203466		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,455,349	0	4,849,166	1,606,183	6,455,349	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,230,647	0	1,647,619	583,028	2,230,647	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,455,349	0	4,849,166	1,606,183	6,455,349	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,230,647	0	1,647,619	583,028	2,230,647	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1387	0.1387	0.1387	0.1387		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,128,640	0	1,599,004	529,636	2,128,640	11.00
11.01	Uncompensated care payments	36.00	6,923,184	0	6,132,745	790,439	6,923,184	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	77,741,330	0	59,211,527	18,529,803	77,741,330	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	79,971,977	0	60,859,146	19,112,831	79,971,977	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,744,611	0	4,333,301	1,411,310	5,744,611	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:00 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	65,192,447	20,524,141	85,716,588	19.00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	4,969,771	0	3,752,024	1,217,747	4,969,771	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	43,786	0	29,353	14,433	43,786	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0847	0.0847	0.0847	0.0847		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	420,940	0	317,797	103,143	420,940	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0624	0.0624	0.0624	0.0624		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	310,114	0	234,127	75,987	310,114	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,744,611	0	4,333,301	1,411,310	5,744,611	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2020 8:00 am
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	46,114,027	46,114,027		46,114,027	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,274,286		15,274,286	15,274,286	1.02	
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03	
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04	
2.00	Outlier payments for discharges (see instructions)	2.00					2.00	
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01	
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	516,585	516,585		516,585	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	329,259		329,259	329,259	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	21,212,739	15,668,325	5,544,414	21,212,739	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.203466	0.203466	0.203466		5.00	
6.00	IME payment adjustment (see instructions)	22.00	6,455,349	4,849,166	1,606,183	6,455,349	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,230,647	1,647,619	583,028	2,230,647	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,455,349	4,849,166	1,606,183	6,455,349	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,230,647	1,647,619	583,028	2,230,647	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1387	0.1387	0.1387		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,128,640	1,599,004	529,636	2,128,640	11.00	
11.01	Uncompensated care payments	36.00	6,923,184	6,132,745	790,439	6,923,184	11.01	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	77,741,330	59,211,527	18,529,803	77,741,330	13.00	
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs (see instructions)	49.00	79,971,977	60,859,146	19,112,831	79,971,977	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,744,611	4,333,301	1,411,310	5,744,611	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			65,192,447	20,524,141	85,716,588	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
6/29/2020 8:00 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,969,771	3,752,024	1,217,747	4,969,771	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	43,786	29,353	14,433	43,786	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0847	0.0847	0.0847		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	420,940	317,797	103,143	420,940	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0624	0.0624	0.0624		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	310,114	234,127	75,987	310,114	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,744,611	4,333,301	1,411,310	5,744,611	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-50,004	19,897	-69,901	-50,004	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-93,695	-83,004	-10,691	-93,695	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/29/2020 8:00 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		73,221	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,965,319	2.00
3.00	OPPS payments		42,836,430	3.00
4.00	Outlier payment (see instructions)		145,129	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		85,633	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		73,221	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		398,589	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)		398,589	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)		398,589	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		325,368	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)		73,221	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)		43,067,192	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		682	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,525,560	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)		35,614,171	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,374,315	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)		36,988,486	30.00
31.00	Primary payer payments		6,061	31.00
32.00	Subtotal (line 30 minus line 31)		36,982,425	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)		1,374,718	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		893,567	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		898,444	36.00
37.00	Subtotal (see instructions)		37,875,992	37.00
38.00	MSP-LCC reconciliation amount from PS&R		23	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			39.50
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)		8,297	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		37,875,969	40.00
40.01	Sequestration adjustment (see instructions)		757,519	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs			40.03
41.00	Interim payments		36,966,941	41.00
41.01	Interim payments-PARHM			41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)		151,509	43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		10,803	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: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/29/2020 8:00 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		28	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	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)		28	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		154	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)		154	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)		154	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		126	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)		28	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	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)		28	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		28	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		28	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		28	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
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)		28	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		30	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-3	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		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0089		Period: From 01/01/2019 To 12/31/2019		Worksheet E-1 Part I Date/Time Prepared: 6/29/2020 8:00 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		79,991,949		36,966,941	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)		79,991,949		36,966,941	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		422,651		151,509	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		80,414,600		37,118,450	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0089
Component CCN: 15-T089

Period:
From 01/01/2019
To 12/31/2019

Worksheet E-1
Part I
Date/Time Prepared:
6/29/2020 8:00 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		5,623,990		30	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)		5,623,990		30	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		45,851		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		3	6.02
7.00	Total Medicare program liability (see instructions)		5,669,841		27	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: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 6/29/2020 8:00 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 from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 6/29/2020 8:00 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,174,018 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0739 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			181,987 3.00
4.00	Outlier Payments			1,450,921 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.641096 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			5,806,926 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,806,926 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,806,926 19.00
20.00	Deductibles			9,548 20.00
21.00	Subtotal (line 19 minus line 20)			5,797,378 21.00
22.00	Coinsurance			14,663 22.00
23.00	Subtotal (line 21 minus line 22)			5,782,715 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,733 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			1,776 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,784,491 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,061 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,785,552 32.00
32.01	Sequestration adjustment (see instructions)			115,711 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,623,990 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			45,851 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			49,671 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,450,921 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/29/2020 8:00 am
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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.			57.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
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
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)			12.00	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
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			63.76	6.00
7.00	Enter the lesser of line 5 or line 6			63.76	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.	53.76	10.00	63.76	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.	53.76	10.00	63.76	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	53.76	10.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	53.76	10.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	53.32	10.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	53.61	10.00		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	53.61	10.00		17.00
18.00	Per resident amount	105,277.42	99,688.48		18.00
19.00	Approved amount for resident costs	5,643,922	996,885	6,640,807	19.00

		Total			
		1.00			
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			4.00	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)			103,720.40	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)			6,640,807	25.00

		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	37,233	13,094		26.00
27.00	Total Inpatient Days (see instructions)	83,565	83,565		27.00
28.00	Ratio of inpatient days to total inpatient days	0.445557	0.156692		28.00
29.00	Program direct GME amount	2,958,858	1,040,561	3,999,419	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		72,839	72,839	30.00
31.00	Net Program direct GME amount			3,926,580	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 6/29/2020 8:00 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL 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)		4,770,460	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)		85,670,967	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		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)		23,934	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		85,647,033	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		46,124,201	42.00
43.00	Primary payer payments (see instructions)		6,061	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		46,118,140	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		131,765,173	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.649997	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.350003	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,926,580	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,552,265	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,374,315	50.00

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

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet G

Date/Time Prepared:
6/29/2020 8:00 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	323,658,543	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	54,603,702	0	0	0	4.00
5.00	Other receivable	-8,460,999	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,938,631	0	0	0	7.00
8.00	Prepaid expenses	2,427,935	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	381,167,812	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,924,410	0	0	0	12.00
13.00	Land improvements	3,630,983	0	0	0	13.00
14.00	Accumulated depreciation	-3,146,654	0	0	0	14.00
15.00	Buildings	335,422,247	0	0	0	15.00
16.00	Accumulated depreciation	-190,355,048	0	0	0	16.00
17.00	Leasehold improvements	433,100	0	0	0	17.00
18.00	Accumulated depreciation	-314,956	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	117,532,439	0	0	0	23.00
24.00	Accumulated depreciation	-77,382,217	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)	188,744,304	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	31,937,011	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	12,031,239	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	43,968,250	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	613,880,366	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,521,155	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,211,504	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,990,898	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	12,738,774	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	46,462,331	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	60,053,922	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,276,781	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	61,330,703	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	107,793,034	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	506,087,332				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)	506,087,332	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	613,880,366	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-1

Date/Time Prepared:
6/29/2020 8:00 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		449,184,478		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		77,972,563			2.00
3.00	Total (sum of line 1 and line 2)		527,157,041		0	3.00
4.00	DONATED PP&E	26,966		0		4.00
5.00	ROUNDING	3		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)		26,969		0	10.00
11.00	Subtotal (line 3 plus line 10)		527,184,010		0	11.00
12.00	UNRESTRICTED FUND BALANCE	19,844,441		0		12.00
13.00	OPERATING FUND BAL-CDHV	1,252,237		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)		21,096,678		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		506,087,332		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	DONATED PP&E		0			4.00
5.00	ROUNDING		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	UNRESTRICTED FUND BALANCE		0			12.00
13.00	OPERATING FUND BAL-CDHV		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: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/29/2020 8:00 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	174,379,978		174,379,978	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	10,756,555		10,756,555	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)	185,136,533		185,136,533	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	59,118,819		59,118,819	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	16,351,656		16,351,656	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	75,470,475		75,470,475	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	260,607,008		260,607,008	17.00
18.00	Ancillary services	613,290,782	751,322,642	1,364,613,424	18.00
19.00	Outpatient services	66,789,524	233,768,783	300,558,307	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	1,708	0	1,708	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (PHYSICIAN REVENUE)	0	6,899,651	6,899,651	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	940,689,022	991,991,076	1,932,680,098	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		401,015,789		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)		401,015,789		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2019
To 12/31/2019

Worksheet G-3

Date/Time Prepared:
6/29/2020 8:00 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,932,680,098	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,482,906,216	2.00
3.00	Net patient revenues (line 1 minus line 2)	449,773,882	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	401,015,789	4.00
5.00	Net income from service to patients (line 3 minus line 4)	48,758,093	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS INCOME	29,214,470	24.00
25.00	Total other income (sum of lines 6-24)	29,214,470	25.00
26.00	Total (line 5 plus line 25)	77,972,563	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	77,972,563	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0089	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/29/2020 8:00 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,969,771	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		43,786	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)		216.30	3.00
4.00	Number of interns & residents (see instructions)		62.32	4.00
5.00	Indirect medical education percentage (see instructions)		8.47	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)		420,940	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.71	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.18	8.00
9.00	Sum of lines 7 and 8		29.89	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.24	10.00
11.00	Disproportionate share adjustment (see instructions)		310,114	11.00
12.00	Total prospective capital payments (see instructions)		5,744,611	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