

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 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/27/2022 9:40 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/27/2022	Time: 9:40 am
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for Full or "L" for Low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BALL MEMORIAL HOSPITAL (15-0089) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	907,078	256,771	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-7,734	-87		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	899,344	256,684	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 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 9:40 am
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1.00	Hospital and Hospital Health Care Complex Address:	2.00	PO Box:	3.00	Zip Code: 47303-3428	4.00	County: DELAWARE	1.00
2.00	Street: 2401 UNIVERSITY AVENUE		State: IN					2.00
	City: MUNCIE							

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	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 - FOHC									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)					01/01/2021	12/31/2021	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) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N			22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089			Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 9:40 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,263	239	149	104	18,442	33		24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	68	0	0	0	347			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	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	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. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	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

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		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria 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	
		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		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					Y	63.00

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				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			2.75	15.74	0.148729	
		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	
65.01		INTERNAL MEDICINE	1400	4.25	13.76	0.235980	
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)			2.15	8.35	0.204762	
		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	7.32	21.18	0.256842	
67.01		INT MEDICINE	1400	2.35	22.15	0.095918	

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		1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
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. 1 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 9:40 am	
				V	XIX		
				1.00	2.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
				Physical	Occupational	Speech	Respiratory
				1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A 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	
<u>Miscellaneous Cost Reporting Information</u>							
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:	519,722		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	
<u>Transplant Center Information</u>							
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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 9:40 am	
		1.00	2.00				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	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	
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	N			145.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
						1.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC	N	N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
						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 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/27/2022 9:40 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. I, 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	829	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/27/2022 9:40 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	02/25/2022			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider 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 programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	04/01/2022	Y	04/01/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/27/2022 9:40 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				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 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/27/2022 9:40 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, 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 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 9:40 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	257	93,805	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)		257	93,805	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	21	7,665	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		314	114,610	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)		330				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 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2022 9:40 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	24,373	2,039	67,614			1.00
2.00 HMO and other (see instructions)	19,113	17,656				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	926	347				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)	24,373	2,039	67,614			7.00
8.00 INTENSIVE CARE UNIT	3,361	936	10,061			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	174	3,190			12.00
13.00 NURSERY		1,392	2,019			13.00
14.00 Total (see instructions)	27,734	4,541	82,884	63.50	1,828.28	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	2,247	68	4,089	0.00	22.11	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)			935			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)				63.50	1,850.39	27.00
28.00 Observation Bed Days		115	7,489			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	33	1,158			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 01/01/2021 To 12/31/2021	Worksheet S-3 Part I Date/Time Prepared: 5/27/2022 9:40 am
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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	5,076	536	15,009	1.00
2.00 HMO and other (see instructions)			3,006	3,237		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				27		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	5,076	536	15,009	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	154	4	334	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 01/01/2021
To 12/31/2021

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2022 9:40 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	141,596,046	-573,686	141,022,360	3,848,805.23	36.64 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00 4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00 5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	3,984,978	3,984,978	152,715.00	26.09 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00 7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00	0.00 9.00
10.00	Excluded area salaries (see instructions)		6,325,741	1,805,092	8,130,833	238,225.43	34.13 10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		984,000	0	984,000	13,779.29	71.41 11.00
12.00	Contract Labor: Top level management and other management and administrative services		0	0	0	0.00	0.00 12.00
13.00	Contract Labor: Physician-Part A - Administrative		5,452,922	0	5,452,922	50,926.56	107.07 13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00 14.00
14.01	Home office salaries		37,977,957	0	37,977,957	965,965.00	39.32 14.01
14.02	Related organization salaries		0	0	0	0.00	0.00 14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00 15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00 16.01
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00 16.02
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		45,226,778	0	45,226,778		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,748,691	0	2,748,691		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,001,225	0	1,001,225		
25.50	Home office wage-related (core)		12,257,306	0	12,257,306		
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 01/01/2021
To 12/31/2021

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2022 9:40 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	4.00 71,583	496,181	567,764	2,898.51	195.88	26.00
27.00	Administrative & General	5.00 9,995,258	-822,383	9,172,875	234,550.86	39.11	27.00
28.00	Administrative & General under contract (see inst.)	70,198	0	70,198	526.20	133.41	28.00
29.00	Maintenance & Repairs	6.00 2,653,458	-15,222	2,638,236	104,253.80	25.31	29.00
30.00	Operation of Plant	7.00 1,469,898	-40,592	1,429,306	55,316.39	25.84	30.00
31.00	Laundry & Linen Service	8.00 0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00 3,084,379	-67,120	3,017,259	181,461.08	16.63	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00 2,715,152	-690,666	2,024,486	106,496.14	19.01	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00 122	649,793	649,915	38,772.00	16.76	36.00
37.00	Maintenance of Personnel	12.00 0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00 13,040,137	-218,573	12,821,564	109,112.44	117.51	38.00
39.00	Central Services and Supply	14.00 0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00 5,839,770	-415,697	5,424,073	120,030.35	45.19	40.00
41.00	Medical Records & Medical Records Library	16.00 0	0	0	0.00	0.00	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 717,192	-4,746	712,446	44,680.60	15.95	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2022 9:40 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cat ion of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	141,666,244	-4,558,664	137,107,580	3,696,616.43	37.09	1.00
2.00	Excluded area salaries (see instructions)	6,325,741	1,805,092	8,130,833	238,225.43	34.13	2.00
3.00	Subtotal salaries (line 1 minus line 2)	135,340,503	-6,363,756	128,976,747	3,458,391.00	37.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	44,414,879	0	44,414,879	1,030,670.85	43.09	4.00
5.00	Subtotal wage-related costs (see inst.)	57,484,084	0	57,484,084	0.00	44.57	5.00
6.00	Total (sum of lines 3 thru 5)	237,239,466	-6,363,756	230,875,710	4,489,061.85	51.43	6.00
7.00	Total overhead cost (see instructions)	39,657,147	-1,129,025	38,528,122	998,098.37	38.60	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2022 9:40 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)		17,626,122	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)		48,976,695	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 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/27/2022 9:40 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	0	0	1.00
2.00	Hospital	0	0	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 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/27/2022 9:40 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)			0.176514	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			74,848,935	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			428,679,829	6.00	
7.00	Medicaid cost (line 1 times line 6)			75,667,991	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)			819,056	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)			294,326	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			1,222,932	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			215,865	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)			819,056	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)	36,547,200	3,221,604	39,768,804	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,451,092	3,221,604	9,672,696	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	6,451,092	3,221,604	9,672,696	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)			13,808,365	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			1,286,876	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			1,979,809	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			11,828,556	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			2,780,839	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			12,453,535	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,272,591	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1,718,730		22,113,374	23,832,104
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	71,583	736,728	808,311	25,839,271	26,647,582
5.01	01160	COMMUNICATIONS	605,911	287,462	893,373	-196,254	697,119
5.02	00550	DATA PROCESSING	0	0	0	0	0
5.04	00570	ADMINISTRATIVE	3,289,725	1,304,651	4,594,376	-797,813	3,796,563
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	6,099,622	89,969,536	96,069,158	-3,447,078	92,622,080
6.00	00600	MAINTENANCE & REPAIRS	2,653,458	19,640,122	22,293,580	-12,185,833	10,107,747
7.00	00700	OPERATION OF PLANT	1,469,898	743,719	2,213,617	5,228,382	7,441,999
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,500,220	1,500,220
9.00	00900	HOUSEKEEPING	3,084,379	2,426,815	5,511,194	-1,266,543	4,244,651
10.00	01000	DIETARY	2,715,152	2,567,810	5,282,962	-1,920,337	3,362,625
11.00	01100	CAFETERIA	122	13	135	1,238,592	1,238,727
13.00	01300	NURSING ADMINISTRATION	13,040,137	3,901,361	16,941,498	-2,193,994	14,747,504
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,601,899	1,601,899	9,736,634	11,338,533
15.00	01500	PHARMACY	5,839,770	48,014,835	53,854,605	-46,058,726	7,795,879
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	717,192	189,577	906,769	-124,377	782,392
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,984,978	3,984,978
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,222,300	4,558,236	8,780,536	-5,001,565	3,778,971
23.00	02300	PARAMED ED PRGM	81,639	22,661	104,300	135,706	240,006
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	30,508,244	31,666,400	62,174,644	-11,197,542	50,977,102
31.00	03100	INTENSIVE CARE UNIT	8,740,921	5,947,773	14,688,694	-2,783,276	11,905,418
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,663,463	3,234,231	5,897,694	-1,321,227	4,576,467
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	1,866,188	723,073	2,589,261	-531,218	2,058,043
43.00	04300	NURSERY	0	0	0	550,809	550,809
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,884,679	27,261,301	33,145,980	-17,099,170	16,046,810
51.00	05100	RECOVERY ROOM	1,786,756	1,055,333	2,842,089	-893,670	1,948,419
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,254,511	1,272,426	3,526,937	-1,036,937	2,490,000
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,887,260	15,127,791	25,015,051	-10,726,459	14,288,592
57.00	05700	CT SCAN	136,608	77,678	214,286	-55,635	158,651
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,611,656	11,517,053	14,128,709	-10,016,899	4,111,810
60.00	06000	LABORATORY	6,258	14,347,897	14,354,155	448	14,354,603
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,386,858	1,386,858	0	1,386,858
65.00	06500	RESPIRATORY THERAPY	4,341,802	2,225,743	6,567,545	-1,481,272	5,086,273
65.01	06501	SLEEP LAB	483,251	269,775	753,026	-187,864	565,162
66.00	06600	PHYSICAL THERAPY	4,794,928	1,630,006	6,424,934	-1,517,387	4,907,547
67.00	06700	OCCUPATIONAL THERAPY	819,315	350,511	1,169,826	-35,433	1,134,393
68.00	06800	SPEECH PATHOLOGY	535,670	157,675	693,345	-46,733	646,612
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,466,750	1,154,872	2,621,622	-707,550	1,914,072
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,222,873	12,222,873
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	7,480,783	7,480,783
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	47,652,219	47,652,219
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,554,400	7,181,773	8,736,173	-429,317	8,306,856
74.00	07400	RENAL DIALYSIS	0	1,576,084	1,576,084	-29,443	1,546,641
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	996,620	416,072	1,412,692	-283,398	1,129,294
76.98	07698	HYPERBARIC OXYGEN THERAPY	553,093	1,388,266	1,941,359	-544,442	1,396,917
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	-76,727	-76,727
90.01	09001	SUBSTANCE ABUSE CLINIC	184,793	597,827	782,620	-65,941	716,679
90.02	09002	PAIN CLINIC	371,055	721,170	1,092,225	-187,316	904,909
90.03	09003	ONCOLOGY CLINIC	1,023,970	776,350	1,800,320	-399,051	1,401,269
91.00	09100	EMERGENCY	8,976,137	8,572,244	17,548,381	-3,409,881	14,138,500
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	878,916	368,529	1,247,445	-207,008	1,040,437
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE		0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	137,218,132	318,688,866	455,906,998	-779,027	455,127,971
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	238,830	496,797	735,627	-32,216	703,411

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A

Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
191.00 19100 RESEARCH	673,001	226,827	899,828	-146,333	753,495	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	141,551	30,475	172,026	45,464	217,490	194.01
194.02 07952 PAVILLION PHARMACY	833,998	5,771,159	6,605,157	-66,039	6,539,118	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	27,351	27,351	-26,210	1,141	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	1,534,335	1,534,335	-772,493	761,842	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	13,777	8,573	22,350	-1,500	20,850	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	1,194,086	400,049	1,594,135	-145,256	1,448,879	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	-6,334	2,196	-4,138	1,303,108	1,298,970	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	1,271,003	396,836	1,667,839	-293,552	1,374,287	194.22
194.23 07973 CANCER CENTER BOUTIQUE	17,381	46,138	63,519	-239	63,280	194.23
194.24 07974 BOSCBALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	621	18,536	19,157	-25	19,132	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	241,282	241,282	914,318	1,155,600	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)	141,596,046	327,889,420	469,485,466	0	469,485,466	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
5/27/2022 9:40 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	4,261,024	28,093,128	1.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	-328,095	26,319,487	4.00
5.01	01160 COMMUNICATIONS	-47,375	649,744	5.01
5.02	00550 DATA PROCESSING	20,724,442	20,724,442	5.02
5.04	00570 ADMINITTING	9,053,910	12,850,473	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	11,232,838	11,232,838	5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	-52,973,566	39,648,514	5.06
6.00	00600 MAINTENANCE & REPAIRS	-309,344	9,798,403	6.00
7.00	00700 OPERATION OF PLANT	-106,528	7,335,471	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1,500,220	8.00
9.00	00900 HOUSEKEEPING	-40,236	4,204,415	9.00
10.00	01000 DIETARY	-104,396	3,258,229	10.00
11.00	01100 CAFETERIA	-475,306	763,421	11.00
13.00	01300 NURSING ADMINISTRATION	-24,698	14,722,806	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	11,338,533	14.00
15.00	01500 PHARMACY	-499,350	7,296,529	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	16.00
18.00	01080 PATIENT TRANSPORTATION	-19,525	762,867	18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	3,984,978	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-22,028	3,756,943	22.00
23.00	02300 PARAMED ED PRGM	0	240,006	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-12,352,428	38,624,674	30.00
31.00	03100 INTENSIVE CARE UNIT	0	11,905,418	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	-1,484,700	3,091,767	35.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	1,331	2,059,374	41.00
43.00	04300 NURSERY	0	550,809	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-7,066,403	8,980,407	50.00
51.00	05100 RECOVERY ROOM	-69	1,948,350	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,490,000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-560,214	13,728,378	54.00
57.00	05700 CT SCAN	-69,491	89,160	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,111,810	59.00
60.00	06000 LABORATORY	0	14,354,603	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	-2,043	1,384,815	63.00
65.00	06500 RESPIRATORY THERAPY	-74	5,086,199	65.00
65.01	06501 SLEEP LAB	-17,307	547,855	65.01
66.00	06600 PHYSICAL THERAPY	-75,475	4,832,072	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,134,393	67.00
68.00	06800 SPEECH PATHOLOGY	0	646,612	68.00
68.01	06801 AUDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	-32,211	1,881,861	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,222,873	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,480,783	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	47,652,219	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	-505,746	7,801,110	73.01
74.00	07400 RENAL DIALYSIS	0	1,546,641	74.00
76.00	03160 CARDIOPULMONARY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	-102,512	1,026,782	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	5,985	1,402,902	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	-76,727	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	-443,196	273,483	90.01
90.02	09002 PAIN CLINIC	-428,219	476,690	90.02
90.03	09003 ONCOLOGY CLINIC	0	1,401,269	90.03
91.00	09100 EMERGENCY	-820,762	13,317,738	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	1,040,437	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-33,631,767	421,496,204	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	703,411	190.00
191.00	19100 RESEARCH	0	753,495	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
	6.00	7.00	
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01 07951 BSU PHARMACY	-172,026	45,464	194.01
194.02 07952 PAVILLION PHARMACY	0	6,539,118	194.02
194.03 07953 VENDING	0	0	194.03
194.04 07954 CARELINE	0	0	194.04
194.05 07955 WELLNESS CENTER	0	1,141	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	761,842	194.08
194.09 07959 ADVERTISING	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	20,850	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	0	1,448,879	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	1,298,970	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	-1,374,283	4	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	63,280	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	19,132	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	1,155,600	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)	-35,178,076	434,307,390	200.00

		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	10,604,484	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,276	2.00
3.00	COMMUNICATIONS	5.01	0	38	3.00
4.00	ADMINISTRATIVE	5.04	0	253	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	121,910	5.00
6.00	OPERATION OF PLANT	7.00	0	26	6.00
7.00	DIETARY	10.00	0	491	7.00
8.00	PATIENT TRANSPORTATION	18.00	0	44	8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	261	9.00
10.00	LABORATORY	60.00	0	1,555	10.00
11.00	OCCUPATIONAL THERAPY	67.00	0	358	11.00
12.00	SPEECH PATHOLOGY	68.00	0	173	12.00
13.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	378	13.00
14.00	RESEARCH	191.00	0	27	14.00
15.00	WELLNESS CENTER	194.05	0	31	15.00
16.00	RENTAL PROPERTY	194.08	0	1,643	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
	0		0	10,732,948	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,222,873	1.00
2.00	ELECTROCARDIOLOGY	69.00	0	47,426	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

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/27/2022 9:40 am

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
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
0		0	12,270,299			
C - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	7,480,783		1.00
2.00	NURSING ADMINISTRATION	13.00	0	20		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	3		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
0		0	7,480,806			
D - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	1,618,378		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	47,652,219		2.00
3.00	SUBSTANCE ABUSE CLINIC	90.01	0	53		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
0		0	49,270,650			
E - INTERN & RESIDENT SALARIES						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,984,978	0		1.00
0			3,984,978	0		
F - CAFETERIA						
1.00	CAFETERIA	11.00	649,793	588,804		1.00
0			649,793	588,804		
G - PHARMACY ADMIN COSTS						
1.00	BSU PHARMACY	194.01	38,259	28,362		1.00
2.00	PAVILLION PHARMACY	194.02	38,259	28,362		2.00
0			76,518	56,724		
H - AUTO & BUILDING INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	392,557		1.00
2.00		0.00	0	0		2.00
0			0	392,557		
I - REHAB ADMIN COSTS						
1.00	OCCUPATIONAL THERAPY	67.00	89,058	9,139		1.00
2.00	SPEECH PATHOLOGY	68.00	58,226	4,111		2.00
3.00	PEDIATRIC THERAPIES	194.13	129,794	10,430		3.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
4.00	THERAPIES TO OTHER ENTITIES	194.22	8,435	903	4.00
			285,513	24,583	
J - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,500,220	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
		0	0	1,500,220	
L - IRF AND PACU MEDSURG					
1.00	ADULTS & PEDIATRICS	30.00	100,700	16,171	1.00
2.00		0.00	0	0	2.00
			100,700	16,171	
Q - NURSERY					
1.00	NURSERY	43.00	482,595	68,214	1.00
2.00		0.00	0	0	2.00
			482,595	68,214	
S - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	25,510,410	1.00
2.00	JAY COUNTY HOSPITAL	194.16	0	255	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

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
0			0	25,510,665		
T - CORPORATE TELEPHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	485		1.00
2.00	NURSING ADMINISTRATION	13.00	0	13		2.00
3.00		0.00	0	0		3.00
0			0	498		
U - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	21,409,308		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
0			0	21,409,308		
V - LEASE EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	549,316		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
0			0	549,316		

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

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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	1,599	1.00	
2.00	ADMINISTRATIVE	5.04	0	16,917	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,593	3.00	
4.00	OPERATION OF PLANT	7.00	0	2,128	4.00	
5.00	MAINTENANCE & REPAIRS	6.00	0	8,045	5.00	
6.00	HOUSEKEEPING	9.00	0	26,873	6.00	
7.00	DIETARY	10.00	0	11,258	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	24,855	8.00	
9.00	PHARMACY	15.00	0	15,052	9.00	
10.00	PATIENT TRANSPORTATION	18.00	0	522	10.00	
11.00	ADULTS & PEDIATRICS	30.00	0	92,010	11.00	
12.00	INTENSIVE CARE UNIT	31.00	0	25,501	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	24,485	13.00	
14.00	SUBPROVIDER - IRF	41.00	0	1,122	14.00	
15.00	OPERATING ROOM	50.00	0	35,073	15.00	
16.00	RECOVERY ROOM	51.00	0	22,562	16.00	
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14,005	17.00	
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	79,232	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	0	13,643	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	25,260	20.00	
21.00	SLEEP LAB	65.01	0	3,802	21.00	
22.00	PHYSICAL THERAPY	66.00	0	17,749	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	0	149	23.00	
24.00	SPEECH PATHOLOGY	68.00	0	1,368	24.00	
25.00	ELECTROCARDIOLOGY	69.00	0	5,559	25.00	
26.00	CARDIAC REHABILITATION	76.97	0	272	26.00	
27.00	HYPERBARIC OXYGEN THERAPY	76.98	0	3,995	27.00	
28.00	SUBSTANCE ABUSE CLINIC	90.01	0	4,801	28.00	
29.00	PAIN CLINIC	90.02	0	14,931	29.00	
30.00	ONCOLOGY CLINIC	90.03	0	1,036	30.00	
31.00	EMERGENCY	91.00	0	35,792	31.00	
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	13,270	32.00	
33.00	RESEARCH	191.00	0	3,162	33.00	
34.00	PEDIATRIC THERAPIES	194.13	0	13,065	34.00	
0			0	573,686		
X - WASTE DISPOSAL						
1.00	OPERATION OF PLANT	7.00	0	411,478	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	
0			0	411,478		
Y - UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	5,226,028	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	
0			0	5,226,028		
Z - BLACKFORD						
1.00	BLACKFORD COMMUNITY HOSPITAL	194.26	773,020	345,758	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	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

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						Increases				
Cost Center		Line #	Salary	Other						
2.00		3.00	4.00	5.00						
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			773,020	345,758						
AA - INTEREST EXPENSE										
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	120						1.00
0			0	120						
AB - PARAMEDICAL EDUCATION										
1.00	PARAMED ED PRGM	23.00	136,790	10,464						1.00
0			136,790	10,464						
AC - PROPERTY TAX										
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	30,876						1.00
2.00		0.00	0	0						2.00
0			0	30,876						
AD - JAY HOSPITAL										
1.00	JAY COUNTY HOSPITAL	194.16	812,355	490,793						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			812,355	490,793						
AE - MALPRACTICE INSURANCE										
1.00		0.00	0	0						1.00
0			0	0						
AF - ACCRUED PTO										
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	499,805	0						1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	8,421	0						2.00
3.00	MAINTENANCE & REPAIRS	6.00	40,660	0						3.00
4.00	NURSING ADMINISTRATION	13.00	8,618	0						4.00
5.00	PHARMACY	15.00	45,249	0						5.00
6.00	OPERATING ROOM	50.00	34,119	0						6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	8,146	0						7.00
8.00	CT SCAN	57.00	3,970	0						8.00
9.00	SLEEP LAB	65.01	7,774	0						9.00
10.00	PHYSICAL THERAPY	66.00	20,067	0						10.00
11.00	SPEECH PATHOLOGY	68.00	7,059	0						11.00
12.00	ELECTROCARDIOLOGY	69.00	16,820	0						12.00
13.00	SUBSTANCE ABUSE CLINIC	90.01	2,393	0						13.00
14.00	PAIN CLINIC	90.02	4,025	0						14.00
15.00	PEDIATRIC THERAPIES	194.13	11,053	0						15.00
16.00	CANCER CENTER BOUTIQUE	194.23	1,190	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
0			719,369	0						
500.00	Grand Total: Increases		8,021,631	136,960,966						500.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,336	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	16,290	14	2.00
3.00	HOUSEKEEPING	9.00	0	2,793	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	118,712	0	4.00
5.00	PHARMACY	15.00	0	97,454	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	1,110,844	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	538,147	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	94,736	0	8.00
9.00	SUBPROVIDER - IRF	41.00	0	21,826	0	9.00
10.00	OPERATING ROOM	50.00	0	5,220,697	0	10.00
11.00	RECOVERY ROOM	51.00	0	53,760	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	159,464	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	841,745	0	13.00
14.00	CT SCAN	57.00	0	239	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	953,045	0	15.00
16.00	RESPIRATORY THERAPY	65.00	0	568,891	0	16.00
17.00	SLEEP LAB	65.01	0	24,463	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	14,061	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	43,856	0	19.00
20.00	RENAL DIALYSIS	74.00	0	4,000	0	20.00
21.00	CARDIAC REHABILITATION	76.97	0	365	0	21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	232,496	0	22.00
23.00	SUBSTANCE ABUSE CLINIC	90.01	0	227	0	23.00
24.00	PAIN CLINIC	90.02	0	12,196	0	24.00
25.00	ONCOLOGY CLINIC	90.03	0	86,522	0	25.00
26.00	EMERGENCY	91.00	0	498,348	0	26.00
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,726	0	27.00
28.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,826	0	28.00
29.00	PAVILLION PHARMACY	194.02	0	4,999	0	29.00
30.00	PEDIATRIC THERAPIES	194.13	0	1,752	0	30.00
31.00	THERAPIES TO OTHER ENTITIES	194.22	0	47	0	31.00
32.00	CANCER_CENTER_BOUTIQUE	194.23	0	1,085	0	32.00
0			0	10,732,948		
B - BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	208	0	1.00
2.00	COMMUNICATIONS	5.01	0	3	0	2.00
3.00	ADMINISTRATIVE	5.04	0	3	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	30	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	36	0	5.00
6.00	HOUSEKEEPING	9.00	0	1	0	6.00
7.00	DIETARY	10.00	0	30	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	14,612	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	315,795	0	9.00
10.00	PHARMACY	15.00	0	5,930	0	10.00
11.00	PATIENT TRANSPORTATION	18.00	0	22	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	317,739	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	102,651	0	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,640	0	14.00
15.00	SUBPROVIDER - IRF	41.00	0	11,674	0	15.00
16.00	OPERATING ROOM	50.00	0	2,829,736	0	16.00
17.00	RECOVERY ROOM	51.00	0	6,445	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	136,257	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,723,360	0	19.00
20.00	CT SCAN	57.00	0	69	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	5,561,693	0	21.00
22.00	LABORATORY	60.00	0	101	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	614	0	23.00
24.00	SLEEP LAB	65.01	0	71	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	15,864	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	108	0	26.00
27.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	16	0	27.00
28.00	RENAL DIALYSIS	74.00	0	8,968	0	28.00
29.00	CARDIAC REHABILITATION	76.97	0	9	0	29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.98	0	85,160	0	30.00
31.00	SUBSTANCE ABUSE CLINIC	90.01	0	48	0	31.00
32.00	PAIN CLINIC	90.02	0	590	0	32.00
33.00	ONCOLOGY CLINIC	90.03	0	9,279	0	33.00
34.00	EMERGENCY	91.00	0	113,115	0	34.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/27/2022 9:40 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
35.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,163	0	35.00
36.00	PAVILLION PHARMACY	194.02	0	217	0	36.00
37.00	PEDIATRIC THERAPIES	194.13	0	42	0	37.00
38.00	PEDIATRIC THERAPIES		0		0	38.00
	O		0	12,270,299		
C - IMPLANTABLE DEVICES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	909	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	1,263	0	2.00
3.00	OPERATING ROOM	50.00	0	4,772,336	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,250	0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	2,672,646	0	5.00
6.00	PHYSICAL THERAPY	66.00	0	1,052	0	6.00
7.00	PAIN CLINIC	90.02	0	6,350	0	7.00
	O		0	7,480,806		
D - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	45,768,935	0	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	18	14	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	78,298	14	3.00
4.00	ADMITTING	5.04	0	700	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,387	0	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	45,258	0	6.00
7.00	OPERATION OF PLANT	7.00	0	3,508	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	34,456	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,761	0	9.00
10.00	PATIENT TRANSPORTATION	18.00	0	305	0	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	12,165	0	11.00
12.00	ADULTS & PEDIATRICS	30.00	0	423,148	0	12.00
13.00	INTENSIVE CARE UNIT	31.00	0	250,175	0	13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	16,602	0	14.00
15.00	SUBPROVIDER - IRF	41.00	0	4,965	0	15.00
16.00	OPERATING ROOM	50.00	0	288,315	0	16.00
17.00	RECOVERY ROOM	51.00	0	83,227	0	17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	51,887	0	18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,252,848	0	19.00
20.00	CT SCAN	57.00	0	1,905	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	156,195	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	11,978	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	3,606	0	23.00
24.00	OCCUPATIONAL THERAPY	67.00	0	24	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	0	118,162	0	25.00
26.00	RENAL DIALYSIS	74.00	0	7,523	0	26.00
27.00	CARDIAC REHABILITATION	76.97	0	20,783	0	27.00
28.00	HYPERBARIC OXYGEN THERAPY	76.98	0	51,648	0	28.00
29.00	PAIN CLINIC	90.02	0	973	0	29.00
30.00	ONCOLOGY CLINIC	90.03	0	86,461	0	30.00
31.00	EMERGENCY	91.00	0	486,385	0	31.00
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	4,425	0	32.00
33.00	RESEARCH	191.00	0	65	0	33.00
34.00	WELLNESS CENTER	194.05	0	56	0	34.00
35.00	PEDIATRIC THERAPIES	194.13	0	86	0	35.00
36.00	JAY COUNTY HOSPITAL	194.16	0	295	0	36.00
37.00	CANCER CENTER BOUTIQUE	194.23	0	122	0	37.00
	O		0	49,270,650		
E - INTERN & RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,984,978	0	0	1.00
	O		3,984,978	0		
F - CAFETERIA						
1.00	DIETARY	10.00	649,793	588,804	0	1.00
	O		649,793	588,804		
G - PHARMACY ADMIN COSTS						
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	76,518	56,724	0	1.00
2.00	O	0.00	0	0	0	2.00
	O		76,518	56,724		
H - AUTO & BUILDING INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	391,879	12	1.00
2.00	RENTAL PROPERTY	194.08	0	678	0	2.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
0		0	392,557			
I - REHAB ADMIN COSTS						
1.00	PHYSICAL THERAPY	66.00	285,513	24,583	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
0			285,513	24,583		
J - LAUNDRY						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	56	0	1.00
2.00	HOUSEKEEPING	9.00	0	176,307	0	2.00
3.00	DIETARY	10.00	0	1,030	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	512,399	0	4.00
5.00	PHARMACY	15.00	0	478	0	5.00
6.00	PATIENT TRANSPORTATION	18.00	0	264	0	6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,645	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	392,799	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	84,789	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	6,605	0	10.00
11.00	SUBPROVIDER - IRF	41.00	0	14,726	0	11.00
12.00	OPERATING ROOM	50.00	0	56,948	0	12.00
13.00	RECOVERY ROOM	51.00	0	14,770	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	25,437	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,171	0	15.00
16.00	CT SCAN	57.00	0	9,467	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	6,038	0	17.00
18.00	LABORATORY	60.00	0	371	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	132	0	19.00
20.00	SLEEP LAB	65.01	0	16,408	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	21,192	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	485	0	22.00
23.00	RENAL DIALYSIS	74.00	0	1,288	0	23.00
24.00	CARDIAC REHABILITATION	76.97	0	2	0	24.00
25.00	HYPERBARIC OXYGEN THERAPY	76.98	0	13,412	0	25.00
26.00	ONCOLOGY CLINIC	90.03	0	6,982	0	26.00
27.00	EMERGENCY	91.00	0	84,481	0	27.00
28.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	6,853	0	28.00
29.00	WELLNESS CENTER	194.05	0	4,525	0	29.00
30.00	PEDIATRIC THERAPIES	194.13	0	2,160	0	30.00
0			0	1,500,220		
L - IRF AND PACU MEDSURG						
1.00	SUBPROVIDER - IRF	41.00	78,257	13,345	0	1.00
2.00	RECOVERY ROOM	51.00	22,443	2,826	0	2.00
0			100,700	16,171		
Q - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	460,342	65,233	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	22,253	2,981	0	2.00
0			482,595	68,214		
S - EMPLOYEE BENEFITS						
1.00	COMMUNICATIONS	5.01	0	191,625	0	1.00
2.00	ADMINISTRATIVE	5.04	0	709,683	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	938,314	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	725,665	0	4.00
5.00	OPERATION OF PLANT	7.00	0	258,809	0	5.00
6.00	HOUSEKEEPING	9.00	0	898,250	0	6.00
7.00	DIETARY	10.00	0	555,659	0	7.00
8.00	CAFETERIA	11.00	0	5	0	8.00
9.00	NURSING ADMINISTRATION	13.00	0	1,584,291	0	9.00
10.00	PHARMACY	15.00	0	1,058,178	0	10.00
11.00	PATIENT TRANSPORTATION	18.00	0	104,763	0	11.00
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	682,862	0	12.00
13.00	PARAMEDICAL PRGM	23.00	0	10,181	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	5,326,492	0	14.00
15.00	INTENSIVE CARE UNIT	31.00	0	1,330,608	0	15.00
16.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	575,466	0	16.00
17.00	SUBPROVIDER - IRF	41.00	0	335,061	0	17.00
18.00	OPERATING ROOM	50.00	0	1,330,489	0	18.00
19.00	RECOVERY ROOM	51.00	0	376,411	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	517,084	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,867,609	0	21.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

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			
22.00	CT SCAN	57.00	0	40,463	0		22.00	
23.00	CARDIAC CATHETERIZATION	59.00	0	482,552	0		23.00	
24.00	LABORATORY	60.00	0	635	0		24.00	
25.00	RESPIRATORY THERAPY	65.00	0	644,209	0		25.00	
26.00	SLEEP LAB	65.01	0	148,103	0		26.00	
27.00	PHYSICAL THERAPY	66.00	0	931,631	0		27.00	
28.00	OCCUPATIONAL THERAPY	67.00	0	131,966	0		28.00	
29.00	SPEECH PATHOLOGY	68.00	0	116,302	0		29.00	
30.00	ELECTROCARDIOLOGY	69.00	0	297,956	0		30.00	
31.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	284,889	0		31.00	
32.00	CARDIAC REHABILITATION	76.97	0	207,874	0		32.00	
33.00	HYPERBARIC OXYGEN THERAPY	76.98	0	117,179	0		33.00	
34.00	SUBSTANCE ABUSE CLINIC	90.01	0	68,052	0		34.00	
35.00	PAIN CLINIC	90.02	0	98,499	0		35.00	
36.00	ONCOLOGY CLINIC	90.03	0	176,741	0		36.00	
37.00	EMERGENCY	91.00	0	1,412,196	0		37.00	
38.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	148,302	0		38.00	
39.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	28,891	0		39.00	
40.00	RESEARCH	191.00	0	143,999	0		40.00	
41.00	BSU PHARMACY	194.01	0	20,420	0		41.00	
42.00	PAVILLION PHARMACY	194.02	0	116,211	0		42.00	
43.00	IU HEALTH HOSPICE	194.11	0	1,500	0		43.00	
44.00	PEDIATRIC THERAPIES	194.13	0	214,674	0		44.00	
45.00	THERAPIES TO OTHER ENTITIES	194.22	0	299,669	0		45.00	
46.00	CANCER CENTER BOUTIQUE	194.23	0	222	0		46.00	
47.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	25	0		47.00	
48.00	CARDINAL BEHAVIORAL HEALTH		0	25,510,665	0		48.00	
T - CORPORATE TELEPHONE								
1.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	404	0		1.00	
2.00	OPERATING ROOM	50.00	0	13	0		2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	81	0		3.00	
			0	498				
U - DEPRECIATION								
1.00	ADMINISTRATIVE	5.04	0	26,471	9		1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,200,328	0		2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	6,750,977	0		3.00	
4.00	OPERATION OF PLANT	7.00	0	89,007	0		4.00	
5.00	HOUSEKEEPING	9.00	0	13,605	0		5.00	
6.00	DIETARY	10.00	0	85,287	0		6.00	
7.00	NURSING ADMINISTRATION	13.00	0	113,285	0		7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	34,413	0		8.00	
9.00	PHARMACY	15.00	0	231,582	0		9.00	
10.00	PATIENT TRANSPORTATION	18.00	0	14,843	0		10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	317,346	0		11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	3,028,634	0		12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	432,236	0		13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	587,560	0		14.00	
15.00	SUBPROVIDER - IRF	41.00	0	21,643	0		15.00	
16.00	OPERATING ROOM	50.00	0	2,632,780	0		16.00	
17.00	RECOVERY ROOM	51.00	0	299,174	0		17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	85,161	0		18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,442,384	0		19.00	
20.00	CT SCAN	57.00	0	7,462	0		20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	152,267	0		21.00	
22.00	RESPIRATORY THERAPY	65.00	0	208,041	0		22.00	
23.00	SLEEP LAB	65.01	0	3,106	0		23.00	
24.00	PHYSICAL THERAPY	66.00	0	22,241	0		24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	600	0		25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	298,633	0		26.00	
27.00	RENAL DIALYSIS	74.00	0	7,664	0		27.00	
28.00	CARDIAC REHABILITATION	76.97	0	31,321	0		28.00	
29.00	HYPERBARIC OXYGEN THERAPY	76.98	0	30,908	0		29.00	
30.00	CLINIC	90.00	0	76,727	0		30.00	
31.00	ONCOLOGY CLINIC	90.03	0	3,371	0		31.00	
32.00	EMERGENCY	91.00	0	723,726	0		32.00	
33.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	28,498	0		33.00	
34.00	RESEARCH	191.00	0	83	0		34.00	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/27/2022 9:40 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
35.00	WELLNESS CENTER	194.05	0	21,660	0	35.00
36.00	RENTAL PROPERTY	194.08	0	169,199	0	36.00
37.00	PEDIATRIC THERAPIES	194.13	0	77,819	0	37.00
38.00	THERAPIES TO OTHER ENTITIES	194.22	0	1,487	0	38.00
39.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	137,779	0	39.00
40.00	BLACKFORD COMMUNITY HOSPITAL		0		0	40.00
	0			21,409,308		
V - LEASE EXPENSE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	398,201	10	1.00
2.00	PHYSICAL THERAPY	66.00	0	84,492	0	2.00
3.00	ONCOLOGY CLINIC	90.03	0	12,094	0	3.00
4.00	RENTAL PROPERTY	194.08	0	54,529	0	4.00
	0		0	549,316		
W - PTO USED AS STD						
1.00	COMMUNICATIONS	5.01	1,599	0	0	1.00
2.00	ADMINISTRATIVE	5.04	16,917	0	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	14,593	0	0	3.00
4.00	OPERATION OF PLANT	7.00	2,128	0	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	8,045	0	0	5.00
6.00	HOUSEKEEPING	9.00	26,873	0	0	6.00
7.00	DIETARY	10.00	11,258	0	0	7.00
8.00	NURSING ADMINISTRATION	13.00	24,855	0	0	8.00
9.00	PHARMACY	15.00	15,052	0	0	9.00
10.00	PATIENT TRANSPORTATION	18.00	522	0	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	92,010	0	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	25,501	0	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	24,485	0	0	13.00
14.00	SUBPROVIDER - IRF	41.00	1,122	0	0	14.00
15.00	OPERATING ROOM	50.00	35,073	0	0	15.00
16.00	RECOVERY ROOM	51.00	22,562	0	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	14,005	0	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	79,232	0	0	18.00
19.00	CARDIAC CATHETERIZATION	59.00	13,643	0	0	19.00
20.00	RESPIRATORY THERAPY	65.00	25,260	0	0	20.00
21.00	SLEEP LAB	65.01	3,802	0	0	21.00
22.00	PHYSICAL THERAPY	66.00	17,749	0	0	22.00
23.00	OCCUPATIONAL THERAPY	67.00	149	0	0	23.00
24.00	SPEECH PATHOLOGY	68.00	1,368	0	0	24.00
25.00	ELECTROCARDIOLOGY	69.00	5,559	0	0	25.00
26.00	CARDIAC REHABILITATION	76.97	272	0	0	26.00
27.00	HYPERBARIC OXYGEN THERAPY	76.98	3,995	0	0	27.00
28.00	SUBSTANCE ABUSE CLINIC	90.01	4,801	0	0	28.00
29.00	PAIN CLINIC	90.02	14,931	0	0	29.00
30.00	ONCOLOGY CLINIC	90.03	1,036	0	0	30.00
31.00	EMERGENCY	91.00	35,792	0	0	31.00
32.00	OBSERVATION BEDS (DISTINCT PART)	92.01	13,270	0	0	32.00
33.00	RESEARCH	191.00	3,162	0	0	33.00
34.00	PEDIATRIC THERAPIES	194.13	13,065	0	0	34.00
	0		573,686	0		
X - WASTE DISPOSAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	57,969	14	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,832	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	33,823	0	3.00
4.00	HOUSEKEEPING	9.00	0	135,340	0	4.00
5.00	DIETARY	10.00	0	89	0	5.00
6.00	PHARMACY	15.00	0	21,540	0	6.00
7.00	OPERATING ROOM	50.00	0	1,975	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	277	0	8.00
9.00	SLEEP LAB	65.01	0	509	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	181	0	10.00
11.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	2,249	0	11.00
12.00	SUBSTANCE ABUSE CLINIC	90.01	0	60	0	12.00
13.00	PAIN CLINIC	90.02	0	72,733	0	13.00
14.00	RENTAL PROPERTY	194.08	0	69,901	0	14.00
	0		0	411,478		
Y - UTILITIES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	212,092	14	1.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/27/2022 9:40 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	519	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	4,456,989	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	573	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,288	0		5.00
6.00	SLEEP LAB	65.01	0	2,978	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	778	0		7.00
8.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,147	0		8.00
9.00	RENTAL PROPERTY	194.08	0	478,983	0		9.00
10.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	66,681	0		10.00
	0		0	5,226,028			
Z - BLACKFORD							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,355	32,708	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	407,089	121,894	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	13,062	49,891	0		3.00
4.00	OPERATION OF PLANT	7.00	18,634	9,681	0		4.00
5.00	DIETARY	10.00	9,661	4,639	0		5.00
6.00	NURSING ADMINISTRATION	13.00	78,540	51,648	0		6.00
7.00	PHARMACY	15.00	136,590	36,190	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	50,379	23,534	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	4,160	799	0		9.00
10.00	RESPIRATORY THERAPY	65.00	1,471	758	0		10.00
11.00	PHYSICAL THERAPY	66.00	47,495	10,823	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	2,311	2,478	0		12.00
13.00	CARDIAC REHABILITATION	76.97	2,273	715	0		13.00
	0		773,020	345,758			
AA - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	120	13		1.00
	TOTALS		0	120			
AB - PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	136,790	10,464	0		1.00
	0		136,790	10,464			
AC - PROPERTY TAX							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	30,030	13		1.00
2.00	RENTAL PROPERTY	194.08	0	846	0		2.00
	0		0	30,876			
AD - JAY HOSPITAL							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,269	54,770	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	324,733	146,683	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	34,775	99,727	0		3.00
4.00	OPERATION OF PLANT	7.00	18,634	9,681	0		4.00
5.00	DIETARY	10.00	12,250	5,882	0		5.00
6.00	NURSING ADMINISTRATION	13.00	123,796	83,305	0		6.00
7.00	PHARMACY	15.00	172,514	45,708	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	44,941	20,537	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	2,281	438	0		9.00
10.00	RESPIRATORY THERAPY	65.00	12,123	6,244	0		10.00
11.00	PHYSICAL THERAPY	66.00	60,219	13,723	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	3,820	4,095	0		12.00
	0		812,355	490,793			
AE - MALPRACTICE INSURANCE							
1.00		0.00	0	0	0		1.00
	0		0	0			
AF - ACCRUED PTO							
1.00	COMMUNICATIONS	5.01	4,664	0	0		1.00
2.00	ADMINISTRATIVE	5.04	61,209	0	0		2.00
3.00	OPERATION OF PLANT	7.00	1,196	0	0		3.00
4.00	HOUSEKEEPING	9.00	40,247	0	0		4.00
5.00	DIETARY	10.00	7,704	0	0		5.00
6.00	PATIENT TRANSPORTATION	18.00	4,224	0	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,830	0	0		7.00
8.00	PARAMEDICAL PRGM	23.00	1,367	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	189,185	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	43,407	0	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	31,214	0	0		11.00
12.00	SUBPROVIDER - IRF	41.00	29,721	0	0		12.00
13.00	RECOVERY ROOM	51.00	34,614	0	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	36,413	0	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	24,785	0	0		15.00

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/27/2022 9:40 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
16.00	RESPIRATORY THERAPY	65.00	26,811	0	0			16.00
17.00	OCCUPATIONAL THERAPY	67.00	1,290	0	0			17.00
18.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	9,299	0	0			18.00
19.00	CARDIAC REHABILITATION	76.97	20,056	0	0			19.00
20.00	HYPERBARIC OXYGEN THERAPY	76.98	11,492	0	0			20.00
21.00	ONCOLOGY CLINIC	90.03	17,601	0	0			21.00
22.00	EMERGENCY	91.00	91,630	0	0			22.00
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	11,041	0	0			23.00
24.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,499	0	0			24.00
25.00	RESEARCH	191.00	2,213	0	0			25.00
26.00	BSU PHARMACY	194.01	737	0	0			26.00
27.00	PAVILLION PHARMACY	194.02	11,233	0	0			27.00
28.00	THERAPIES TO OTHER ENTITIES	194.22	1,687	0	0			28.00
	0		719,369	0	0			
500.00	Grand Total: Decreases		8,595,317	136,387,280				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2022 9:40 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	6,072,523	0	0	0	1.00
2.00	Land Improvements	3,429,715	0	0	0	2.00
3.00	Buildings and Fixtures	281,862,871	0	0	250,886	3.00
4.00	Building Improvements	83,234,965	10,564,670	0	10,564,670	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	124,155,579	5,027,954	0	5,027,954	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	498,755,653	15,592,624	0	15,592,624	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	498,755,653	15,592,624	0	15,592,624	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,072,523	0			1.00
2.00	Land Improvements	3,429,715	1,378,403			2.00
3.00	Buildings and Fixtures	281,611,985	95,931,202			3.00
4.00	Building Improvements	93,799,635	922,047			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	127,889,828	69,369,862			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	512,803,686	167,601,514			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	512,803,686	167,601,514			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2022 9:40 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	365,167	45,214	0	0	0	1.00
3.00	Total (sum of lines 1-2)	365,167	45,214	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,308,349	1,718,730				1.00
3.00	Total (sum of lines 1-2)	1,308,349	1,718,730				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2022 9:40 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	512,803,687	0	512,803,687	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	512,803,687	0	512,803,687	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	26,921,525	594,530	1.00
3.00	Total (sum of lines 1-2)	0	0	0	26,921,525	594,530	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	-1,184,097	392,557	30,996	1,337,617	28,093,128	1.00
3.00	Total (sum of lines 1-2)	-1,184,097	392,557	30,996	1,337,617	28,093,128	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,184,097	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	-23,694,730				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	46,750,730				12.00
13.00 Laundry and linen service		0		0.00		13.00
14.00 Cafeteria-employees and guests	B	-475,306	CAFETERIA	11.00		14.00
15.00 Rental of quarters to employees 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		RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		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		OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			ADULTS & PEDIATRICS	30.00		30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center	Line #			
			1.00	2.00	3.00		4.00
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
33.00 MISCELLANEOUS INCOME	B	-21,748		EMPLOYEE BENEFITS DEPARTMENT	4.00		33.00
34.00 MISCELLANEOUS INCOME	B	-47,375		COMMUNICATIONS	5.01		34.00
35.00 MISCELLANEOUS INCOME	B	-176,127		OTHER ADMINISTRATIVE AND GENERAL	5.06		35.00
36.00 MISCELLANEOUS INCOME	B	-309,344		MAINTENANCE & REPAIRS	6.00		36.00
37.00 MISCELLANEOUS INCOME	B	-106,528		OPERATION OF PLANT	7.00		37.00
38.00 MISCELLANEOUS INCOME	B	-40,236		HOUSEKEEPING	9.00		38.00
39.00 MISCELLANEOUS INCOME	B	-104,396		DIETARY	10.00		39.00
40.00 MISCELLANEOUS INCOME	B	-24,698		NURSING ADMINISTRATION	13.00		40.00
41.00 MISCELLANEOUS INCOME	B	-499,350		PHARMACY	15.00		41.00
42.00 MISCELLANEOUS INCOME	B	-19,525		PATIENT TRANSPORTATION	18.00		42.00
43.00 MISCELLANEOUS INCOME	B	-22,003		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		43.00
44.00 MISCELLANEOUS INCOME	B	-91,043		OPERATING ROOM	50.00		44.00
45.00 MISCELLANEOUS INCOME	B	-560,199		RADIOLOGY-DIAGNOSTIC	54.00		45.00
46.00 MISCELLANEOUS INCOME	B	-69,491		CT SCAN	57.00		46.00
46.01 MISCELLANEOUS INCOME	B	-2,043		BLOOD STORAGE, PROCESSING, & TRANS.	63.00		46.01
46.02 MISCELLANEOUS INCOME	B	-17,307		SLEEP LAB	65.01		46.02
46.03 MISCELLANEOUS INCOME	B	-75,475		PHYSICAL THERAPY	66.00		46.03
46.04 MISCELLANEOUS INCOME	B			RESPIRATORY THERAPY	65.00		46.04
46.05 MISCELLANEOUS INCOME	B			DRUGS CHARGED TO PATIENTS	73.00		46.05
46.06 MISCELLANEOUS INCOME	B	-32,211		ELECTROCARDIOLOGY	69.00		46.06
46.07 MISCELLANEOUS INCOME	B	-505,746		HOSPITAL BASED RETAIL PHARMACIES	73.01		46.07
46.08 MISCELLANEOUS INCOME	B	-102,512		CARDIAC REHABILITATION	76.97		46.08
46.09 MISCELLANEOUS INCOME	B	-3,300		SUBSTANCE ABUSE CLINIC	90.01		46.09
46.10 MISCELLANEOUS INCOME	B	-761		EMERGENCY	91.00		46.10
46.11 MISCELLANEOUS INCOME	B	-172,026		BSU PHARMACY	194.01		46.11
46.12 MISCELLANEOUS INCOME	B	-1,374,283		THERAPIES TO OTHER ENTITIES	194.22		46.12
46.13 MISCELLANEOUS INCOME	B			ADMITTING	5.04		46.13
46.14 MISCELLANEOUS INCOME	B	-49,087		PAIN CLINIC	90.02		46.14
46.15 NON-ALLOWABLE MARKETING	A	-1,140,525		OTHER ADMINISTRATIVE AND GENERAL	5.06		46.15
46.16 NON-ALLOWABLE MARKETING	A	-25		I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		46.16
46.18 NON-ALLOWABLE MARKETING	A	-74		RESPIRATORY THERAPY	65.00		46.18
46.19 NON-ALLOWABLE MARKETING	A	-15		RADIOLOGY-DIAGNOSTIC	54.00		46.19
46.20 NON-ALLOWABLE MARKETING	A	-207		SUBSTANCE ABUSE CLINIC	90.01		46.20
46.21 NON-ALLOWABLE MARKETING	A	-544		EMERGENCY	91.00		46.21
46.22 NON-ALLOWABLE MARKETING	A	-100		EMPLOYEE BENEFITS DEPARTMENT	4.00		46.22
46.23 CORPORATE TELEPHONE	A	-485		OTHER ADMINISTRATIVE AND GENERAL	5.06		46.23
46.24 EMPLOYEE BENEFITS OFFSET	A	-25,536,767		EMPLOYEE BENEFITS DEPARTMENT	4.00		46.24
46.25 HAF FEES	A	-24,699,885		OTHER ADMINISTRATIVE AND GENERAL	5.06		46.25
46.26 TELEVISION DEPRECIATION	A	-7,201		NEW CAP REL COSTS-BLDG & FIXT	1.00	9	46.26
46.27 NON-ALLOWABLE PT REIMB.	A	-1,119,121		OTHER ADMINISTRATIVE AND GENERAL	5.06		46.27
46.28 NON-ALLOWABLE PT REIMB.	A	-1,232		ADULTS & PEDIATRICS	30.00		46.28
46.29 NON-ALLOWABLE PT REIMB.	A	-69		RECOVERY ROOM	51.00		46.29
46.30 NON-ALLOWABLE PT REIMB.	A	-4,979		EMERGENCY	91.00	14	46.30
46.31 LOSS ON EXTINGUISHMENT OF DEBT CARRY	A	298,071		NEW CAP REL COSTS-BLDG & FIXT	1.00	14	46.31
46.32 ADDITION AND PAIN CLINIC START UP C	A	65,699		SUBSTANCE ABUSE CLINIC	90.01		46.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-35,178,076					50.00

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

Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet A-8 Date/Time Prepared: 5/27/2022 9:40 am
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 9:40 am

OFFICE COSTS

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	5,154,251	0
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	25,230,520	0
3.00	5.02	DATA PROCESSING	HOME OFFICE	20,724,442	0
4.00	5.04	ADMINISTRATIVE	HOME OFFICE	9,053,910	0
4.01	5.05	CASHIERING/ACCOUNTS RECEIVABLE	HOME OFFICE	11,232,838	0
4.02	5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE	29,190,426	53,835,657
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	558,568	558,568
4.04	5.01	COMMUNICATIONS	RELATED PARTY	39,650	39,650
4.05	5.06	OTHER ADMINISTRATIVE AND GENERAL	RELATED PARTY	1,237,821	1,237,821
4.06	13.00	NURSING ADMINISTRATION	RELATED PARTY	373,072	373,072
4.07	22.00	LABORATORY SERVICES-OTHER PRGM COST	RELATED PARTY	2,522,728	2,522,728
4.08	30.00	ADULTS & PEDIATRICS	RELATED PARTY	12,339,272	12,339,272
4.09	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	1,559,700	1,559,700
4.10	41.00	SUBPROVIDER - IRF	RELATED PARTY	97,069	97,069
4.11	50.00	OPERATING ROOM	RELATED PARTY	7,460,725	7,460,725
4.12	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	1,589,138	1,589,138
4.13	59.00	CARDIAC CATHETERIZATION	RELATED PARTY	14,058	14,058
4.14	60.00	LABORATORY	RELATED PARTY	14,206,554	14,206,554
4.15	63.00	BLOOD STORING, PROCESSING, & TRANSFUSION	RELATED PARTY	728	728
4.16	76.98	HYPERBARIC OXYGEN THERAPY	RELATED PARTY	-5,985	-5,985
4.17	90.01	SUBSTANCE ABUSE CLINIC	RELATED PARTY	505,388	505,388
4.18	90.02	PAIN CLINIC	RELATED PARTY	405,915	405,915
4.19	90.03	ONCOLOGY CLINIC	RELATED PARTY	277,862	277,862
4.20	91.00	EMERGENCY	RELATED PARTY	2,854,078	2,854,078
4.21	191.00	RESEARCH	RELATED PARTY	17,836	17,836
4.22	0.00		RELATED PARTY	0	0
4.23	0.00		RELATED PARTY	0	0
4.24	0.00		RELATED PARTY	0	0
4.25	0.00		RELATED PARTY	0	0
4.26	0.00		RELATED PARTY	0	0
4.27	0.00		RELATED PARTY	0	0
5.00	0		0	146,640,564	99,889,834

* 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 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/27/2022 9:40 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	5,154,251	9	1.00
2.00	25,230,520	0	2.00
3.00	20,724,442	0	3.00
4.00	9,053,910	0	4.00
4.01	11,232,838	0	4.01
4.02	-24,645,231	0	4.02
4.03	0	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	46,750,730		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 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/27/2022 9:40 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	1,714,872	1,192,192	522,680	211,500	12,622	1.00
2.00	30.00	ADULTS & PEDIATRICS	12,351,196	12,351,196	0	179,000	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,484,700	1,484,700	0	169,700	0	3.00
4.00	41.00	SUBPROVIDER - IRF	-1,331	-1,331	0	211,500	0	4.00
5.00	50.00	OPERATING ROOM	6,975,360	6,975,360	0	246,400	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,209,500	0	1,209,500	271,900	9,855	6.00
7.00	76.98	HYPERBARIC OXYGEN THERAPY	-5,985	-5,985	0	211,500	0	7.00
8.00	90.01	SUBSTANCE ABUSE CLINIC	505,388	505,388	0	211,500	0	8.00
9.00	90.02	PAIN CLINIC	378,732	378,732	0	211,500	0	9.00
10.00	91.00	EMERGENCY	2,350,903	0	2,350,903	211,500	15,110	10.00
200.00			26,963,335	22,880,252	4,083,083		37,587	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	1,283,439	64,172	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	1,536,425	76,821	0	0	0	10.00
200.00			4,108,121	205,406	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	1,283,439	0	1,192,192		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	12,351,196		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,484,700		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	-1,331		4.00
5.00	50.00	OPERATING ROOM	0	0	0	6,975,360		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	-5,985		7.00
8.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	0	505,388		8.00
9.00	90.02	PAIN CLINIC	0	0	0	378,732		9.00
10.00	91.00	EMERGENCY	0	1,536,425	814,478	814,478		10.00
200.00			0	4,108,121	814,478	23,694,730		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATION S	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	28,093,128	28,093,128			1.00	
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	26,319,487	61,369	26,380,856		4.00	
5.01 01160	COMMUNI CATIONS	649,744	28,059	112,629	790,432	5.01	
5.02 00550	DATA PROCESSING	20,724,442	0	0	0	5.02	
5.04 00570	ADMITTING	12,850,473	108,493	603,219	21,820	5.04	
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	11,232,838	0	0	0	5.05	
5.06 00590	OTHER ADMINI STRATIVE AND GENERAL	39,648,514	761,668	1,007,048	20,781	5.06	
6.00 00600	MAINTENANCE & REPAIRS	9,798,403	13,921,602	495,527	21,632	6.00	
7.00 00700	OPERATION OF PLANT	7,335,471	438,006	268,459	11,374	7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	1,500,220	0	0	0	8.00	
9.00 00900	HOUSEKEEPING	4,204,415	190,760	566,717	37,318	9.00	
10.00 01000	DIETARY	3,258,229	261,476	380,249	21,923	10.00	
11.00 01100	CAFETERIA	763,421	119,350	122,070	7,974	11.00	
13.00 01300	NURSING ADMINI STRATION	14,722,806	211,642	2,408,210	22,500	13.00	
14.00 01400	CENTRAL SERVICES & SUPPLY	11,338,533	326,726	0	0	14.00	
15.00 01500	PHARMACY	7,296,529	112,512	1,018,777	25,687	15.00	
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
18.00 01080	PATIENT TRANSPORTATION	762,867	11,057	133,815	9,188	18.00	
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,984,978	0	748,478	31,406	21.00	
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,756,943	644,228	44,043	2,870	22.00	
23.00 02300	PARAMED ED PRGM	240,006	2,895	40,770	1,215	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDI ATRI CS	38,624,674	2,874,191	5,609,817	164,209	30.00	
31.00 03100	INTENSIVE CARE UNIT	11,905,418	425,994	1,628,821	42,956	31.00	
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00 02060	NEONATAL INTENSIVE CARE UNIT	3,091,767	156,910	489,803	12,089	35.00	
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00 04100	SUBPROVIDER - IRF	2,059,374	153,954	330,025	9,458	41.00	
43.00 04300	NURSERY	550,809	41,934	90,643	2,400	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	8,980,407	583,536	1,105,111	41,018	50.00	
51.00 05100	RECOVERY ROOM	1,948,350	126,726	320,643	10,266	51.00	
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,490,000	197,690	409,804	11,434	52.00	
54.00 05400	RADIOLOGY-DI AGNOSTIC	13,728,378	958,418	1,825,819	53,124	54.00	
57.00 05700	CT SCAN	89,160	0	26,404	1,715	57.00	
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00 05900	CARDI AC CATHETERI ZATION	4,111,810	209,424	482,107	13,894	59.00	
60.00 06000	LABORATORY	14,354,603	275,906	1,175	20,704	60.00	
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01	
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,384,815	0	0	0	63.00	
65.00 06500	RESPI RATORY THERAPY	5,086,199	67,991	803,165	22,021	65.00	
65.01 06501	SLEEP LAB	547,855	0	91,513	3,508	65.01	
66.00 06600	PHYSICAL THERAPY	4,832,072	239,809	827,185	25,798	66.00	
67.00 06700	OCCUPATIONAL THERAPY	1,134,393	37,022	170,345	4,693	67.00	
68.00 06800	SPEECH PATHOLOGY	646,612	8,855	112,617	3,007	68.00	
68.01 06801	AUDI OLOGY	0	0	0	0	68.01	
69.00 06900	ELECTROCARDI OLOGY	1,881,861	229,275	276,456	10,921	69.00	
71.00 07100	MEDI CAL SUPPLI ES CHARGED TO PATIENTS	12,222,873	0	0	0	71.00	
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	7,480,783	0	0	0	72.00	
73.00 07300	DRUGS CHARGED TO PATIENTS	47,652,219	0	0	0	73.00	
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	7,801,110	13,675	275,837	6,104	73.01	
74.00 07400	RENAL DI ALYSIS	1,546,641	44,937	0	0	74.00	
76.00 03160	CARDI OPULMONARY	0	0	0	0	76.00	
76.97 07697	CARDI AC REHABI LITATION	1,026,782	0	182,945	6,515	76.97	
76.98 07698	HYPERBARI C OXYGEN THERAPY	1,402,902	6,391	100,976	3,439	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINI C	-76,727	0	0	0	90.00	
90.01 09001	SUBSTANCE ABUSE CLINI C	273,483	98,267	34,256	1,762	90.01	
90.02 09002	PAIN CLINI C	476,690	345,622	67,645	2,614	90.02	
90.03 09003	ONCOLOGY CLINI C	1,401,269	44,752	188,827	5,360	90.03	
91.00 09100	EMERGENCY	13,317,738	519,765	1,662,010	50,750	91.00	
92.00 09200	OBSERVATION BEDS (NON-DI STINCT PART)					92.00	
92.01 09201	OBSERVATION BEDS (DI STINCT PART)	1,040,437	67,514	160,516	4,842	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVI CES	0	11,011	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE					113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	421,496,204	24,939,412	25,224,476	770,289	20,724,442	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/27/2022 9:40 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	703,411	0	44,577	2,793		0 190.00
191.00 19100	RESEARCH	753,495	28,798	125,397	4,671		0 191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		0 194.00
194.01 07951	BSU PHARMACY	45,464	0	33,634	702		0 194.01
194.02 07952	PAVILLION PHARMACY	6,539,118	39,116	161,722	4,068		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	1,141	78,124	0	0		0 194.05
194.06 07956	PHYSICIAN PRACTICE CLINICS	0	372,618	0	0		0 194.06
194.07 07957	PERINATAL CLINIC	0	0	0	0		0 194.07
194.08 07958	RENTAL PROPERTY	761,842	1,395,454	0	0		0 194.08
194.09 07959	ADVERTISING	0	0	0	0		0 194.09
194.10 07960	INTEGRALTC	0	181,273	0	0		0 194.10
194.11 07961	IU HEALTH HOSPICE	20,850	46,831	2,588	64		0 194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0		0 194.12
194.13 07963	PEDIATRIC THERAPIES	1,448,879	103,180	248,280	0		0 194.13
194.14 07964	NEW CASTLE ONCOLOGY	0	0	0	0		0 194.14
194.15 07965	MARKETING/PUBLIC RELATIONS	0	34,250	0	0		0 194.15
194.16 07966	JAY COUNTY HOSPITAL	1,298,970	78,340	151,391	3,726		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	4	0	239,994	0		0 194.22
194.23 07973	CANCER CENTER BOUTIQUE	63,280	13,121	3,488	252		0 194.23
194.24 07974	BOSC BALL OUTPATIENT SURGERY	0	380,872	0	0		0 194.24
194.25 07975	CARDINAL BEHAVIORAL HEALTH	19,132	0	117	4		0 194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL	1,155,600	62,108	145,192	3,863		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	339,631	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)	434,307,390	28,093,128	26,380,856	790,432	20,724,442	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/27/2022 9:40 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 ADMINITTING	13,584,005					5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	11,232,838				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	0	0	41,438,011	41,438,011		5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	24,237,164	2,555,930	26,793,094	6.00
7.00	00700 OPERATION OF PLANT	0	0	8,053,310	849,262	888,253	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	1,500,220	158,206	0	8.00
9.00	00900 HOUSEKEEPING	0	0	4,999,210	527,192	386,850	9.00
10.00	01000 DIETARY	0	0	3,921,877	413,582	530,260	10.00
11.00	01100 CAFETERIA	0	0	1,012,815	106,806	242,035	11.00
13.00	01300 NURSING ADMINISTRATION	0	0	17,365,158	1,831,243	429,198	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	11,665,259	1,230,160	662,583	14.00
15.00	01500 PHARMACY	0	0	8,453,505	891,464	228,169	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080 PATIENT TRANSPORTATION	0	0	916,927	96,695	22,423	18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,764,862	502,479	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,448,084	469,073	1,306,458	22.00
23.00	02300 PARAMED ED PRGM	0	0	284,886	30,043	5,871	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,629,573	1,347,645	52,736,424	5,561,320	5,828,704	30.00
31.00	03100 INTENSIVE CARE UNIT	427,356	353,420	15,436,002	1,627,804	863,893	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	105,173	86,977	4,103,186	432,701	318,206	35.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	59,542	49,241	2,752,440	290,259	312,210	41.00
43.00	04300 NURSERY	18,802	15,549	748,824	78,967	85,040	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,100,241	909,891	14,398,893	1,518,435	1,183,380	50.00
51.00	05100 RECOVERY ROOM	160,247	132,523	2,943,251	310,381	256,994	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	170,100	140,671	3,679,228	387,993	400,904	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,709,351	1,413,621	22,296,747	2,351,303	1,943,620	54.00
57.00	05700 CT SCAN	21,319	17,631	188,756	19,905	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	720,727	596,036	7,233,644	762,824	424,701	59.00
60.00	06000 LABORATORY	623,167	515,354	16,741,703	1,765,496	559,523	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	41,480	34,304	1,523,887	160,702	0	63.00
65.00	06500 RESPIRATORY THERAPY	235,490	194,749	6,768,913	713,816	137,882	65.00
65.01	06501 SLEEP LAB	45,563	37,680	795,636	83,904	0	65.01
66.00	06600 PHYSICAL THERAPY	142,487	117,836	6,402,587	675,185	486,319	66.00
67.00	06700 OCCUPATIONAL THERAPY	47,748	39,487	1,506,539	158,872	75,078	67.00
68.00	06800 SPEECH PATHOLOGY	26,126	21,606	858,685	90,553	17,957	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	369,012	305,170	3,635,713	383,404	464,957	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	575,816	476,196	14,153,434	1,492,550	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	714,394	590,798	9,875,959	1,041,469	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,535,800	2,096,057	56,151,762	5,921,382	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	45,694	37,789	8,249,927	869,996	27,733	73.01
74.00	07400 RENAL DIALYSIS	23,408	19,358	1,670,058	176,116	91,130	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	32,690	27,034	1,325,843	139,817	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	133,980	110,800	1,962,907	206,998	12,961	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	63	52	-76,516	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	5,265	4,354	425,421	44,863	199,281	90.01
90.02	09002 PAIN CLINIC	37,200	30,764	1,017,293	107,279	700,902	90.02
90.03	09003 ONCOLOGY CLINIC	191,884	158,686	2,283,544	240,811	90,755	90.03
91.00	09100 EMERGENCY	1,597,995	1,321,529	20,907,921	2,204,845	1,054,055	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	36,312	30,030	1,395,055	147,116	136,914	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	11,011	1,161	22,330	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	13,584,005	11,232,838	417,165,965	39,630,362	20,397,529	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	750,781	79,174	0	190.00
191.00	19100 RESEARCH	0	0	912,361	96,213	58,401	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
	5.04	5.05	5A.05	5.06	6.00		
194.0107951	BSU PHARMACY	0	0	79,800	8,415	0	194.01
194.0207952	PAVILLION PHARMACY	0	0	6,744,024	711,191	79,325	194.02
194.0307953	VENDING	0	0	0	0	0	194.03
194.0407954	CARELINE	0	0	0	0	0	194.04
194.0507955	WELLNESS CENTER	0	0	79,265	8,359	158,431	194.05
194.0607956	PHYSICIAN PRACTICE CLINICS	0	0	372,618	39,294	755,649	194.06
194.0707957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958	RENTAL PROPERTY	0	0	2,157,296	227,498	2,829,905	194.08
194.0907959	ADVERTISING	0	0	0	0	0	194.09
194.1007960	INTEGRAL TAC	0	0	181,273	19,116	367,612	194.10
194.1107961	IU HEALTH HOSPICE	0	0	70,333	7,417	94,971	194.11
194.1207962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963	PEDIATRIC THERAPIES	0	0	1,800,339	189,855	209,243	194.13
194.1407964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965	MARKETING/PUBLIC RELATIONS	0	0	34,250	3,612	69,456	194.15
194.1607966	JAY COUNTY HOSPITAL	0	0	1,532,427	161,602	158,869	194.16
194.1707967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972	THERAPIES TO OTHER ENTITIES	0	0	239,998	25,309	0	194.22
194.2307973	CANCER CENTER BOUTIQUE	0	0	80,141	8,451	26,608	194.23
194.2407974	BOSC BALL OUTPATIENT SURGERY	0	0	380,872	40,165	772,389	194.24
194.2507975	CARDINAL BEHAVIORAL HEALTH	0	0	19,253	2,030	0	194.25
194.2607976	BLACKFORD COMMUNITY HOSPITAL	0	0	1,366,763	144,132	125,952	194.26
194.2707977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.3107986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983	LAB CORP	0	0	0	0	0	194.33
194.3407984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985	LEASED SPACE	0	0	339,631	35,816	688,754	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)	13,584,005	11,232,838	434,307,390	41,438,011	26,793,094	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/27/2022 9:40 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	9,790,825				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,658,426			8.00
9.00	00900	HOUSEKEEPING	146,211	34	6,059,497		9.00
10.00	01000	DIETARY	200,414	0	153,187	5,219,320	10.00
11.00	01100	CAFETERIA	91,478	0	69,922	0	1,523,056
13.00	01300	NURSING ADMINISTRATION	162,217	15	123,991	0	52,917
14.00	01400	CENTRAL SERVICES & SUPPLY	250,425	0	191,414	0	0
15.00	01500	PHARMACY	86,237	289	65,916	0	60,412
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	8,475	7,902	6,478	0	21,609
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	73,862
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	493,781	0	377,423	0	6,750
23.00	02300	PARAMED ED PRGM	2,219	7	1,696	0	2,857
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,202,979	836,941	1,683,858	4,226,680	386,183
31.00	03100	INTENSIVE CARE UNIT	326,512	137,286	249,571	180,150	101,025
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	120,267	8,622	91,927	5,972	28,430
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	118,001	53,456	90,194	286,764	22,243
43.00	04300	NURSERY	32,141	12,194	24,567	0	5,644
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	447,262	126,192	341,867	847	96,467
51.00	05100	RECOVERY ROOM	97,132	42,297	74,243	0	24,145
52.00	05200	DELIVERY ROOM & LABOR ROOM	151,523	62,997	115,817	0	26,891
54.00	05400	RADIOLOGY-DIAGNOSTIC	734,598	97,666	550,820	1,976	124,938
57.00	05700	CT SCAN	0	0	0	0	4,034
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	160,517	20,948	122,692	23,521	32,676
60.00	06000	LABORATORY	211,474	0	160,089	0	48,691
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	371	0	0	0
65.00	06500	RESPIRATORY THERAPY	52,113	220	39,833	0	51,790
65.01	06501	SLEEP LAB	0	167	0	0	8,249
66.00	06600	PHYSICAL THERAPY	183,806	7,945	30,874	0	60,673
67.00	06700	OCCUPATIONAL THERAPY	28,376	0	21,689	0	11,036
68.00	06800	SPEECH PATHOLOGY	6,787	0	5,188	0	7,072
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	175,732	16,834	134,322	0	25,684
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	10,482	145	0	0	14,356
74.00	07400	RENAL DIALYSIS	34,443	2,456	26,327	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	15,322
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,898	0	3,744	0	8,088
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	75,319	0	57,570	0	4,145
90.02	09002	PAIN CLINIC	264,908	0	202,484	0	6,147
90.03	09003	ONCOLOGY CLINIC	34,301	665	26,218	2,476	12,605
91.00	09100	EMERGENCY	398,384	213,563	304,506	243,111	119,354
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	51,747	5	39,553	0	11,388
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,440	0	6,451	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,373,599	1,649,217	5,394,431	4,971,497	1,475,683
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	6,569
191.00	19100	RESEARCH	22,073	0	16,871	0	10,986
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	0	0	1,650

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/27/2022 9:40 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	29,981	150	22,916	0	9,567	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	59,880	8,951	45,769	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	285,600	0	85,160	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	1,069,572	108	376,945	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	138,940	0	0	247,823	0	194.10
194.11	07961 IU HEALTH HOSPICE	35,895	0	27,436	0	151	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	79,084	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	26,251	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	60,045	0	45,896	0	8,762	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	10,057	0	7,687	0	594	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	291,927	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	10	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	47,604	0	36,386	0	9,084	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	260,317	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)	9,790,825	1,658,426	6,059,497	5,219,320	1,523,056	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/27/2022 9:40 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 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	19,964,739					13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	13,999,841				14.00	
15.00 01500 PHARMACY	0	46,192	9,832,184			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00	
18.00 01080 PATIENT TRANSPORTATION	1,263	0	0	0	1,081,772	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	2	5	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	9,530,339	504,258	58,248	0	129,874	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,497,132	253,453	37,981	0	34,060	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	716,804	44,713	2,784	0	8,382	35.00	
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I/RF	527,025	9,152	542	0	4,745	41.00	
43.00 04300 NURSERY	128,520	0	0	0	1,499	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	855,113	2,440,919	23,906	0	87,687	50.00	
51.00 05100 RECOVERY ROOM	557,023	24,018	12,907	0	12,771	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	710,173	80,921	7,084	0	13,557	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	529,235	533,445	64,820	0	136,232	54.00	
57.00 05700 CT SCAN	0	106	4	0	1,699	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	530,183	639,263	10,256	0	57,441	59.00	
60.00 06000 LABORATORY	0	0	0	0	49,665	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	3,306	63.00	
65.00 06500 RESPIRATORY THERAPY	1,895	254,359	0	0	18,768	65.00	
65.01 06501 SLEEP LAB	0	10,998	0	0	3,631	65.01	
66.00 06600 PHYSICAL THERAPY	0	8,347	21	0	11,356	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	157	0	0	3,805	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	2,082	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	316	21,545	207	0	29,410	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,418,746	0	0	45,892	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	3,316,433	0	0	56,936	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	9,514,213	0	201,249	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	74	0	0	3,642	73.01	
74.00 07400 RENAL DIALYSIS	0	2,104	252	0	1,866	74.00	
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	29,367	422	1	0	2,605	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	159,150	108,120	0	0	10,678	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	5	90.00	
90.01 09001 SUBSTANCE ABUSE CLINIC	17,368	430	0	0	420	90.01	
90.02 09002 PAIN CLINIC	48,313	5,826	168	0	2,965	90.02	
90.03 09003 ONCOLOGY CLINIC	323,036	39,226	13,521	0	15,293	90.03	
91.00 09100 EMERGENCY	2,565,654	228,114	84,718	0	127,357	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	232,093	2,982	522	0	2,894	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)					1,081,772	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	884	0	0	0	190.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/27/2022 9:40 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	
191.00 19100 RESEARCH	0	43	13	0	0	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	0	2,597	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	0	8	11	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	0	157	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	4,421	0	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	0	1,099	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	21	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	707	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	316	0	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	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	19,964,739	13,999,841	9,832,184	0	1,081,772	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/27/2022 9:40 am
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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	5,341,203					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		7,101,576				22.00
23.00 02300	PARAMED PRGM			327,579			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	3,249,457	4,320,425	0	91,255,690	-7,569,882	30.00
31.00 03100	INTENSIVE CARE UNIT	640,986	852,244	0	23,238,099	-1,493,230	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	41,421	55,072	0	5,978,487	-96,493	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	4,467,031	0	41.00
43.00 04300	NURSERY	0	0	0	1,117,396	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	294,087	391,013	0	22,206,068	-685,100	50.00
51.00 05100	RECOVERY ROOM	0	0	0	4,355,162	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,637,088	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	134,617	178,985	0	29,679,002	-313,602	54.00
57.00 05700	CT SCAN	0	0	0	214,504	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	10,018,666	0	59.00
60.00 06000	LABORATORY	0	0	0	19,536,641	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	1,688,266	0	63.00
65.00 06500	RESPIRATORY THERAPY	128,404	170,724	0	8,338,717	-299,128	65.00
65.01 06501	SLEEP LAB	0	0	0	902,585	0	65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	7,867,113	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	1,805,552	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	988,324	0	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	264,057	351,086	0	5,503,267	-615,143	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	21,110,622	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	14,290,797	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	327,579	72,116,185	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	9,176,355	0	73.01
74.00 07400	RENAL DIALYSIS	0	0	0	2,004,752	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	1,513,377	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	16,568	22,029	0	2,516,141	-38,597	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	-76,511	0	90.00
90.01 09001	SUBSTANCE ABUSE CLINIC	0	0	0	824,817	0	90.01
90.02 09002	PAIN CLINIC	53,847	71,594	0	2,481,726	-125,441	90.02
90.03 09003	ONCOLOGY CLINIC	102,516	136,304	0	3,321,271	-238,820	90.03
91.00 09100	EMERGENCY	371,751	494,274	0	29,317,607	-866,025	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	2,020,269	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	0	0	49,393	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	5,297,711	7,043,750	327,579	405,464,459	-12,341,461	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/27/2022 9:40 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				
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	837,408	0	190.00
191.00 19100	RESEARCH	43,492	57,826	0	1,218,279	-101,318	191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951	BSU PHARMACY	0	0	0	89,865	0	194.01
194.02 07952	PAVILLION PHARMACY	0	0	0	7,599,751	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	360,674	0	194.05
194.06 07956	PHYSICIAN PRACTICE CLINICS	0	0	0	1,538,321	0	194.06
194.07 07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958	RENTAL PROPERTY	0	0	0	6,661,481	0	194.08
194.09 07959	ADVERTISING	0	0	0	0	0	194.09
194.10 07960	INTEGRAL TAC	0	0	0	954,764	0	194.10
194.11 07961	IU HEALTH HOSPICE	0	0	0	240,624	0	194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963	PEDIATRIC THERAPIES	0	0	0	2,279,620	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	133,569	0	194.15
194.16 07966	JAY COUNTY HOSPITAL	0	0	0	1,967,601	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	265,328	0	194.22
194.23 07973	CANCER CENTER BOUTIQUE	0	0	0	134,245	0	194.23
194.24 07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	1,485,353	0	194.24
194.25 07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	21,609	0	194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	1,729,921	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	1,324,518	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)	5,341,203	7,101,576	327,579	434,307,390	-12,442,779	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/27/2022 9:40 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 ADMINISTRATION		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	83,685,808	30.00
31.00	03100 INTENSIVE CARE UNIT	21,744,869	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	5,881,994	35.00
40.00	04000 SUBPROVIDER - I/PF	0	40.00
41.00	04100 SUBPROVIDER - I/RF	4,467,031	41.00
43.00	04300 NURSERY	1,117,396	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	21,520,968	50.00
51.00	05100 RECOVERY ROOM	4,355,162	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,637,088	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	29,365,400	54.00
57.00	05700 CT SCAN	214,504	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	10,018,666	59.00
60.00	06000 LABORATORY	19,536,641	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,688,266	63.00
65.00	06500 RESPIRATORY THERAPY	8,039,589	65.00
65.01	06501 SLEEP LAB	902,585	65.01
66.00	06600 PHYSICAL THERAPY	7,867,113	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,805,552	67.00
68.00	06800 SPEECH PATHOLOGY	988,324	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	4,888,124	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	21,110,622	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	14,290,797	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	72,116,185	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	9,176,355	73.01
74.00	07400 RENAL DIALYSIS	2,004,752	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,513,377	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,477,544	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	-76,511	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	824,817	90.01
90.02	09002 PAIN CLINIC	2,356,285	90.02
90.03	09003 ONCOLOGY CLINIC	3,082,451	90.03
91.00	09100 EMERGENCY	28,451,582	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,020,269	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	49,393	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	393,122,998	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	837,408	190.00
191.00	19100 RESEARCH	1,116,961	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	89,865	194.01
194.02	07952 PAVILLION PHARMACY	7,599,751	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/27/2022 9:40 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	360,674	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	1,538,321	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	6,661,481	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRA LTAC	954,764	194.10
194.11	07961 IU HEALTH HOSPICE	240,624	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 PEDIATRIC THERAPIES	2,279,620	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	133,569	194.15
194.16	07966 JAY COUNTY HOSPITAL	1,967,601	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	265,328	194.22
194.23	07973 CANCER CENTER BOUTIQUE	134,245	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	1,485,353	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	21,609	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	1,729,921	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	1,324,518	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)	421,864,611	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/27/2022 9:40 am
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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	61,369	61,369	61,369	4.00
5.01	01160	COMMUNICATIONS	0	28,059	28,059	262	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	5.02
5.04	00570	ADMINISTRATIVE	0	108,493	108,493	1,403	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	761,668	761,668	2,343	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	13,921,602	13,921,602	1,153	6.00
7.00	00700	OPERATION OF PLANT	0	438,006	438,006	625	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	190,760	190,760	1,319	9.00
10.00	01000	DIETARY	0	261,476	261,476	885	10.00
11.00	01100	CAFETERIA	0	119,350	119,350	284	11.00
13.00	01300	NURSING ADMINISTRATION	0	211,642	211,642	5,603	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	326,726	326,726	0	14.00
15.00	01500	PHARMACY	0	112,512	112,512	2,370	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	11,057	11,057	311	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,741	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	644,228	644,228	102	22.00
23.00	02300	PARAMED PRGM	0	2,895	2,895	95	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,874,191	2,874,191	13,043	30.00
31.00	03100	INTENSIVE CARE UNIT	0	425,994	425,994	3,790	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	156,910	156,910	1,140	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	153,954	153,954	768	41.00
43.00	04300	NURSERY	0	41,934	41,934	211	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	583,536	583,536	2,571	50.00
51.00	05100	RECOVERY ROOM	0	126,726	126,726	746	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	197,690	197,690	953	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	958,418	958,418	4,248	54.00
57.00	05700	CT SCAN	0	0	0	61	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	209,424	209,424	1,122	59.00
60.00	06000	LABORATORY	0	275,906	275,906	3	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	67,991	67,991	1,869	65.00
65.01	06501	SLEEP LAB	0	0	0	213	65.01
66.00	06600	PHYSICAL THERAPY	0	239,809	239,809	1,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	37,022	37,022	396	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,855	8,855	262	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	229,275	229,275	643	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	13,675	13,675	642	73.01
74.00	07400	RENAL DIALYSIS	0	44,937	44,937	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	426	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	6,391	6,391	235	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	98,267	98,267	80	90.01
90.02	09002	PAIN CLINIC	0	345,622	345,622	157	90.02
90.03	09003	ONCOLOGY CLINIC	0	44,752	44,752	439	90.03
91.00	09100	EMERGENCY	0	519,765	519,765	3,867	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	67,514	67,514	373	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	11,011	11,011	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	24,939,412	24,939,412	58,679	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL 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	104	100	190.00
191.00 19100 RESEARCH	0	28,798	28,798	292	167	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	78	25	194.01
194.02 07952 PAVILLION PHARMACY	0	39,116	39,116	376	146	194.02
194.03 07953 VENDI NG	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	78,124	78,124	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	372,618	372,618	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,395,454	1,395,454	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	181,273	181,273	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	46,831	46,831	6	2	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	0	103,180	103,180	578	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETI NG/PUBLIC RELATIONS	0	34,250	34,250	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	78,340	78,340	352	133	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	558	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	13,121	13,121	8	9	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	380,872	380,872	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	62,108	62,108	338	138	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 DI ALYSIS	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	339,631	339,631	0	0	194.35
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	28,093,128	28,093,128	61,369	28,321	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/27/2022 9:40 am
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Cost Center Description		DATA PROCESSING	ADMITTING	CASHIERING/AC COUNTS 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	110,678			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	764,756	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	47,166	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	15,672	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,919	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9,728	9.00
10.00	01000	DIETARY	0	0	0	7,632	10.00
11.00	01100	CAFETERIA	0	0	0	1,971	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	33,793	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	22,701	14.00
15.00	01500	PHARMACY	0	0	0	16,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	0	0	1,784	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	9,272	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	8,656	22.00
23.00	02300	PARAMED PRGM	0	0	0	554	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	13,362	0	102,625	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,504	0	30,038	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	862	0	7,985	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	488	0	5,356	41.00
43.00	04300	NURSERY	0	154	0	1,457	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	9,021	0	28,020	50.00
51.00	05100	RECOVERY ROOM	0	1,314	0	5,728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,395	0	7,160	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,016	0	43,389	54.00
57.00	05700	CT SCAN	0	175	0	367	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,910	0	14,077	59.00
60.00	06000	LABORATORY	0	5,110	0	32,579	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	340	0	2,965	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,931	0	13,172	65.00
65.01	06501	SLEEP LAB	0	374	0	1,548	65.01
66.00	06600	PHYSICAL THERAPY	0	1,168	0	12,459	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	392	0	2,932	67.00
68.00	06800	SPEECH PATHOLOGY	0	214	0	1,671	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	3,026	0	7,075	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,721	0	27,543	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,858	0	19,219	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,086	0	109,357	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	375	0	16,054	73.01
74.00	07400	RENAL DIALYSIS	0	192	0	3,250	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	268	0	2,580	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,099	0	3,820	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	43	0	828	90.01
90.02	09002	PAIN CLINIC	0	305	0	1,980	90.02
90.03	09003	ONCOLOGY CLINIC	0	1,573	0	4,444	90.03
91.00	09100	EMERGENCY	0	13,103	0	40,687	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	298	0	2,715	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	21	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0				113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	110,678	0	731,400	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,461	190.00
191.00	19100	RESEARCH	0	0	0	1,775	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description		DATA PROCESSING	ADMINISTRATIVE	CASHIERING/AC COUNTS 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	155	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	13,124	41,362	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	154	82,611	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	0	725	394,017	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	0	4,198	1,475,595	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	0	353	191,684	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	0	137	49,521	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	0	0	0	3,503	109,105	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	67	36,217	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	2,982	82,839	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	467	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	156	13,874	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	741	402,746	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	37	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	2,660	65,675	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	661	359,136	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	110,678	0	764,756	13,970,696	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0089		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/27/2022 9:40 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	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	917,872					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,919				8.00
9.00	00900	HOUSEKEEPING	13,707	0	418,566			9.00
10.00	01000	DIETARY	18,788	0	10,582	576,641		10.00
11.00	01100	CAFETERIA	8,576	0	4,830	0	261,501	11.00
13.00	01300	NURSING ADMINISTRATION	15,208	0	8,565	0	9,086	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,477	0	13,222	0	0	14.00
15.00	01500	PHARMACY	8,085	1	4,553	0	10,372	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	795	14	447	0	3,710	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	12,682	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	46,291	0	26,071	0	1,159	22.00
23.00	02300	PARAMED ED PRGM	208	0	117	0	491	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	206,526	1,474	116,316	466,972	66,306	30.00
31.00	03100	INTENSIVE CARE UNIT	30,610	242	17,239	19,903	17,345	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,275	15	6,350	660	4,881	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,062	94	6,230	31,682	3,819	41.00
43.00	04300	NURSERY	3,013	21	1,697	0	969	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	41,930	222	23,615	94	16,563	50.00
51.00	05100	RECOVERY ROOM	9,106	74	5,128	0	4,145	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,205	111	8,000	0	4,617	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,867	172	38,048	218	21,451	54.00
57.00	05700	CT SCAN	0	0	0	0	693	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,048	37	8,475	2,599	5,610	59.00
60.00	06000	LABORATORY	19,825	0	11,058	0	8,360	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	4,885	0	2,751	0	8,892	65.00
65.01	06501	SLEEP LAB	0	0	0	0	1,416	65.01
66.00	06600	PHYSICAL THERAPY	17,231	14	2,133	0	10,417	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,660	0	1,498	0	1,895	67.00
68.00	06800	SPEECH PATHOLOGY	636	0	358	0	1,214	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	16,475	30	9,278	0	4,410	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	983	0	0	0	2,465	73.01
74.00	07400	RENAL DIALYSIS	3,229	4	1,819	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	2,631	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	459	0	259	0	1,389	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	7,061	0	3,977	0	712	90.01
90.02	09002	PAIN CLINIC	24,835	0	13,987	0	1,055	90.02
90.03	09003	ONCOLOGY CLINIC	3,216	1	1,811	274	2,164	90.03
91.00	09100	EMERGENCY	37,348	376	21,034	26,859	20,493	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,851	0	2,732	0	1,955	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	791	0	446	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	691,262	2,903	372,626	549,261	253,367	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,128	190.00
191.00	19100	RESEARCH	2,069	0	1,165	0	1,886	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	283	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/27/2022 9:40 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	2,811	0	1,583	0	1,643	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	5,614	16	3,162	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	26,774	0	5,883	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	100,270	0	26,038	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	13,025	0	0	27,380	0	194.10
194.11	07961 IU HEALTH HOSPICE	3,365	0	1,895	0	26	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	7,414	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	2,461	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	5,629	0	3,170	0	1,504	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	943	0	531	0	102	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	27,368	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	2	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	4,463	0	2,513	0	1,560	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	24,404	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)	917,872	2,919	418,566	576,641	261,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/27/2022 9:40 am	
Cost Center Description		NURSING ADMINISTRATIVE	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						1.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.04	00570						5.04
5.05	00580						5.05
5.06	00590						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	508,500					13.00
14.00	01400	0	731,616				14.00
15.00	01500	0	2,414	276,652			15.00
16.00	01600	0	0	0	0		16.00
18.00	01080	32	0	0	0	30,171	18.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	242,736	26,352	1,639	0	3,741	30.00
31.00	03100	63,602	13,245	1,069	0	981	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	18,257	2,337	78	0	241	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	13,423	478	15	0	137	41.00
43.00	04300	3,273	0	0	0	43	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	21,780	127,561	673	0	2,526	50.00
51.00	05100	14,187	1,255	363	0	368	51.00
52.00	05200	18,088	4,229	199	0	391	52.00
54.00	05400	13,480	27,877	1,824	0	3,924	54.00
57.00	05700	0	6	0	0	49	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	13,504	33,408	289	0	1,655	59.00
60.00	06000	0	0	0	0	1,431	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	95	63.00
65.00	06500	48	13,293	0	0	541	65.00
65.01	06501	0	575	0	0	105	65.01
66.00	06600	0	436	1	0	327	66.00
67.00	06700	0	8	0	0	110	67.00
68.00	06800	0	0	0	0	60	68.00
68.01	06801	0	0	0	0	0	68.01
69.00	06900	8	1,126	6	0	847	69.00
71.00	07100	0	283,175	0	0	1,322	71.00
72.00	07200	0	173,315	0	0	1,640	72.00
73.00	07300	0	0	267,705	0	4,805	73.00
73.01	07301	0	4	0	0	105	73.01
74.00	07400	0	110	7	0	54	74.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	748	22	0	0	75	76.97
76.98	07698	4,054	5,650	0	0	308	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	442	22	0	0	12	90.01
90.02	09002	1,231	304	5	0	85	90.02
90.03	09003	8,228	2,050	380	0	441	90.03
91.00	09100	65,347	11,921	2,384	0	3,669	91.00
92.00	09200						92.00
92.01	09201	5,911	156	15	0	83	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		508,379	731,329	276,652	0	30,171	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	46	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/27/2022 9:40 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		
191.00 19100 RESEARCH	0	2	0	0	0	0	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	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	136	0	0	0	0	194.02
194.03 07953 VENDING	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	0	0	0	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	8	0	0	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	113	0	0	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	0	57	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL 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 THERAPIES TO OTHER ENTITIES	0	1	0	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	37	0	0	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	8	0	0	0	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0	194.29
194.30 07980 CARDINAL 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 DIALYSIS	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							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	508,500	731,616	276,652	0	0	30,171	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/27/2022 9:40 am
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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	24,820				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,407,835			22.00
23.00	02300	PARAMED PRGM			7,465		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS				7,180,422	0 30.00
31.00	03100	INTENSIVE CARE UNIT				1,079,560	0 31.00
32.00	03200	CORONARY CARE UNIT				0	0 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT				377,346	0 35.00
40.00	04000	SUBPROVIDER - IPF				0	0 40.00
41.00	04100	SUBPROVIDER - IRF				390,640	0 41.00
43.00	04300	NURSERY				97,200	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM				1,476,630	0 50.00
51.00	05100	RECOVERY ROOM				303,512	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				466,491	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				2,211,295	0 54.00
57.00	05700	CT SCAN				1,412	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION				533,108	0 59.00
60.00	06000	LABORATORY				646,765	0 60.00
60.01	06001	BLOOD LABORATORY				0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.				3,401	0 63.00
65.00	06500	RESPIRATORY THERAPY				188,058	0 65.00
65.01	06501	SLEEP LAB				4,357	0 65.01
66.00	06600	PHYSICAL THERAPY				540,425	0 66.00
67.00	06700	OCCUPATIONAL THERAPY				86,229	0 67.00
68.00	06800	SPEECH PATHOLOGY				22,742	0 68.00
68.01	06801	AUDIOLOGY				0	0 68.01
69.00	06900	ELECTROCARDIOLOGY				515,032	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				316,761	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT				200,032	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				401,953	0 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES				48,983	0 73.01
74.00	07400	RENAL DIALYSIS				101,120	0 74.00
76.00	03160	CARDIOPULMONARY				0	0 76.00
76.97	07697	CARDIAC REHABILITATION				6,983	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY				30,545	0 76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC				1	0 90.00
90.01	09001	SUBSTANCE ABUSE CLINIC				215,418	0 90.01
90.02	09002	PAIN CLINIC				755,131	0 90.02
90.03	09003	ONCOLOGY CLINIC				117,287	0 90.03
91.00	09100	EMERGENCY				1,318,286	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)				158,167	0 92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES				23,912	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	19,819,204	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED 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				2,839	0 190.00
191.00 19100	RESEARCH				66,606	0 191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS				0	0 194.00
194.01 07951	BSU PHARMACY				541	0 194.01
194.02 07952	PAVILLION PHARMACY				100,297	0 194.02
194.03 07953	VENDING				0	0 194.03
194.04 07954	CARELINE				0	0 194.04
194.05 07955	WELLNESS CENTER				169,681	0 194.05
194.06 07956	PHYSICIAN PRACTICE CLINICS				800,017	0 194.06
194.07 07957	PERINATAL CLINIC				0	0 194.07
194.08 07958	RENTAL PROPERTY				3,001,563	0 194.08
194.09 07959	ADVERTISING				0	0 194.09
194.10 07960	INTEGRAL TAC				413,715	0 194.10
194.11 07961	IU HEALTH HOSPICE				101,896	0 194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS				0	0 194.12
194.13 07963	PEDIATRIC THERAPIES				223,837	0 194.13
194.14 07964	NEW CASTLE ONCOLOGY				0	0 194.14
194.15 07965	MARKETING/PUBLIC RELATIONS				72,995	0 194.15
194.16 07966	JAY COUNTY HOSPITAL				174,949	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				1,026	0 194.22
194.23 07973	CANCER CENTER BOUTIQUE				28,781	0 194.23
194.24 07974	BOSC BALL OUTPATIENT SURGERY				811,727	0 194.24
194.25 07975	CARDINAL BEHAVIORAL HEALTH				47	0 194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL				139,455	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				723,832	0 194.35
200.00	Cross Foot Adjustments	24,820	1,407,835	7,465	1,440,120	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	24,820	1,407,835	7,465	28,093,128	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/27/2022 9:40 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 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		22.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	7,180,422	30.00
31.00	03100 INTENSIVE CARE UNIT	1,079,560	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	377,346	35.00
40.00	04000 SUBPROVIDER - I/PF	0	40.00
41.00	04100 SUBPROVIDER - I/RF	390,640	41.00
43.00	04300 NURSERY	97,200	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,476,630	50.00
51.00	05100 RECOVERY ROOM	303,512	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	466,491	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,211,295	54.00
57.00	05700 CT SCAN	1,412	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	533,108	59.00
60.00	06000 LABORATORY	646,765	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,401	63.00
65.00	06500 RESPIRATORY THERAPY	188,058	65.00
65.01	06501 SLEEP LAB	4,357	65.01
66.00	06600 PHYSICAL THERAPY	540,425	66.00
67.00	06700 OCCUPATIONAL THERAPY	86,229	67.00
68.00	06800 SPEECH PATHOLOGY	22,742	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	515,032	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	316,761	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	200,032	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	401,953	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	48,983	73.01
74.00	07400 RENAL DIALYSIS	101,120	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	6,983	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,545	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	1	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	215,418	90.01
90.02	09002 PAIN CLINIC	755,131	90.02
90.03	09003 ONCOLOGY CLINIC	117,287	90.03
91.00	09100 EMERGENCY	1,318,286	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	158,167	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	23,912	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	19,819,204	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,839	190.00
191.00	19100 RESEARCH	66,606	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	541	194.01
194.02	07952 PAVILLION PHARMACY	100,297	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
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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	169,681	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	800,017	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	3,001,563	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRA LTAC	413,715	194.10
194.11	07961 IU HEALTH HOSPICE	101,896	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 PEDIATRIC THERAPIES	223,837	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	72,995	194.15
194.16	07966 JAY COUNTY HOSPITAL	174,949	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	1,026	194.22
194.23	07973 CANCER CENTER BOUTIQUE	28,781	194.23
194.24	07974 BOSCH BALL OUTPATIENT SURGERY	811,727	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	47	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	139,455	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	723,832	194.35
200.00	Cross Foot Adjustments	1,440,120	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	28,093,128	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATION S (FTE' S)	DATA PROCESSING (GROSS CHARGES)	ADMI TTING (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	1,824,231				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,985	140,454,596			4.00
5.01	01160	COMMUNICATIONS	1,822	599,648	184,782		5.01
5.02	00550	DATA PROCESSING	0	0		2,227,586,876	5.02
5.04	00570	ADMITTING	7,045	3,211,599	5,101	2,227,586,876	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	49,459	5,361,628	4,858	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	904,001	2,638,236	5,057	0	6.00
7.00	00700	OPERATION OF PLANT	28,442	1,429,306	2,659	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	12,387	3,017,259	8,724	0	9.00
10.00	01000	DIETARY	16,979	2,024,486	5,125	0	10.00
11.00	01100	CAFETERIA	7,750	649,915	1,864	0	11.00
13.00	01300	NURSING ADMINISTRATION	13,743	12,821,564	5,260	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,216	0	0	0	14.00
15.00	01500	PHARMACY	7,306	5,424,073	6,005	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	718	712,446	2,148	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,984,978	7,342	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	41,833	234,492	671	0	22.00
23.00	02300	PARAMED PRGM	188	217,062	284	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	186,636	29,867,407	38,387	267,230,773	30.00
31.00	03100	INTENSIVE CARE UNIT	27,662	8,672,013	10,042	70,081,357	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,189	2,607,764	2,826	17,247,067	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,997	1,757,088	2,211	9,764,153	41.00
43.00	04300	NURSERY	2,723	482,595	561	3,083,336	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,892	5,883,725	9,589	180,426,554	50.00
51.00	05100	RECOVERY ROOM	8,229	1,707,137	2,400	26,278,584	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,837	2,181,840	2,673	27,894,316	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,235	9,720,854	12,419	280,313,434	54.00
57.00	05700	CT SCAN	0	140,578	401	3,496,043	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,599	2,566,787	3,248	118,190,693	59.00
60.00	06000	LABORATORY	17,916	6,258	4,840	102,192,002	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,802,257	63.00
65.00	06500	RESPIRATORY THERAPY	4,415	4,276,137	5,148	38,617,635	65.00
65.01	06501	SLEEP LAB	0	487,223	820	7,471,741	65.01
66.00	06600	PHYSICAL THERAPY	15,572	4,404,019	6,031	23,366,267	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,404	906,934	1,097	7,830,047	67.00
68.00	06800	SPEECH PATHOLOGY	575	599,587	703	4,284,422	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	14,888	1,471,880	2,553	60,513,573	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	94,427,037	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	117,152,150	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	415,811,851	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	888	1,468,583	1,427	7,493,318	73.01
74.00	07400	RENAL DIALYSIS	2,918	0	0	3,838,567	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	974,019	1,523	5,360,771	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	415	537,606	804	21,971,074	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	10,368	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	6,381	182,385	412	863,464	90.01
90.02	09002	PAIN CLINIC	22,443	360,149	611	6,100,347	90.02
90.03	09003	ONCOLOGY CLINIC	2,906	1,005,333	1,253	31,466,630	90.03
91.00	09100	EMERGENCY	33,751	8,848,715	11,864	262,052,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,384	854,605	1,132	5,954,811	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	715	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,619,444	134,297,913	180,073	2,227,586,876	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATION S (FTE' S)	DATA PROCESSING (GROSS CHARGES)	ADMI TTING (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	237,331	653	0	0 190.00
191.00 19100	RESEARCH	1,870	667,626	1,092	0	0 191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01 07951	BSU PHARMACY	0	179,073	164	0	0 194.01
194.02 07952	PAVILLION PHARMACY	2,540	861,024	951	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	90,614	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	13,777	15	0	0 194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0 194.12
194.13 07963	PEDIATRIC THERAPIES	6,700	1,321,868	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	5,087	806,021	871	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	1,277,751	0	0	0 194.22
194.23 07973	CANCER CENTER BOUTIQUE	852	18,571	59	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	0	621	1	0	0 194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL	4,033	773,020	903	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	22,054	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)	28,093,128	26,380,856	790,432	20,724,442	13,584,005 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.399984	0.187825	4.277646	0.009304	0.006098 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		61,369	28,321	0	110,678 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000437	0.153267	0.000000	0.000050 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 01/01/2021 To 12/31/2021	Worksheet B-1				
Date/Time Prepared: 5/27/2022 9:40 am								
Cost Center Description	CASHIERING/AC COUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMIN STRATIVE 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	2,227,586,876			5.05		
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-41,438,011	392,945,895	5.06		
6.00	00600	MAINTENANCE & REPAIRS	0	0	24,237,164	857,919	6.00	
7.00	00700	OPERATION OF PLANT	0	0	8,053,310	28,442	829,477	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,500,220	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	4,999,210	12,387	12,387	9.00
10.00	01000	DIETARY	0	0	3,921,877	16,979	16,979	10.00
11.00	01100	CAFETERIA	0	0	1,012,815	7,750	7,750	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	17,365,158	13,743	13,743	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	11,665,259	21,216	21,216	14.00
15.00	01500	PHARMACY	0	0	8,453,505	7,306	7,306	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	0	916,927	718	718	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,764,862	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,448,084	41,833	41,833	22.00
23.00	02300	PARAMED ED PRGM	0	0	284,886	188	188	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	267,230,773	0	52,736,424	186,636	186,636	30.00
31.00	03100	INTENSIVE CARE UNIT	70,081,357	0	15,436,002	27,662	27,662	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,247,067	0	4,103,186	10,189	10,189	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,764,153	0	2,752,440	9,997	9,997	41.00
43.00	04300	NURSERY	3,083,336	0	748,824	2,723	2,723	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	180,426,554	0	14,398,893	37,892	37,892	50.00
51.00	05100	RECOVERY ROOM	26,278,584	0	2,943,251	8,229	8,229	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,894,316	0	3,679,228	12,837	12,837	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	280,313,434	0	22,296,747	62,235	62,235	54.00
57.00	05700	CT SCAN	3,496,043	0	188,756	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	118,190,693	0	7,233,644	13,599	13,599	59.00
60.00	06000	LABORATORY	102,192,002	0	16,741,703	17,916	17,916	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,802,257	0	1,523,887	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	38,617,635	0	6,768,913	4,415	4,415	65.00
65.01	06501	SLEEP LAB	7,471,741	0	795,636	0	0	65.01
66.00	06600	PHYSICAL THERAPY	23,366,267	0	6,402,587	15,572	15,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,830,047	0	1,506,539	2,404	2,404	67.00
68.00	06800	SPEECH PATHOLOGY	4,284,422	0	858,685	575	575	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	60,513,573	0	3,635,713	14,888	14,888	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	94,427,037	0	14,153,434	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	117,152,150	0	9,875,959	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	415,811,851	0	56,151,762	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	7,493,318	0	8,249,927	888	888	73.01
74.00	07400	RENAL DIALYSIS	3,838,567	0	1,670,058	2,918	2,918	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,360,771	0	1,325,843	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	21,971,074	0	1,962,907	415	415	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,368	76,516	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	863,464	0	425,421	6,381	6,381	90.01
90.02	09002	PAIN CLINIC	6,100,347	0	1,017,293	22,443	22,443	90.02
90.03	09003	ONCOLOGY CLINIC	31,466,630	0	2,283,544	2,906	2,906	90.03
91.00	09100	EMERGENCY	262,052,234	0	20,907,921	33,751	33,751	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	5,954,811	0	1,395,055	4,384	4,384	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	11,011	715	715	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,227,586,876	-41,361,495	375,804,470	653,132	624,690	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	750,781	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description	CASHIERING/AC COUNTS 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	912,361	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	79,800	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	6,744,024	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	79,265	5,073	5,073	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	372,618	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	2,157,296	90,614	90,614	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	181,273	11,771	11,771	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	70,333	3,041	3,041	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	0	0	1,800,339	6,700	6,700	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	34,250	2,224	2,224	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	1,532,427	5,087	5,087	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	239,998	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	80,141	852	852	194.23
194.24 07974 BOSCO BALL OUTPATIENT SURGERY	0	0	380,872	24,732	24,732	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	19,253	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	1,366,763	4,033	4,033	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 INITIATIVE	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	339,631	22,054	22,054	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)	11,232,838		41,438,011	26,793,094	9,790,825	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.005043		0.105455	31.230331	11.803612	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0		764,756	13,970,696	917,872	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000		0.001946	16.284400	1.106567	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 01/01/2021 To 12/31/2021	Worksheet B-1 Date/Time Prepared: 5/27/2022 9:40 am			
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATIVE (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	1,363,966				8.00	
9.00 00900	HOUSEKEEPING	28	671,625			9.00	
10.00 01000	DIETARY	0	16,979	240,323		10.00	
11.00 01100	CAFETERIA	0	7,750	0	151,394	11.00	
13.00 01300	NURSING ADMINISTRATION	12	13,743	0	5,260	63,225	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	21,216	0	0	0	14.00
15.00 01500	PHARMACY	238	7,306	0	6,005	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00 01080	PATIENT TRANSPORTATION	6,499	718	0	2,148	4	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	7,342	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	41,833	0	671	0	22.00
23.00 02300	PARAMED ED PRGM	6	188	0	284	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	688,339	186,636	194,617	38,387	30,181	30.00
31.00 03100	INTENSIVE CARE UNIT	112,910	27,662	8,295	10,042	7,908	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	7,091	10,189	275	2,826	2,270	35.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	43,965	9,997	13,204	2,211	1,669	41.00
43.00 04300	NURSERY	10,029	2,723	0	561	407	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	103,786	37,892	39	9,589	2,708	50.00
51.00 05100	RECOVERY ROOM	34,787	8,229	0	2,400	1,764	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	51,812	12,837	0	2,673	2,249	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	80,325	61,052	91	12,419	1,676	54.00
57.00 05700	CT SCAN	0	0	0	401	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	17,229	13,599	1,083	3,248	1,679	59.00
60.00 06000	LABORATORY	0	17,744	0	4,840	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	305	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	181	4,415	0	5,148	6	65.00
65.01 06501	SLEEP LAB	137	0	0	820	0	65.01
66.00 06600	PHYSICAL THERAPY	6,534	3,422	0	6,031	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	2,404	0	1,097	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	575	0	703	0	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	13,845	14,888	0	2,553	1	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	119	0	0	1,427	0	73.01
74.00 07400	RENAL DIALYSIS	2,020	2,918	0	0	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	1,523	93	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	415	0	804	504	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	412	55	90.01
90.02 09002	PAIN CLINIC	0	22,443	0	611	153	90.02
90.03 09003	ONCOLOGY CLINIC	547	2,906	114	1,253	1,023	90.03
91.00 09100	EMERGENCY	175,644	33,751	11,194	11,864	8,125	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	4	4,384	0	1,132	735	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	715	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	1,356,392	597,910	228,912	146,685	63,210	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	653	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
191.00	19100 RESEARCH	0	1,870	0	1,092	0	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	164	0	194.01
194.02	07952 PAVILLION PHARMACY	123	2,540	0	951	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	7,362	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	89	41,780	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	0	0	11,411	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	3,041	0	15	14	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	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	5,087	0	871	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	59	0	194.23
194.24	07974 BOSCO BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	1	1	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	4,033	0	903	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)	1,658,426	6,059,497	5,219,320	1,523,056	19,964,739	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.215885	9.022143	21.717938	10.060214	315.772859	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,919	418,566	576,641	261,501	508,500	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002140	0.623214	2.399442	1.727288	8.042705	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 01/01/2021 To 12/31/2021	Worksheet B-1 Date/Time Prepared: 5/27/2022 9:40 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	
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	31,579,006				14.00
15.00 01500	PHARMACY	104,193	49,244,782			15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	2,227,586,876		16.00
18.00 01080	PATIENT TRANSPORTATION	1	0	0	2,227,586,876	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5	26	0	0	22.00
23.00 02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,137,440	291,739	267,230,773	267,230,773	3,138
31.00 03100	INTENSIVE CARE UNIT	571,707	190,227	70,081,357	70,081,357	619
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	100,858	13,942	17,247,067	17,247,067	40
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	20,644	2,714	9,764,153	9,764,153	0
43.00 04300	NURSERY	0	0	3,083,336	3,083,336	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,505,910	119,734	180,426,554	180,426,554	284
51.00 05100	RECOVERY ROOM	54,176	64,646	26,278,584	26,278,584	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	182,532	35,478	27,894,316	27,894,316	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,203,276	324,653	280,313,434	280,313,434	130
57.00 05700	CT SCAN	239	22	3,496,043	3,496,043	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	1,441,968	51,370	118,190,693	118,190,693	0
60.00 06000	LABORATORY	0	0	102,192,002	102,192,002	0
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	6,802,257	6,802,257	0
65.00 06500	RESPIRATORY THERAPY	573,751	0	38,617,635	38,617,635	124
65.01 06501	SLEEP LAB	24,809	0	7,471,741	7,471,741	0
66.00 06600	PHYSICAL THERAPY	18,828	104	23,366,267	23,366,267	0
67.00 06700	OCCUPATIONAL THERAPY	354	0	7,830,047	7,830,047	0
68.00 06800	SPEECH PATHOLOGY	0	0	4,284,422	4,284,422	0
68.01 06801	AUDIOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	48,599	1,035	60,513,573	60,513,573	255
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,222,873	0	94,427,037	94,427,037	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	7,480,783	0	117,152,150	117,152,150	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	47,652,219	415,811,851	415,811,851	0
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	168	0	7,493,318	7,493,318	0
74.00 07400	RENAL DIALYSIS	4,747	1,261	3,838,567	3,838,567	0
76.00 03160	CARDIOPULMONARY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	953	5	5,360,771	5,360,771	0
76.98 07698	HYPERBARIC OXYGEN THERAPY	243,883	0	21,971,074	21,971,074	16
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	10,368	10,368	0
90.01 09001	SUBSTANCE ABUSE CLINIC	970	0	863,464	863,464	0
90.02 09002	PAIN CLINIC	13,141	841	6,100,347	6,100,347	52
90.03 09003	ONCOLOGY CLINIC	88,480	67,720	31,466,630	31,466,630	99
91.00 09100	EMERGENCY	514,551	424,313	262,052,234	262,052,234	359
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	6,726	2,612	5,954,811	5,954,811	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	31,566,565	49,244,661	2,227,586,876	2,227,586,876	5,116

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 9:40 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	1,994	0	0	0	0	190.00
191.00 19100 RESEARCH	98	65	0	0	42	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	5,857	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	18	56	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	355	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 PEDIATRIC THERAPIES	2,478	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	47	0	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	1,594	0	0	0	0	194.23
194.24 07974 BOSCH BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	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)	13,999,841	9,832,184	0	1,081,772	5,341,203	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.443327	0.199659	0.000000	0.000486	1,035.518224	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	731,616	276,652	0	30,171	24,820	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.023168	0.005618	0.000000	0.000014	4.811943	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 01/01/2021
To 12/31/2021

Worksheet B-1
Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)	
		SERVICER-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	5,158		22.00
23.00	02300 PARAMED PRGM		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	3,138	0	30.00
31.00	03100 INTENSIVE CARE UNIT	619	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	40	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	284	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	130	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	124	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	255	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	16	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	52	0	90.02
90.03	09003 ONCOLOGY CLINIC	99	0	90.03
91.00	09100 EMERGENCY	359	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)	5,116	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/27/2022 9:40 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	42	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	PEDIATRIC THERAPIES	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)	7,101,576	327,579	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,376.808065	3,275.790000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,407,835	7,465	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	272.942032	74.650000	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 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/27/2022 9:40 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,685,808		83,685,808	0	83,685,808	30.00
31.00	03100	INTENSIVE CARE UNIT	21,744,869		21,744,869	0	21,744,869	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,881,994		5,881,994	0	5,881,994	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,467,031		4,467,031	0	4,467,031	41.00
43.00	04300	NURSERY	1,117,396		1,117,396	0	1,117,396	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,520,968		21,520,968	0	21,520,968	50.00
51.00	05100	RECOVERY ROOM	4,355,162		4,355,162	0	4,355,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,637,088		5,637,088	0	5,637,088	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,365,400		29,365,400	0	29,365,400	54.00
57.00	05700	CT SCAN	214,504		214,504	0	214,504	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,018,666		10,018,666	0	10,018,666	59.00
60.00	06000	LABORATORY	19,536,641		19,536,641	0	19,536,641	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,688,266		1,688,266	0	1,688,266	63.00
65.00	06500	RESPIRATORY THERAPY	8,039,589	0	8,039,589	0	8,039,589	65.00
65.01	06501	SLEEP LAB	902,585	0	902,585	0	902,585	65.01
66.00	06600	PHYSICAL THERAPY	7,867,113	0	7,867,113	0	7,867,113	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,805,552	0	1,805,552	0	1,805,552	67.00
68.00	06800	SPEECH PATHOLOGY	988,324	0	988,324	0	988,324	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,888,124		4,888,124	0	4,888,124	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,110,622		21,110,622	0	21,110,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,290,797		14,290,797	0	14,290,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,116,185		72,116,185	0	72,116,185	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	9,176,355		9,176,355	0	9,176,355	73.01
74.00	07400	RENAL DIALYSIS	2,004,752		2,004,752	0	2,004,752	74.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,513,377		1,513,377	0	1,513,377	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,477,544		2,477,544	0	2,477,544	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	824,817		824,817	0	824,817	90.01
90.02	09002	PAIN CLINIC	2,356,285		2,356,285	0	2,356,285	90.02
90.03	09003	ONCOLOGY CLINIC	3,082,451		3,082,451	0	3,082,451	90.03
91.00	09100	EMERGENCY	28,451,582		28,451,582	814,478	29,266,060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,344,843		8,344,843	0	8,344,843	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,020,269		2,020,269	0	2,020,269	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	49,393		49,393	0	49,393	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	401,544,352	0	401,544,352	814,478	402,358,830	200.00
201.00		Less Observation Beds	8,344,843		8,344,843		8,344,843	201.00
202.00		Total (see instructions)	393,199,509	0	393,199,509	814,478	394,013,987	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/27/2022 9:40 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	217,646,879		217,646,879				30.00
31.00	03100	INTENSIVE CARE UNIT	70,081,357		70,081,357				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,247,067		17,247,067				35.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	9,764,153		9,764,153				41.00
43.00	04300	NURSERY	3,083,336		3,083,336				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	96,452,327	83,974,227	180,426,554	0.119278	0.000000		50.00
51.00	05100	RECOVERY ROOM	8,870,901	17,407,683	26,278,584	0.165730	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,021,301	3,873,015	27,894,316	0.202087	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,566,705	210,746,729	280,313,434	0.104759	0.000000		54.00
57.00	05700	CT SCAN	1,767,440	1,728,603	3,496,043	0.061356	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	51,792,124	66,398,569	118,190,693	0.084767	0.000000		59.00
60.00	06000	LABORATORY	51,743,202	50,448,800	102,192,002	0.191176	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.	5,265,528	1,536,729	6,802,257	0.248192	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	35,320,011	3,297,624	38,617,635	0.208184	0.000000		65.00
65.01	06501	SLEEP LAB	31,626	7,440,115	7,471,741	0.120800	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	10,623,946	12,742,321	23,366,267	0.336687	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	7,675,628	154,419	7,830,047	0.230593	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	3,922,032	362,390	4,284,422	0.230678	0.000000		68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	35,973,112	24,540,461	60,513,573	0.080777	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,605,405	50,821,632	94,427,037	0.223565	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,390,894	41,761,256	117,152,150	0.121985	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	152,452,403	263,359,448	415,811,851	0.173435	0.000000		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	7,493,318	7,493,318	1.224605	0.000000		73.01
74.00	07400	RENAL DIALYSIS	3,669,620	168,947	3,838,567	0.522266	0.000000		74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1,333,854	4,026,917	5,360,771	0.282306	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	92,647	21,878,427	21,971,074	0.112764	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,829	7,539	10,368	0.000000	0.000000		90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	123	863,341	863,464	0.955242	0.000000		90.01
90.02	09002	PAIN CLINIC	0	6,100,347	6,100,347	0.386254	0.000000		90.02
90.03	09003	ONCOLOGY CLINIC	277,193	31,189,437	31,466,630	0.097959	0.000000		90.03
91.00	09100	EMERGENCY	83,908,103	178,144,131	262,052,234	0.108572	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,195,934	48,387,960	49,583,894	0.168297	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	53,102	5,901,709	5,954,811	0.339267	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	1,082,830,782	1,144,756,094	2,227,586,876				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	1,082,830,782	1,144,756,094	2,227,586,876				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/27/2022 9:40 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	0.119278		50.00
51.00	05100	RECOVERY ROOM	0.165730		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202087		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104759		54.00
57.00	05700	CT SCAN	0.061356		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084767		59.00
60.00	06000	LABORATORY	0.191176		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.248192		63.00
65.00	06500	RESPIRATORY THERAPY	0.208184		65.00
65.01	06501	SLEEP LAB	0.120800		65.01
66.00	06600	PHYSICAL THERAPY	0.336687		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.230593		67.00
68.00	06800	SPEECH PATHOLOGY	0.230678		68.00
68.01	06801	AUDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.080777		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223565		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.121985		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173435		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.224605		73.01
74.00	07400	RENAL DIALYSIS	0.522266		74.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.282306		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.112764		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.955242		90.01
90.02	09002	PAIN CLINIC	0.386254		90.02
90.03	09003	ONCOLOGY CLINIC	0.097959		90.03
91.00	09100	EMERGENCY	0.111680		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.168297		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.339267		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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/27/2022 9:40 am

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,685,808		83,685,808	0	83,685,808	30.00
31.00	03100	INTENSIVE CARE UNIT	21,744,869		21,744,869	0	21,744,869	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	5,881,994		5,881,994	0	5,881,994	35.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,467,031		4,467,031	0	4,467,031	41.00
43.00	04300	NURSERY	1,117,396		1,117,396	0	1,117,396	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,520,968		21,520,968	0	21,520,968	50.00
51.00	05100	RECOVERY ROOM	4,355,162		4,355,162	0	4,355,162	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,637,088		5,637,088	0	5,637,088	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,365,400		29,365,400	0	29,365,400	54.00
57.00	05700	CT SCAN	214,504		214,504	0	214,504	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,018,666		10,018,666	0	10,018,666	59.00
60.00	06000	LABORATORY	19,536,641		19,536,641	0	19,536,641	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,688,266		1,688,266	0	1,688,266	63.00
65.00	06500	RESPIRATORY THERAPY	8,039,589	0	8,039,589	0	8,039,589	65.00
65.01	06501	SLEEP LAB	902,585	0	902,585	0	902,585	65.01
66.00	06600	PHYSICAL THERAPY	7,867,113	0	7,867,113	0	7,867,113	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,805,552	0	1,805,552	0	1,805,552	67.00
68.00	06800	SPEECH PATHOLOGY	988,324	0	988,324	0	988,324	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,888,124		4,888,124	0	4,888,124	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,110,622		21,110,622	0	21,110,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,290,797		14,290,797	0	14,290,797	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	72,116,185		72,116,185	0	72,116,185	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	9,176,355		9,176,355	0	9,176,355	73.01
74.00	07400	RENAL DIALYSIS	2,004,752		2,004,752	0	2,004,752	74.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,513,377		1,513,377	0	1,513,377	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,477,544		2,477,544	0	2,477,544	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	824,817		824,817	0	824,817	90.01
90.02	09002	PAIN CLINIC	2,356,285		2,356,285	0	2,356,285	90.02
90.03	09003	ONCOLOGY CLINIC	3,082,451		3,082,451	0	3,082,451	90.03
91.00	09100	EMERGENCY	28,451,582		28,451,582	814,478	29,266,060	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,344,843		8,344,843	0	8,344,843	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	2,020,269		2,020,269	0	2,020,269	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	49,393		49,393	0	49,393	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	401,544,352	0	401,544,352	814,478	402,358,830	200.00
201.00		Less Observation Beds	8,344,843		8,344,843		8,344,843	201.00
202.00		Total (see instructions)	393,199,509	0	393,199,509	814,478	394,013,987	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/27/2022 9:40 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	217,646,879		217,646,879			30.00
31.00	03100	INTENSIVE CARE UNIT	70,081,357		70,081,357			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,247,067		17,247,067			35.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - I RF	9,764,153		9,764,153			41.00
43.00	04300	NURSERY	3,083,336		3,083,336			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	96,452,327	83,974,227	180,426,554	0.119278	0.000000	50.00
51.00	05100	RECOVERY ROOM	8,870,901	17,407,683	26,278,584	0.165730	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,021,301	3,873,015	27,894,316	0.202087	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,566,705	210,746,729	280,313,434	0.104759	0.000000	54.00
57.00	05700	CT SCAN	1,767,440	1,728,603	3,496,043	0.061356	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	51,792,124	66,398,569	118,190,693	0.084767	0.000000	59.00
60.00	06000	LABORATORY	51,743,202	50,448,800	102,192,002	0.191176	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.	5,265,528	1,536,729	6,802,257	0.248192	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	35,320,011	3,297,624	38,617,635	0.208184	0.000000	65.00
65.01	06501	SLEEP LAB	31,626	7,440,115	7,471,741	0.120800	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	10,623,946	12,742,321	23,366,267	0.336687	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,675,628	154,419	7,830,047	0.230593	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,922,032	362,390	4,284,422	0.230678	0.000000	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	35,973,112	24,540,461	60,513,573	0.080777	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,605,405	50,821,632	94,427,037	0.223565	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	75,390,894	41,761,256	117,152,150	0.121985	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	152,452,403	263,359,448	415,811,851	0.173435	0.000000	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	7,493,318	7,493,318	1.224605	0.000000	73.01
74.00	07400	RENAL DIALYSIS	3,669,620	168,947	3,838,567	0.522266	0.000000	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,333,854	4,026,917	5,360,771	0.282306	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	92,647	21,878,427	21,971,074	0.112764	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,829	7,539	10,368	0.000000	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	123	863,341	863,464	0.955242	0.000000	90.01
90.02	09002	PAIN CLINIC	0	6,100,347	6,100,347	0.386254	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	277,193	31,189,437	31,466,630	0.097959	0.000000	90.03
91.00	09100	EMERGENCY	83,908,103	178,144,131	262,052,234	0.108572	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,195,934	48,387,960	49,583,894	0.168297	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	53,102	5,901,709	5,954,811	0.339267	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	1,082,830,782	1,144,756,094	2,227,586,876			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,082,830,782	1,144,756,094	2,227,586,876			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/27/2022 9:40 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 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/27/2022 9:40 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,180,422	0	7,180,422	75,103	95.61	30.00
31.00	INTENSIVE CARE UNIT	1,079,560		1,079,560	10,061	107.30	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	377,346		377,346	3,190	118.29	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	390,640	0	390,640	4,089	95.53	41.00
43.00	NURSERY	97,200		97,200	2,019	48.14	43.00
200.00	Total (lines 30 through 199)	9,125,168		9,125,168	94,462		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	24,373	2,330,303				30.00
31.00	INTENSIVE CARE UNIT	3,361	360,635				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				35.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	2,247	214,656				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30 through 199)	29,981	2,905,594				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part II Date/Time Prepared: 5/27/2022 9:40 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. C, 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	1,476,630	180,426,554	0.008184	34,101,194	279,084	50.00
51.00	05100 RECOVERY ROOM	303,512	26,278,584	0.011550	3,112,390	35,948	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	466,491	27,894,316	0.016724	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,211,295	280,313,434	0.007889	27,152,811	214,209	54.00
57.00	05700 CT SCAN	1,412	3,496,043	0.000404	673,103	272	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	533,108	118,190,693	0.004511	20,059,067	90,486	59.00
60.00	06000 LABORATORY	646,765	102,192,002	0.006329	17,101,310	108,234	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,401	6,802,257	0.000500	2,084,811	1,042	63.00
65.00	06500 RESPIRATORY THERAPY	188,058	38,617,635	0.004870	10,743,985	52,323	65.00
65.01	06501 SLEEP LAB	4,357	7,471,741	0.000583	11,704	7	65.01
66.00	06600 PHYSICAL THERAPY	540,425	23,366,267	0.023128	2,913,795	67,390	66.00
67.00	06700 OCCUPATIONAL THERAPY	86,229	7,830,047	0.011013	1,349,415	14,861	67.00
68.00	06800 SPEECH PATHOLOGY	22,742	4,284,422	0.005308	1,161,705	6,166	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	515,032	60,513,573	0.008511	14,752,384	125,558	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	316,761	94,427,037	0.003355	15,870,442	53,245	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	200,032	117,152,150	0.001707	29,281,851	49,984	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	401,953	415,811,851	0.000967	47,689,052	46,115	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	48,983	7,493,318	0.006537	0	0	73.01
74.00	07400 RENAL DIALYSIS	101,120	3,838,567	0.026343	1,664,604	43,851	74.00
76.00	03160 CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	6,983	5,360,771	0.001303	492,890	642	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,545	21,971,074	0.001390	46,879	65	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	215,418	863,464	0.249481	0	0	90.01
90.02	09002 PAIN CLINIC	755,131	6,100,347	0.123785	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	117,287	31,466,630	0.003727	148,464	553	90.03
91.00	09100 EMERGENCY	1,318,286	262,052,234	0.005031	31,343,255	157,688	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	716,004	49,583,894	0.014440	371,569	5,365	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	158,167	5,954,811	0.026561	31,921	848	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	11,386,127	1,909,753,716		262,158,601	1,353,936	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/27/2022 9:40 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS
INPATIENT ROUTINE SERVICE COST CENTERS			1A	1.00	2A	2.00	3.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
INPATIENT ROUTINE SERVICE COST CENTERS			4.00	5.00	6.00	7.00	8.00	
30.00	03000	ADULTS & PEDIATRICS	0	0	75,103	0.00	24,373	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	10,061	0.00	3,361	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	3,190	0.00	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,089	0.00	2,247	41.00
43.00	04300	NURSERY	0	0	2,019	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	94,462	0.00	29,981	200.00
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)					
INPATIENT ROUTINE SERVICE COST CENTERS			9.00					
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	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 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/27/2022 9:40 am
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Cost Center Description	Title XVIII			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	327,579	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	327,579	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/27/2022 9:40 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	180,426,554	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	26,278,584	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	27,894,316	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	280,313,434	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	3,496,043	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	118,190,693	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	102,192,002	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	6,802,257	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	38,617,635	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	7,471,741	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	23,366,267	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,830,047	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,284,422	0.000000	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	60,513,573	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	94,427,037	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	117,152,150	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	327,579	327,579	415,811,851	0.000788	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	7,493,318	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	3,838,567	0.000000	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	5,360,771	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	21,971,074	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	10,368	0.000000	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	863,464	0.000000	90.01
90.02 09002 PAIN CLINIC	0	0	0	6,100,347	0.000000	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	31,466,630	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	262,052,234	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	49,583,894	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,954,811	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	327,579	327,579	1,909,764,084		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part IV
Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description		Title XVIII			Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	34,101,194	0	18,166,167	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,112,390	0	4,596,451	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	27,152,811	0	59,797,963	0	54.00
57.00	05700 CT SCAN	0.000000	673,103	0	334,950	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	20,059,067	0	22,972,770	0	59.00
60.00	06000 LABORATORY	0.000000	17,101,310	0	5,646,099	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	2,084,811	0	521,099	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,743,985	0	619,507	0	65.00
65.01	06501 SLEEP LAB	0.000000	11,704	0	1,461,865	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	2,913,795	0	193,519	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,349,415	0	1,278	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,161,705	0	10,150	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	14,752,384	0	6,143,813	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	15,870,442	0	17,241,456	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	29,281,851	0	12,821,722	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000788	47,689,052	37,579	91,983,447	72,483	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	1,664,604	0	46,414	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	492,890	0	1,642,335	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	46,879	0	7,286,705	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	20,947	0	90.01
90.02	09002 PAIN CLINIC	0.000000	0	0	1,778,987	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.000000	148,464	0	11,191,133	0	90.03
91.00	09100 EMERGENCY	0.000000	31,343,255	0	24,259,450	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	371,569	0	9,742,627	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	31,921	0	1,061,882	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		262,158,601	37,579	299,542,736	72,483	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 9:40 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	0.119278	18,166,167	0	0	2,166,824	50.00
51.00	05100	RECOVERY ROOM	0.165730	4,596,451	0	0	761,770	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202087	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104759	59,797,963	0	0	6,264,375	54.00
57.00	05700	CT SCAN	0.061356	334,950	0	0	20,551	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084767	22,972,770	0	0	1,947,333	59.00
60.00	06000	LABORATORY	0.191176	5,646,099	175	0	1,079,399	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.248192	521,099	0	0	129,333	63.00
65.00	06500	RESPIRATORY THERAPY	0.208184	619,507	0	0	128,971	65.00
65.01	06501	SLEEP LAB	0.120800	1,461,865	0	0	176,593	65.01
66.00	06600	PHYSICAL THERAPY	0.336687	193,519	0	0	65,155	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.230593	1,278	0	0	295	67.00
68.00	06800	SPEECH PATHOLOGY	0.230678	10,150	0	0	2,341	68.00
68.01	06801	AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.080777	6,143,813	0	0	496,279	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223565	17,241,456	0	0	3,854,586	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.121985	12,821,722	0	0	1,564,058	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173435	91,983,447	0	58,090	15,953,149	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.224605	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.522266	46,414	0	0	24,240	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.282306	1,642,335	0	0	463,641	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.112764	7,286,705	0	0	821,678	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.955242	20,947	0	0	20,009	90.01
90.02	09002	PAIN CLINIC	0.386254	1,778,987	0	0	687,141	90.02
90.03	09003	ONCOLOGY CLINIC	0.097959	11,191,133	0	0	1,096,272	90.03
91.00	09100	EMERGENCY	0.108572	24,259,450	0	0	2,633,897	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.168297	9,742,627	0	0	1,639,655	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.339267	1,061,882	0	0	360,262	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		299,542,736	175	58,090	42,357,807	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)		299,542,736	175	58,090	42,357,807	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 9:40 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	33	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	10,075		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)	33	10,075		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	33	10,075		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/27/2022 9:40 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	1,476,630	180,426,554	0.008184	100,793	825	50.00
51.00	05100	RECOVERY ROOM	303,512	26,278,584	0.011550	10,878	126	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	466,491	27,894,316	0.016724	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,211,295	280,313,434	0.007889	180,523	1,424	54.00
57.00	05700	CT SCAN	1,412	3,496,043	0.000404	12,927	5	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	533,108	118,190,693	0.004511	52,707	238	59.00
60.00	06000	LABORATORY	646,765	102,192,002	0.006329	396,897	2,512	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,401	6,802,257	0.000500	17,360	9	63.00
65.00	06500	RESPIRATORY THERAPY	188,058	38,617,635	0.004870	118,099	575	65.00
65.01	06501	SLEEP LAB	4,357	7,471,741	0.000583	0	0	65.01
66.00	06600	PHYSICAL THERAPY	540,425	23,366,267	0.023128	1,722,552	39,839	66.00
67.00	06700	OCCUPATIONAL THERAPY	86,229	7,830,047	0.011013	2,119,281	23,340	67.00
68.00	06800	SPEECH PATHOLOGY	22,742	4,284,422	0.005308	549,915	2,919	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	515,032	60,513,573	0.008511	40,940	348	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	316,761	94,427,037	0.003355	75,371	253	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	200,032	117,152,150	0.001707	30,321	52	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	401,953	415,811,851	0.000967	1,025,235	991	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	48,983	7,493,318	0.006537	0	0	73.01
74.00	07400	RENAL DIALYSIS	101,120	3,838,567	0.026343	99,831	2,630	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	6,983	5,360,771	0.001303	344	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,545	21,971,074	0.001390	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	215,418	863,464	0.249481	0	0	90.01
90.02	09002	PAIN CLINIC	755,131	6,100,347	0.123785	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	117,287	31,466,630	0.003727	0	0	90.03
91.00	09100	EMERGENCY	1,318,286	262,052,234	0.005031	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	49,583,894	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	158,167	5,954,811	0.026561	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,670,123	1,909,753,716		6,553,974	76,086	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/27/2022 9:40 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
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	327,579	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	327,579	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part IV Date/Time Prepared: 5/27/2022 9:40 am	
			Title XVIII		Subprovider - IRF		PPS	
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	180,426,554	0.000000 50.00	
51.00	05100	RECOVERY ROOM	0	0	0	26,278,584	0.000000 51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	27,894,316	0.000000 52.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	280,313,434	0.000000 54.00	
57.00	05700	CT SCAN	0	0	0	3,496,043	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	118,190,693	0.000000 59.00	
60.00	06000	LABORATORY	0	0	0	102,192,002	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	6,802,257	0.000000 63.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	38,617,635	0.000000 65.00	
65.01	06501	SLEEP LAB	0	0	0	7,471,741	0.000000 65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	23,366,267	0.000000 66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,830,047	0.000000 67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,284,422	0.000000 68.00	
68.01	06801	AUDIOLOGY	0	0	0	0	0.000000 68.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	60,513,573	0.000000 69.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	94,427,037	0.000000 71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	117,152,150	0.000000 72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	327,579	327,579	415,811,851	0.000788 73.00	
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	7,493,318	0.000000 73.01	
74.00	07400	RENAL DIALYSIS	0	0	0	3,838,567	0.000000 74.00	
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000 76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	5,360,771	0.000000 76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	21,971,074	0.000000 76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	10,368	0.000000 90.00	
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	863,464	0.000000 90.01	
90.02	09002	PAIN CLINIC	0	0	0	6,100,347	0.000000 90.02	
90.03	09003	ONCOLOGY CLINIC	0	0	0	31,466,630	0.000000 90.03	
91.00	09100	EMERGENCY	0	0	0	262,052,234	0.000000 91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	49,583,894	0.000000 92.00	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	5,954,811	0.000000 92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	327,579	327,579	1,909,764,084	95.00	
200.00		Total (lines 50 through 199)	0	327,579	327,579	1,909,764,084	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/27/2022 9:40 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	100,793	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	10,878	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	180,523	0	0	0	54.00
57.00 05700 CT SCAN	0.000000	12,927	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	52,707	0	0	0	59.00
60.00 06000 LABORATORY	0.000000	396,897	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	17,360	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.000000	118,099	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	1,722,552	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	2,119,281	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	549,915	0	0	0	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.000000	40,940	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	75,371	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	30,321	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.000788	1,025,235	808	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	99,831	0	0	0	74.00
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.000000	344	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	0	0	1,140	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)		6,553,974	808	1,140	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 9:40 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)		
		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	0.119278	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.165730	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202087	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104759	0	0	0	0	54.00
57.00	05700	CT SCAN	0.061356	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	0.084767	0	0	0	0	59.00
60.00	06000	LABORATORY	0.191176	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.	0.248192	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.208184	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0.120800	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0.336687	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.230593	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.230678	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.080777	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223565	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.121985	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173435	0	0	3,301	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.224605	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0.522266	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.282306	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.112764	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	0.955242	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0.386254	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.097959	0	0	0	0	90.03
91.00	09100	EMERGENCY	0.108572	1,140	0	0	124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.168297	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.339267	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00		Subtotal (see instructions)		1,140	0	3,301	124	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		1,140	0	3,301	124	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/27/2022 9:40 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	573		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)	0	573	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	0	573	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2022 9:40 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)		75,103	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		75,103	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)		67,614	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)		24,373	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)		83,685,808	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)		83,685,808	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)		83,685,808	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)		1,114,28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,158,346	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)		27,158,346	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 9:40 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	21,744,869	10,061	2,161.30	3,361	7,264,129	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	5,881,994	3,190	1,843.89	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					37,939,347	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					72,361,822	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,690,938	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,391,515	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,082,453	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					68,279,369	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)					7,489	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,114.28	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,344,843	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/27/2022 9:40 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	7,180,422	83,685,808	0.085802	8,344,843	716,004	90.00
91.00	Nursing Program cost	0	83,685,808	0.000000	8,344,843	0	91.00
92.00	Allied health cost	0	83,685,808	0.000000	8,344,843	0	92.00
93.00	All other Medical Education	0	83,685,808	0.000000	8,344,843	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 9:40 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)		4,089	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,089	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)		4,089	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)		2,247	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)		4,467,031	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)		4,467,031	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)		4,467,031	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)		1,092.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,454,735	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)		2,454,735	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 15-T089		Date/Time Prepared: 5/27/2022 9:40 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)					1,592,177	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,046,912	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)					214,656	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					76,894	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					291,550	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,755,362	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 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/27/2022 9:40 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	390,640	4,467,031	0.087450	0	0	90.00
91.00	Nursing Program cost	0	4,467,031	0.000000	0	0	91.00
92.00	Allied health cost	0	4,467,031	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,467,031	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 9:40 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)			75,103 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			75,103 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)			67,614 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)			2,039 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)			2,019 15.00
16.00	Nursery days (title V or XIX only)			1,392 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)			83,685,808 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)			83,685,808 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)			83,685,808 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)			1,114.28 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,272,017 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)			2,272,017 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 9:40 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)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,117,396	2,019	553.44	1,392	770,388	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	21,744,869	10,061	2,161.30	936	2,022,977	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	5,881,994	3,190	1,843.89	174	320,837	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,291,541	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,677,760	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)					7,489	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,114.28	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,344,843	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/27/2022 9:40 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	7,180,422	83,685,808	0.085802	8,344,843	716,004	90.00
91.00	Nursing Program cost	0	83,685,808	0.000000	8,344,843	0	91.00
92.00	Allied health cost	0	83,685,808	0.000000	8,344,843	0	92.00
93.00	All other Medical Education	0	83,685,808	0.000000	8,344,843	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/27/2022 9:40 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)			4,089 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,089 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)			4,089 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)			68 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)			2,019 15.00
16.00	Nursery days (title V or XIX only)			1,392 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)			4,467,031 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)			4,467,031 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)			4,467,031 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)			1,092.45 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			74,287 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)			74,287 41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1	
				Component CCN: 15-T089		Date/Time Prepared: 5/27/2022 9:40 am	
				Title XIX	Subprovider - IRF	Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					46,181		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					120,468		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 anesthesiologist, 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 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/27/2022 9:40 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	390,640	4,467,031	0.087450	0	0	90.00
91.00	Nursing Program cost	0	4,467,031	0.000000	0	0	91.00
92.00	Allied health cost	0	4,467,031	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,467,031	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 9:40 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		78,773,720	30.00
31.00	03100	INTENSIVE CARE UNIT		21,488,986	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		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.119278	34,101,194	50.00
51.00	05100	RECOVERY ROOM	0.165730	3,112,390	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202087	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104759	27,152,811	54.00
57.00	05700	CT SCAN	0.061356	673,103	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084767	20,059,067	59.00
60.00	06000	LABORATORY	0.191176	17,101,310	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.248192	2,084,811	63.00
65.00	06500	RESPIRATORY THERAPY	0.208184	10,743,985	65.00
65.01	06501	SLEEP LAB	0.120800	11,704	65.01
66.00	06600	PHYSICAL THERAPY	0.336687	2,913,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.230593	1,349,415	67.00
68.00	06800	SPEECH PATHOLOGY	0.230678	1,161,705	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.080777	14,752,384	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223565	15,870,442	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.121985	29,281,851	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173435	47,689,052	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.224605	0	73.01
74.00	07400	RENAL DIALYSIS	0.522266	1,664,604	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.282306	492,890	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.112764	46,879	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.955242	0	90.01
90.02	09002	PAIN CLINIC	0.386254	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.097959	148,464	90.03
91.00	09100	EMERGENCY	0.111680	31,343,255	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.168297	371,569	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.339267	31,921	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)		262,158,601	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)		262,158,601	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 9:40 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			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		5,283,125	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.119278	100,793	50.00
51.00	05100	RECOVERY ROOM	0.165730	10,878	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202087	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104759	180,523	54.00
57.00	05700	CT SCAN	0.061356	12,927	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084767	52,707	59.00
60.00	06000	LABORATORY	0.191176	396,897	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.248192	17,360	63.00
65.00	06500	RESPIRATORY THERAPY	0.208184	118,099	65.00
65.01	06501	SLEEP LAB	0.120800	0	65.01
66.00	06600	PHYSICAL THERAPY	0.336687	1,722,552	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.230593	2,119,281	67.00
68.00	06800	SPEECH PATHOLOGY	0.230678	549,915	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.080777	40,940	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223565	75,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.121985	30,321	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173435	1,025,235	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.224605	0	73.01
74.00	07400	RENAL DIALYSIS	0.522266	99,831	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.282306	344	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.112764	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.955242	0	90.01
90.02	09002	PAIN CLINIC	0.386254	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.097959	0	90.03
91.00	09100	EMERGENCY	0.111680	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.168297	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.339267	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)		6,553,974	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)		6,553,974	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 9:40 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		6,543,120	30.00
31.00	03100	INTENSIVE CARE UNIT		1,751,493	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,068,770	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		17,808	41.00
43.00	04300	NURSERY		159,868	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.119278	1,146,334	136,732 50.00
51.00	05100	RECOVERY ROOM	0.165730	133,126	22,063 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202087	0	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.104759	1,664,664	174,389 54.00
57.00	05700	CT SCAN	0.061356	42,948	2,635 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.084767	734,089	62,227 59.00
60.00	06000	LABORATORY	0.191176	1,381,368	264,084 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.248192	117,799	29,237 63.00
65.00	06500	RESPIRATORY THERAPY	0.208184	955,420	198,903 65.00
65.01	06501	SLEEP LAB	0.120800	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.336687	133,237	44,859 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.230593	73,698	16,994 67.00
68.00	06800	SPEECH PATHOLOGY	0.230678	92,039	21,231 68.00
68.01	06801	AUDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.080777	361,029	29,163 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223565	726,153	162,342 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.121985	1,003,928	122,464 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.173435	4,122,346	714,959 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.224605	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.522266	73,467	38,369 74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.282306	28,861	8,148 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.112764	0	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.955242	0	0 90.01
90.02	09002	PAIN CLINIC	0.386254	0	0 90.02
90.03	09003	ONCOLOGY CLINIC	0.097959	4,737	464 90.03
91.00	09100	EMERGENCY	0.108572	2,202,679	239,149 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.168297	18,590	3,129 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.339267	0	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)		15,016,512	2,291,541 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		15,016,512	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/27/2022 9:40 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			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		116,656	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.119278	7,539	899 50.00
51.00	05100 RECOVERY ROOM	0.165730	3,108	515 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202087	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.104759	2,404	252 54.00
57.00	05700 CT SCAN	0.061356	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.084767	0	0 59.00
60.00	06000 LABORATORY	0.191176	7,356	1,406 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.248192	2,170	539 63.00
65.00	06500 RESPIRATORY THERAPY	0.208184	0	0 65.00
65.01	06501 SLEEP LAB	0.120800	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.336687	38,687	13,025 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.230593	43,904	10,124 67.00
68.00	06800 SPEECH PATHOLOGY	0.230678	4,044	933 68.00
68.01	06801 AUDIOLOGY	0.000000	0	0 68.01
69.00	06900 ELECTROCARDIOLOGY	0.080777	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.223565	3,007	672 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.121985	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.173435	43,332	7,515 73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.224605	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.522266	19,723	10,301 74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.282306	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.112764	0	0 76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0.955242	0	0 90.01
90.02	09002 PAIN CLINIC	0.386254	0	0 90.02
90.03	09003 ONCOLOGY CLINIC	0.097959	0	0 90.03
91.00	09100 EMERGENCY	0.108572	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.168297	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.339267	0	0 92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			
200.00	Total (sum of lines 50 through 94 and 96 through 98)		175,274	46,181 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net charges (line 200 minus line 201)		175,274	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 9:40 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)		41,222,993	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		14,460,007	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)		958,807	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		160,920	2.04
3.00	Managed Care Simulated Payments		36,807,002	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		298.92	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		63.05	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)		62.70	12.00
13.00	Total allowable FTE count for the prior year.		62.70	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.		62.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.		62.63	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		62.63	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.209521	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.213026	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.209521	21.00
22.00	IME payment adjustment (see instructions)		6,020,223	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		3,979,426	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)		0.35	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)		0.35	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.001171	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000313	27.00
28.00	IME add-on adjustment amount (see instructions)		17,429	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		11,521	28.01
29.00	Total IME payment (sum of lines 22 and 28)		6,037,652	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		3,990,947	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.92	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.45	31.00
32.00	Sum of lines 30 and 31		32.37	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.92	33.00
34.00	Disproportionate share adjustment (see instructions)		2,216,183	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 9:40 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)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000362015	0.000371403	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,001,111	2,671,132	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,244,666	673,272	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	2,917,938		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (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 (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)	67,974,500		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)		71,965,447	49.00
50.00	Payment for inpatient program capital (From Wkst. L, Pt. I and Pt. II, as applicable)		4,938,819	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).		2,588,118	52.00
53.00	Nursing and Allied Health Managed Care payment		30,801	53.00
54.00	Special add-on payments for new technologies		970,726	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)		37,579	58.00
59.00	Total (sum of amounts on lines 49 through 58)		80,531,490	59.00
60.00	Primary payer payments		30,810	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		80,500,680	61.00
62.00	Deductibles billed to program beneficiaries		5,273,420	62.00
63.00	Coinurance billed to program beneficiaries		230,430	63.00
64.00	Allowable bad debts (see instructions)		779,363	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		506,586	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		93,904	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		75,503,416	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)		-212,427	70.93
70.94	HRR adjustment amount (see instructions)		-46,243	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/27/2022 9:40 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)			75,244,746	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs				71.03
72.00	Interim payments			74,337,668	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			907,078	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,404,961	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. I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
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 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2022 9:40 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	1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	41,222,993	0	41,222,993	41,222,993	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,460,007	0		14,460,007	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	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	958,807	0	958,807	958,807	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	160,920	0		160,920	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	36,807,002	0	27,080,132	9,726,870	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.209521	0.209521	0.209521	0.209521	5.00	
6.00	IME payment adjustment (see instructions)	22.00	6,020,223	0	4,456,865	1,563,358	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,979,426	0	2,927,796	1,051,630	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	0.000313	0.000313	0.000313	0.000313	7.00	
8.00	IME adjustment (see instructions)	28.00	17,429	0	12,903	4,526	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	11,521	0	8,476	3,045	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,037,652	0	4,469,768	1,567,884	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,990,947	0	2,936,272	1,054,675	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1592	0.1592	0.1592	0.1592	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	2,216,183	0	1,640,675	575,508	11.00	
11.01	Uncompensated care payments	36.00	2,917,938	0	2,244,666	673,272	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	67,974,500	0	50,536,909	17,437,591	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	71,965,447	0	53,473,181	18,492,266	15.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/27/2022 9:40 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	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,938,819	0	3,691,983	1,246,836	4,938,819	16.00
17.00	Special add-on payments for new technologies	54.00	970,726	0	558,958	411,768	970,726	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	57,724,122	20,150,870	77,874,992	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	4,234,052	0	3,158,685	1,075,367	4,234,052	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	69,660	0	59,496	10,164	69,660	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	0.0823	0.0823	0.0823	0.0823		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	348,462	0	259,959	88,503	348,462	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0677	0.0677	0.0677	0.0677		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	286,645	0	213,843	72,802	286,645	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,938,819	0	3,691,983	1,246,836	4,938,819	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 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2022 9:40 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 (cols. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	41,222,993	41,222,993		41,222,993	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	14,460,007		14,460,007	14,460,007	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	958,807	958,807		958,807	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	160,920		160,920	160,920	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	36,807,002	27,080,132	9,726,870	36,807,002	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.209521	0.209521	0.209521		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,020,223	4,456,865	1,563,358	6,020,223	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	3,979,426	2,927,796	1,051,630	3,979,426	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	0.000313	0.000313	0.000313		7.00
8.00	IME adjustment (see instructions)	28.00	17,429	12,903	4,526	17,429	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	11,521	8,476	3,045	11,521	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,037,652	4,469,768	1,567,884	6,037,652	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	3,990,947	2,936,272	1,054,675	3,990,947	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1592	0.1592	0.1592		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,216,183	1,640,675	575,508	2,216,183	11.00
11.01	Uncompensated care payments	36.00	2,917,938	2,244,666	673,272	2,917,938	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	67,974,500	50,536,909	17,437,591	67,974,500	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	71,965,447	53,473,181	18,492,266	71,965,447	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,938,819	3,691,983	1,246,836	4,938,819	16.00
17.00	Special add-on payments for new technologies	54.00	970,726	558,958	411,768	970,726	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			57,724,122	20,150,870	77,874,992	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/27/2022 9:40 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	4,234,052	3,158,685	1,075,367	4,234,052	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	69,660	59,496	10,164	69,660	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	0.0823	0.0823	0.0823		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	348,462	259,959	88,503	348,462	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0677	0.0677	0.0677		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	286,645	213,843	72,802	286,645	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,938,819	3,691,983	1,246,836	4,938,819	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00		70.96	0	0		0	27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-212,427	-212,427	0	-212,427	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	-46,243	-41,782	-4,461	-46,243	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 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 9:40 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,108	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		42,285,324	2.00
3.00	OPPS payments		38,651,188	3.00
4.00	Outlier payment (see instructions)		169,340	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		72,483	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,108	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		58,265	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)		58,265	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)		58,265	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		48,157	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)		10,108	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)		38,893,011	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)		6,554,140	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)		32,348,979	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,435,135	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)		33,784,114	30.00
31.00	Primary payer payments		16,298	31.00
32.00	Subtotal (line 30 minus line 31)		33,767,816	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)		1,191,423	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		774,425	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		576,265	36.00
37.00	Subtotal (see instructions)		34,542,241	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-265	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)		34,542,506	40.00
40.01	Sequestration adjustment (see instructions)		0	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		34,285,735	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)		256,771	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		11,824	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	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/27/2022 9:40 am
		Component CCN: 15-T089	Title XVIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		573	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		124	2.00
3.00	OPPS payments		487	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)		573	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		3,301	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)		3,301	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)		3,301	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,728	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)		573	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)		487	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)		1,060	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)		1,060	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,060	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. 1-5, 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)		1,060	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)		1,060	40.00
40.01	Sequestration adjustment (see instructions)		0	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		1,147	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)		-87	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 01/01/2021 To 12/31/2021		Worksheet E-1 Part I Date/Time Prepared: 5/27/2022 9:40 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		74,282,868		34,285,735	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	11/10/2021	54,800		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)		54,800		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)		74,337,668		34,285,735		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		907,078		256,771		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		75,244,746		34,542,506		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 01/01/2021 To 12/31/2021		Worksheet E-1 Part I Date/Time Prepared: 5/27/2022 9:40 am	
		Title XVIII		Subprovider - IRF		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						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		3,751,513		1,147		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)		3,751,513		1,147		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		0		0		6.01
6.02	SETTLEMENT TO PROGRAM		7,734		87		6.02
7.00	Total Medicare program liability (see instructions)		3,743,779		1,060		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 01/01/2021 To 12/31/2021	Worksheet E-1 Part II Date/Time Prepared: 5/27/2022 9:40 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 (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			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 01/01/2021 To 12/31/2021	Worksheet E-3 Part III Date/Time Prepared: 5/27/2022 9:40 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,462,902 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0258 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			134,361 3.00
4.00	Outlier Payments			211,817 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)			11.202740 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)			3,809,080 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)			3,809,080 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,809,080 19.00
20.00	Deductibles			7,420 20.00
21.00	Subtotal (line 19 minus line 20)			3,801,660 21.00
22.00	Coinurance			64,554 22.00
23.00	Subtotal (line 21 minus line 22)			3,737,106 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			9,023 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			5,865 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)			3,742,971 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)			808 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
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,743,779 32.00
32.01	Sequestration adjustment (see instructions)			0 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			3,751,513 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)			-7,734 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			35,322 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			211,817 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
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/27/2022 9:40 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			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)			63.50	6.00
7.00	Enter the lesser of line 5 or line 6			63.50	7.00
		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	53.00	10.50	63.50	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.	53.00	10.50	63.50	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	53.00	10.50		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	53.19	10.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	53.76	10.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	53.32	10.17		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	53.32	10.17		17.00
18.00	Per resident amount	111,851.06	105,913.15		18.00
19.00	Approved amount for resident costs	5,963,899	1,077,137	7,041,036	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			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)			110,196.82	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)			7,041,036	25.00
		Inpatient Part A 1.00	Managed Care 2.00	Total 3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	29,981	20,039		26.00
27.00	Total Inpatient Days (see instructions)	86,112	86,112		27.00
28.00	Ratio of inpatient days to total inpatient days	0.348163	0.232709		28.00
29.00	Program direct GME amount	2,451,428	1,638,512	4,089,940	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		66,687	66,687	30.00
31.00	Net Program direct GME amount			4,023,253	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/27/2022 9:40 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		3,838,567	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)		76,408,734	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)		30,810	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		76,377,924	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		42,368,612	42.00
43.00	Primary payer payments (see instructions)		16,298	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		42,352,314	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		118,730,238	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.643290	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.356710	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		4,023,253	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,588,118	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,435,135	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 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
5/27/2022 9:40 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	356,110,976	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	63,546,737	0	0	0	4.00
5.00	Other receivable	10,172,828	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	13,932,681	0	0	0	7.00
8.00	Prepaid expenses	1,803,404	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)	445,566,626	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,072,523	0	0	0	12.00
13.00	Land improvements	3,429,715	0	0	0	13.00
14.00	Accumulated depreciation	-3,145,987	0	0	0	14.00
15.00	Buildings	374,982,500	0	0	0	15.00
16.00	Accumulated depreciation	-224,353,795	0	0	0	16.00
17.00	Leasehold improvements	429,120	0	0	0	17.00
18.00	Accumulated depreciation	-364,786	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	151,776,837	0	0	0	23.00
24.00	Accumulated depreciation	-101,060,887	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)	207,765,240	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	135,324,679	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	22,171,897	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	157,496,576	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	810,828,442	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	27,930,652	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,660,165	0	0	0	38.00
39.00	Payroll taxes payable	586,116	0	0	0	39.00
40.00	Notes and loans payable (short term)	215,698	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	38,159,570	0	0	0	42.00
43.00	Due to other funds	9,018,381	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)	83,570,582	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,021,730	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,021,730	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	85,592,312	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	725,236,130				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)	725,236,130	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	810,828,442	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/27/2022 9:40 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		652,316,011		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		72,920,119				2.00
3.00	Total (sum of line 1 and line 2)		725,236,130		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		725,236,130		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		725,236,130		0		19.00
		Endowment Fund	Plant Fund				
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2022 9:40 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	244,770,119		244,770,119	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	9,750,917		9,750,917	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)	254,521,036		254,521,036	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	70,081,357		70,081,357	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	17,247,067		17,247,067	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	87,328,424		87,328,424	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	341,849,460		341,849,460	17.00
18.00	Ancillary services	655,549,406	870,288,616	1,525,838,022	18.00
19.00	Outpatient services	85,437,284	274,462,112	359,899,396	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	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NRCC	0	9,139,137	9,139,137	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,082,836,150	1,153,889,865	2,236,726,015	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		469,485,466		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)		469,485,466		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/27/2022 9:40 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,236,726,015	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,732,114,049	2.00
3.00	Net patient revenues (line 1 minus line 2)	504,611,966	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	469,485,466	4.00
5.00	Net income from service to patients (line 3 minus line 4)	35,126,500	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	24,469,067	24.00
24.50	COVID-19 PHE Funding	13,324,552	24.50
25.00	Total other income (sum of lines 6-24)	37,793,619	25.00
26.00	Total (line 5 plus line 25)	72,920,119	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)	72,920,119	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0089	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/27/2022 9:40 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,234,052	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		69,660	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)		224.72	3.00
4.00	Number of interns & residents (see instructions)		62.98	4.00
5.00	Indirect medical education percentage (see instructions)		8.23	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)		348,462	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.92	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.45	8.00
9.00	Sum of lines 7 and 8		32.37	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.77	10.00
11.00	Disproportionate share adjustment (see instructions)		286,645	11.00
12.00	Total prospective capital payments (see instructions)		4,938,819	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