

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: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet S Parts I-III Date/Time Prepared: 8/19/2020 2:10 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically prepared cost report
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

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

Date: 8/19/2020 Time: 2:10 pm

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL ANDERSON (15-0113) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) HOLLY MILLARD
 Officer or Administrator of Provider(s)

NETWORK SR VP OF FINANCE
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	14,879	30,574	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	14,879	30,574	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: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 2:10 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1515 NORTH MADISON AVE		PO Box:						1.00			
2.00	City: ANDERSON		State: IN		Zip Code: 46011		County: MADISON		2.00			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
				1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		COMMUNITY HOSPITAL ANDERSON		150113	26900	1	01/01/1966	N	P	P	3.00
4.00	Subprovider - IPF											4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
								From:	To:			
								1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)							01/01/2019	12/31/2019		20.00	
21.00	Type of Control (see instructions)							2		21.00		
								1.00	2.00	3.00		
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		Y	22.03		
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.											
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			1,157	216	3	8	4,896	5	24.00		

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					Y	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					Y	Y		56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			N				60.00	

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		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		0.00	0.16	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00	
				1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	70.00		
71.00	If line 70 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
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N	75.00		
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

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			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 1.00	XIX 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. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	N	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
			1.00		
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 2:10 pm
		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
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	305,797	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.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
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	HB0720	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 8/19/2020 2:10 pm		
1.00		2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WPS		Contractor's Number: 08101		
142.00	Street: 1500 NORTH RITTER AVE	PO Box:				
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219		
1.00						
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00
1.00						
2.00						
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.				Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00
1.00						
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00
Part A Part B Title V Title XIX						
1.00 2.00 3.00 4.00						
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)						
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10
1.00						
Multi campus						
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00
Name County State Zip Code CBSA FTE/Campus						
0 1.00 2.00 3.00 4.00 5.00						
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)				0.00	166.00
1.00						
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act						
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.				Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					168.00
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)					168.01
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				9.99	169.00
Beginning Ending						
1.00 2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)					170.00
1.00 2.00						
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)				N	0171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 8/19/2020 2:10 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/26/2020		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	06/26/2020	Y	06/26/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/19/2020 2:10 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY		BI SHOP	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135		SBI SHOP@ECOMMUNITY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 8/19/2020 2:10 pm
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NETWORK DIRECTOR OF REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

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

Worksheet S-3
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	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	117	42,705	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)		117	42,705	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		134	48,910	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	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		134				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

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

Worksheet S-3
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,390	847	21,619			1.00
2.00 HMO and other (see instructions)	6,894	3,741				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,390	847	21,619			7.00
8.00 INTENSIVE CARE UNIT	1,278	138	3,655			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,554	1,990			13.00
14.00 Total (see instructions)	9,668	2,539	27,264	0.16	1,046.39	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	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			212			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.16	1,046.39	27.00
28.00 Observation Bed Days		379	1,885			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			307			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	5	98			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: 15-0113

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

Worksheet S-3
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,308	234	6,656	1.00
2.00	HMO and other (see instructions)			1,575	1,148		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,308	234	6,656	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	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days				0		33.00
33.01	LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

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

Worksheet S-3
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

	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	69,582,977	-1,105,651	68,477,326	2,176,496.00	31.46
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		353,084	0	353,084	4,103.00	86.06
4.00	Physician-Part A - Administrative		6,881	0	6,881	50.00	137.62
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		244,930	0	244,930	4,595.00	53.30
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,417,252	-857,861	1,559,391	42,840.00	36.40
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,637,435	0	1,637,435	15,284.00	107.13
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,316,289	0	1,316,289	15,434.00	85.29
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		1,716,181	0	1,716,181	48,192.00	35.61
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		18,822,148	0	18,822,148		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		392,353	0	392,353		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		38,522	0	38,522		
22.00	Physician Part A - Administrative		555	0	555		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		47,635	0	47,635		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		409,649	0	409,649		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

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

Worksheet S-3
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

	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	1,035,367	-264	1,035,103	28,966.00	35.74	26.00
27.00	Administrative & General	14,902,761	-29,914	14,872,847	364,624.00	40.79	27.00
28.00	Administrative & General under contract (see inst.)	4,346,322	0	4,346,322	44,653.00	97.34	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,278,846	-1,969	2,276,877	83,026.00	27.42	30.00
31.00	Laundry & Linen Service	0	73,803	73,803	4,321.00	17.08	31.00
32.00	Housekeeping	1,564,039	-79,280	1,484,759	89,363.00	16.61	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,582,192	-852,134	730,058	40,041.00	18.23	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	30,759	844,997	875,756	46,987.00	18.64	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,538,023	-16,257	1,521,766	49,901.00	30.50	38.00
39.00	Central Services and Supply	674,923	-7,075	667,848	36,267.00	18.41	39.00
40.00	Pharmacy	2,000,697	-14,212	1,986,485	48,706.00	40.79	40.00
41.00	Medical Records & Medical Records Library	1,176,263	-4,116	1,172,147	43,533.00	26.93	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

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

Worksheet S-3
Part III
Date/Time Prepared:
8/19/2020 2:10 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	73,331,285	-1,105,651	72,225,634	2,212,451.00	32.65	1.00
2.00	Excluded area salaries (see instructions)	2,417,252	-857,861	1,559,391	42,840.00	36.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	70,914,033	-247,790	70,666,243	2,169,611.00	32.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,669,905	0	4,669,905	78,910.00	59.18	4.00
5.00	Subtotal wage-related costs (see inst.)	19,232,352	0	19,232,352	0.00	27.22	5.00
6.00	Total (sum of lines 3 thru 5)	94,816,290	-247,790	94,568,500	2,248,521.00	42.06	6.00
7.00	Total overhead cost (see instructions)	31,130,192	-86,421	31,043,771	880,388.00	35.26	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 8/19/2020 2:10 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,556,758 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)			113,791 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)			10,256,277 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			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			34,516 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)			437,407 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			22,961 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			4,817,193 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			7,671 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			54,639 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			19,301,213 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part V Date/Time Prepared: 8/19/2020 2:10 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,637,435	19,301,213 1.00
2.00	Hospital		1,637,435	19,301,213 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 8/19/2020 2:10 pm
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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)		0.252574	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		73,550,803	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		108,397,468	6.00	
7.00	Medicaid cost (line 1 times line 6)		27,378,382	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)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		85,019	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		22,632	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,493,403	1,276,621	5,770,024	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,134,917	1,276,621	2,411,538	21.00
22.00	Payments received from patients for amounts previously written off as charity care	24,631	78,418	103,049	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,110,286	1,198,203	2,308,489	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)		8,400,471		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		550,303		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		846,620		27.01
28.00	Non-Medicare bad debt expense (see instructions)		7,553,851		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		2,204,223		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,512,712		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,512,712		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	4,775,508	4,775,508	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	5,575,756	5,575,756	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,035,367	14,546,822	15,582,189	-1,057	15,581,132	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,902,761	83,988,941	98,891,702	-1,304,188	97,587,514	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,278,846	6,638,401	8,917,247	-1,689,738	7,227,509	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	181,330	181,330	8.00
9.00	00900	HOUSEKEEPING	1,564,039	487,272	2,051,311	-186,641	1,864,670	9.00
10.00	01000	DIETARY	1,582,192	1,585,764	3,167,956	-1,847,988	1,319,968	10.00
11.00	01100	CAFETERIA	30,759	52,088	82,847	1,534,095	1,616,942	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,538,023	563,217	2,101,240	-203	2,101,037	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	674,923	817,166	1,492,089	-242,410	1,249,679	14.00
15.00	01500	PHARMACY	2,000,697	10,086,957	12,087,654	-9,801,900	2,285,754	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,176,263	472,832	1,649,095	0	1,649,095	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,121,262	3,684,170	17,805,432	-1,172,697	16,632,735	30.00
31.00	03100	INTENSIVE CARE UNIT	2,789,943	952,959	3,742,902	-345,370	3,397,532	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,510	1,510	325,301	326,811	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,985,217	16,718,787	21,704,004	-14,058,524	7,645,480	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	195,376	195,376	52.00
53.00	05300	ANESTHESIOLOGY	783,163	84,796	867,959	-38,010	829,949	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,454,309	1,243,463	2,697,772	-388,918	2,308,854	54.00
54.01	05401	ULTRASOUND	495,425	87,011	582,436	-13,550	568,886	54.01
54.02	05402	WOMEN'S CENTER	558,413	191,638	750,051	-97,070	652,981	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	271,746	835,686	1,107,432	-89,146	1,018,286	56.00
57.00	05700	CT SCAN	576,890	561,761	1,138,651	-94,480	1,044,171	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	362,858	558,647	921,505	-6,977	914,528	58.00
59.00	05900	CARDIAC CATHETERIZATION	945,771	1,589,118	2,534,889	-1,204,666	1,330,223	59.00
60.00	06000	LABORATORY	2,093,738	4,057,005	6,150,743	-256,369	5,894,374	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	203,116	471,690	674,806	-2,968	671,838	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,243,349	284,962	1,528,311	-49,014	1,479,297	65.00
66.00	06600	PHYSICAL THERAPY	2,182,464	1,101,736	3,284,200	-692,052	2,592,148	66.00
67.00	06700	OCCUPATIONAL THERAPY	357,998	31,891	389,889	3,519	393,408	67.00
68.00	06800	SPEECH PATHOLOGY	221,804	21,624	243,428	4,146	247,574	68.00
69.00	06900	ELECTROCARDIOLOGY	445,211	277,856	723,067	-124,634	598,433	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	419,121	320,006	739,127	-19,565	719,562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,172,180	6,172,180	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	8,847,692	8,847,692	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,403,934	9,403,934	73.00
74.00	07400	RENAL DIALYSIS	0	443,178	443,178	-10,304	432,874	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	329,272	1,132,341	1,461,613	-202,113	1,259,500	90.01
90.02	09002	KIDS PLUS CLINIC	316,809	54,905	371,714	-619	371,095	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.03	09003	RADIATION ONCOLOGY	956,810	3,360,258	4,317,068	-1,522,321	2,794,747	90.03
90.04	09004	MUNCIE CLINIC	0	87,992	87,992	-35,185	52,807	90.04
90.05	09005	ANTI COAGULATION CLINIC	291,295	57,576	348,871	-4,140	344,731	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	48,372	48,372	-47,772	600	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	378,224	57,205	435,429	-582	434,847	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	1,669,440	1,669,440	90.12
91.00	09100	EMERGENCY	3,597,647	1,230,907	4,828,554	-271,575	4,556,979	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	67,165,725	158,788,510	225,954,235	2,865,531	228,819,766	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	326,347	408,427	734,774	-45,400	689,374	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	73,041	13,461	86,502	-1,680	84,822	190.03
190.04	19004	SUMMIT CONV. (LTC)	46,427	3,579	50,006	0	50,006	190.04
190.05	19005	PARKVIEW CONV. (LTC)	46,738	3,396	50,134	0	50,134	190.05
190.06	19006	MONTICELLO HSE.	0	-97,088	-97,088	-41,586	-138,674	190.06
190.07	19007	NH PARK PLACE (LTC)	6,219	514	6,733	0	6,733	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIKE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	590,686	238,046	828,732	-40,989	787,743	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	95,025	18,998	114,023	0	114,023	190.12
190.13	19013	RHEUMATOLOGY	293,233	421,679	714,912	-20,639	694,273	190.13
190.14	19014	ROCK STEADY BOXING	83,958	70,713	154,671	-19,718	134,953	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	855,578	813,862	1,669,440	-1,669,440	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,255,865	2,255,865	-880,782	1,375,083	192.00
192.01	19201	MUNCIE MD OFFICES	0	142,809	142,809	-123,000	19,809	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	7	7	0	7	192.07
192.08	19208	RENTAL PROPERTY	0	30,071	30,071	-11,648	18,423	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	13,609	13,609	-3,718	9,891	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	11,201	11,201	-6,931	4,270	192.10
200.00		TOTAL (SUM OF LINES 118 through 199)	69,582,977	163,137,659	232,720,636	0	232,720,636	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

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

Worksheet A
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-104,143	4,671,365	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	5,575,756	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,453,890	12,127,242	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-61,801,383	35,786,131	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-449	7,227,060	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	181,330	8.00
9.00	00900	HOUSEKEEPING	0	1,864,670	9.00
10.00	01000	DIETARY	0	1,319,968	10.00
11.00	01100	CAFETERIA	-1,032,913	584,029	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	89,952	2,190,989	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	738,409	1,988,088	14.00
15.00	01500	PHARMACY	0	2,285,754	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-161	1,648,934	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,707	12,707	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	16,886	16,886	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	90,077	16,722,812	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,397,532	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	326,811	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	7,645,480	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	195,376	52.00
53.00	05300	ANESTHESIOLOGY	-383,084	446,865	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,815	2,334,669	54.00
54.01	05401	ULTRASOUND	0	568,886	54.01
54.02	05402	WOMEN'S CENTER	0	652,981	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,018,286	56.00
57.00	05700	CT SCAN	-11,913	1,032,258	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	914,528	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,330,223	59.00
60.00	06000	LABORATORY	-13,914	5,880,460	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	671,838	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,479,297	65.00
66.00	06600	PHYSICAL THERAPY	-15,894	2,576,254	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	393,408	67.00
68.00	06800	SPEECH PATHOLOGY	0	247,574	68.00
69.00	06900	ELECTROCARDIOLOGY	21,257	619,690	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	719,562	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,172,180	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	8,847,692	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,403,934	73.00
74.00	07400	RENAL DIALYSIS	0	432,874	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	1,259,500	90.01
90.02	09002	KIDS PLUS CLINIC	-298,379	72,716	90.02
90.03	09003	RADIATION ONCOLOGY	-523,740	2,271,007	90.03
90.04	09004	MUNCIE CLINIC	-52,807	0	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

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

Worksheet A
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
90.05	09005	ANTI COAGULATION CLINIC	6.00	7.00	
90.06	09006	PREGNANCY PLUS	0	344,731	90.05
90.07	09007	O/P LAB	0	0	90.06
90.08	09008	O/P LAB	0	0	90.07
90.09	09009	FORTVILLE CLINIC	0	600	90.08
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	90.09
90.11	09011	DIABETIC PLUS CLINIC	-645	434,202	90.10
90.12	09012	OTHER ONCOLOGY SERVICES	-1,669,440	0	90.11
91.00	09100	EMERGENCY	-730,976	3,826,003	90.12
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			91.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	92.00
95.00	09500	AMBULANCE SERVICES	0	0	94.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	95.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	96.00
99.00	09900	CMHC	0	0	97.00
99.10	09910	CORF	0	0	99.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	100.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	101.00
106.00	10600	HEART ACQUISITION	0	0	105.00
107.00	10700	LIVER ACQUISITION	0	0	106.00
108.00	10800	LUNG ACQUISITION	0	0	107.00
109.00	10900	PANCREAS ACQUISITION	0	0	108.00
110.00	11000	INTESTINAL ACQUISITION	0	0	109.00
111.00	11100	ISLET ACQUISITION	0	0	110.00
113.00	11300	INTEREST EXPENSE	0	0	111.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	113.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	114.00
116.00	11600	HOSPICE	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-69,098,628	159,721,138	116.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	118.00
190.01	19001	WELLNESS CENTERS	0	689,374	190.00
190.02	19002	EMPLOYED ORTHO MD	0	0	190.01
190.03	19003	NORTHVIEW CONV. (LTC)	0	84,822	190.02
190.04	19004	SUMMIT CONV. (LTC)	0	50,006	190.03
190.05	19005	PARKVIEW CONV. (LTC)	0	50,134	190.04
190.06	19006	MONTICELLO HSE.	0	-138,674	190.05
190.07	19007	NH PARK PLACE (LTC)	0	6,733	190.06
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	190.07
190.09	19009	SPINE SURGEON	0	0	190.08
190.10	19010	CLINICAL RESEARCH CENTER	0	787,743	190.09
190.11	19011	ONCOLOGIST	0	0	190.10
190.12	19012	MEDICAL INTERNIST	0	114,023	190.11
190.13	19013	RHEUMATOLOGY	0	694,273	190.12
190.14	19014	ROCK STEADY BOXING	0	134,953	190.13
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	190.14
191.00	19100	RESEARCH	0	0	190.15
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,375,083	191.00
192.01	19201	MUNCIE MD OFFICES	0	19,809	192.00
192.02	19202	FOUNDATION	0	0	192.01
192.03	19203	SPOE	0	0	192.02
192.04	19204	HEALTHY HEART	0	0	192.03
192.05	19205	VACANT SPACE	0	0	192.04
192.07	19207	PARK PLACE CENTER	0	7	192.05
192.08	19208	RENTAL PROPERTY	0	18,423	192.07
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	9,891	192.08
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	4,270	192.09
200.00		TOTAL (SUM OF LINES 118 through 199)	-69,098,628	163,622,008	192.10

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - Chargeable Medical Supplies						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,172,180		1.00
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
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
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
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
TOTALS			0	6,172,180		
B - Implantable Device Reclass						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		8,847,692		1.00
2.00			0	8,847,692		2.00
C - Drugs Charges to Pat						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,403,934		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
TOTALS			0	9,403,934		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,667,302		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

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
TOTALS					
			0	8,667,302	
E - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	104,143	1.00
TOTALS					
			0	104,143	
F - Other Capital Rental					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,473,146	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
TOTALS					
			0	1,473,146	
G - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	73,803	107,527	1.00
TOTALS					
			73,803	107,527	
H - Labor and Delivery					
1.00	NURSERY	43.00	267,948	58,863	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	160,186	35,190	2.00
TOTALS					
			428,134	94,053	
I - Cafeteria					
1.00	CAFETERIA	11.00	844,997	689,098	1.00
TOTALS					
			844,997	689,098	
J - STD BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	264	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	29,914	2.00
3.00	OPERATION OF PLANT	7.00	0	1,969	3.00
4.00	HOUSEKEEPING	9.00	0	5,477	4.00
5.00	DIETARY	10.00	0	7,137	5.00
6.00	NURSING ADMINISTRATION	13.00	0	16,257	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,075	7.00
8.00	PHARMACY	15.00	0	14,212	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,116	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	72,358	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	6,830	11.00
12.00	OPERATING ROOM	50.00	0	17,513	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,757	13.00
14.00	WOMEN'S CENTER	54.02	0	1,383	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	270	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	7,170	16.00
17.00	LABORATORY	60.00	0	9,884	17.00
18.00	RESPIRATORY THERAPY	65.00	0	9,531	18.00
19.00	PHYSICAL THERAPY	66.00	0	9,031	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	1,976	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,384	21.00
22.00	RADIATION ONCOLOGY	90.03	0	3,228	22.00

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6

Date/Time Prepared:
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Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
23.00	EMERGENCY	91.00	0	11,054		23.00
24.00	WELLNESS CENTERS	190.01	0	1,491		24.00
25.00	PARKVIEW CONV. (LTC)	190.05	0	792		25.00
26.00	OTHER ONCOLOGY SERVICES	190.15	0	3,726		26.00
	TOTALS		0	253,799		
K - Building Depreciation						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,564,692		1.00
	TOTALS		0	4,564,692		
L - Capital Insurance Costs						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	106,673		1.00
	TOTALS		0	106,673		
M - POB UTILITIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,432		1.00
2.00	LABORATORY	60.00	0	3,283		2.00
3.00	PHYSICAL THERAPY	66.00	0	5,100		3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	3,519		4.00
5.00	SPEECH PATHOLOGY	68.00	0	4,232		5.00
6.00	ELECTROCARDIOLOGY	69.00	0	6,960		6.00
7.00	RADIATION ONCOLOGY	90.03	0	38,867		7.00
	TOTALS		0	69,393		
N - OTHER ONCOLOGY SERVICES						
1.00	OTHER ONCOLOGY SERVICES	90.12	0	1,669,440		1.00
	TOTALS		0	1,669,440		
500.00	Grand Total: Increases		1,346,934	42,223,072		500.00

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6
Date/Time Prepared:
8/19/2020 2:10 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - Chargeable Medical Supplies							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	134	0		1.00
3.00	OPERATION OF PLANT	7.00	0	632	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	33,037	0		4.00
5.00	PHARMACY	15.00	0	79,768	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	405,142	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	180,401	0		7.00
8.00	OPERATING ROOM	50.00	0	4,243,931	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	1,996	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25,837	0		10.00
11.00	ULTRASOUND	54.01	0	6,869	0		11.00
12.00	WOMEN'S CENTER	54.02	0	82,645	0		12.00
14.00	CT SCAN	57.00	0	93,546	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,007	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	563,720	0		16.00
17.00	LABORATORY	60.00	0	234	0		17.00
19.00	RESPIRATORY THERAPY	65.00	0	4,092	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	331	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	607	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	412	0		22.00
23.00	RENAL DIALYSIS	74.00	0	10,304	0		23.00
24.00	WOUND/OSTOMY CLINIC	90.01	0	180,950	0		24.00
25.00	KIDS PLUS CLINIC	90.02	0	254	0		25.00
26.00	RADIATION ONCOLOGY	90.03	0	54,975	0		26.00
28.00	EMERGENCY	91.00	0	155,956	0		28.00
29.00	WELLNESS CENTERS	190.01	0	45,400	0		29.00
	TOTALS		0	6,172,180			
B - Implantable Device Reclass							
1.00	OPERATING ROOM	50.00		8,426,727			1.00
2.00	CARDIAC CATHETERIZATION	59.00		420,965			2.00
			0	8,847,692			
C - Drugs Charges to Pat							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	300	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	5	0		2.00
3.00	PHARMACY	15.00	0	9,367,228	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	29	0		4.00
5.00	ANESTHESIOLOGY	53.00	0	33,781	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	565	0		6.00
7.00	RADIOISOTOPE	56.00	0	47	0		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	70	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	72	0		10.00
11.00	ELECTROENCEPHALOGRAPHY	70.00	0	95	0		11.00
12.00	WOUND/OSTOMY CLINIC	90.01	0	560	0		12.00
13.00	RADIATION ONCOLOGY	90.03	0	567	0		13.00
14.00	DIABETIC PLUS CLINIC	90.11	0	296	0		14.00
15.00	EMERGENCY	91.00	0	300	0		15.00
16.00	CLINICAL RESEARCH CENTER	190.10	0	6	0		16.00
	TOTALS		0	9,403,934			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	923	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,100,504	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,689,106	0		3.00
4.00	HOUSEKEEPING	9.00	0	5,311	0		4.00
5.00	DIETARY	10.00	0	313,009	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	203	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	80,353	0		7.00
8.00	PHARMACY	15.00	0	5,583	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	245,339	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	164,969	0		10.00
11.00	NURSERY	43.00	0	1,510	0		11.00
12.00	OPERATING ROOM	50.00	0	1,387,866	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	2,233	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	362,516	0		14.00
15.00	ULTRASOUND	54.01	0	6,681	0		15.00
16.00	WOMEN'S CENTER	54.02	0	14,425	0		16.00
17.00	RADIOISOTOPE	56.00	0	89,099	0		17.00
18.00	CT SCAN	57.00	0	934	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	5,957	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	219,981	0		20.00
21.00	LABORATORY	60.00	0	204,928	0		21.00

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6
Date/Time Prepared:
8/19/2020 2:10 pm

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
22.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	2,968	0		22.00	
23.00	RESPIRATORY THERAPY	65.00	0	43,858	0		23.00	
24.00	PHYSICAL THERAPY	66.00	0	88,345	0		24.00	
25.00	SPEECH PATHOLOGY	68.00	0	86	0		25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	62,195	0		26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	10,410	0		27.00	
28.00	WOUND/OSTOMY CLINIC	90.01	0	20,603	0		28.00	
29.00	KIDS PLUS CLINIC	90.02	0	365	0		29.00	
30.00	RADIATION ONCOLOGY	90.03	0	1,505,646	0		30.00	
31.00	MUNCIE CLINIC	90.04	0	35,185	0		31.00	
32.00	ANTI COAGULATION CLINIC	90.05	0	4,140	0		32.00	
33.00	FORTVILLE CLINIC	90.09	0	6,105	0		33.00	
34.00	DIABETIC PLUS CLINIC	90.11	0	286	0		34.00	
35.00	EMERGENCY	91.00	0	115,319	0		35.00	
36.00	NORTHVIEW CONV. (LTC)	190.03	0	1,680	0		36.00	
37.00	MONTICELLO HSE.	190.06	0	41,586	0		37.00	
38.00	CLINICAL RESEARCH CENTER	190.10	0	2,715	0		38.00	
39.00	RHEUMATOLOGY	190.13	0	2,342	0		39.00	
41.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	811,389	0		41.00	
42.00	RESIDENTIAL PROPERTY (1430 N MADI SON	192.09	0	3,718	0		42.00	
43.00	HOSPITAL RENTAL (1927 N MADI SON AVE)	192.10	0	6,931	0		43.00	
	TOTALS		0	8,667,302				
E - Interest Expense								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	104,143	11		1.00	
	TOTALS		0	104,143				
F - Other Capital Rental								
1.00	DIETARY	10.00	0	884	10		1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	129,015	0		2.00	
3.00	PHARMACY	15.00	0	349,321	0		3.00	
4.00	LABORATORY	60.00	0	54,490	0		4.00	
5.00	RESPIRATORY THERAPY	65.00	0	1,064	0		5.00	
6.00	PHYSICAL THERAPY	66.00	0	608,406	0		6.00	
7.00	ELECTROCARDIOLOGY	69.00	0	68,720	0		7.00	
8.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,648	0		8.00	
9.00	FORTVILLE CLINIC	90.09	0	41,667	0		9.00	
10.00	CLINICAL RESEARCH CENTER	190.10	0	38,268	0		10.00	
11.00	RHEUMATOLOGY	190.13	0	18,297	0		11.00	
12.00	ROCK STEADY BOXING	190.14	0	19,718	0		12.00	
13.00	MUNCIE MD OFFICES	192.01	0	123,000	0		13.00	
14.00	RENTAL PROPERTY	192.08	0	11,648	0		14.00	
	TOTALS		0	1,473,146				
G - LAUNDRY								
1.00	HOUSEKEEPING	9.00	73,803	107,527	0		1.00	
	TOTALS		73,803	107,527				
H - Labor and Delivery								
1.00	ADULTS & PEDIATRICS	30.00	428,134	94,053	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		428,134	94,053				
I - Cafeteria								
1.00	DIETARY	10.00	844,997	689,098	0		1.00	
	TOTALS		844,997	689,098				
J - STD BENEFIT RECLASS								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	264	0	0		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	29,914	0	0		2.00	
3.00	OPERATION OF PLANT	7.00	1,969	0	0		3.00	
4.00	HOUSEKEEPING	9.00	5,477	0	0		4.00	
5.00	DIETARY	10.00	7,137	0	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	16,257	0	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	7,075	0	0		7.00	
8.00	PHARMACY	15.00	14,212	0	0		8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	4,116	0	0		9.00	
10.00	ADULTS & PEDIATRICS	30.00	72,358	0	0		10.00	
11.00	INTENSIVE CARE UNIT	31.00	6,830	0	0		11.00	
12.00	OPERATING ROOM	50.00	17,513	0	0		12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	9,757	0	0		13.00	
14.00	WOMEN'S CENTER	54.02	1,383	0	0		14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	270	0	0		15.00	
16.00	CARDIAC CATHETERIZATION	59.00	7,170	0	0		16.00	
17.00	LABORATORY	60.00	9,884	0	0		17.00	
18.00	RESPIRATORY THERAPY	65.00	9,531	0	0		18.00	

RECLASSIFICATIONS

Provider CCN: 15-0113

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

Worksheet A-6

Date/Time Prepared:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
	6.00	7.00	8.00	9.00	10.00		
19.00	PHYSICAL THERAPY	66.00	9,031	0	0	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	1,976	0	0	0	20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	1,384	0	0	0	21.00
22.00	RADIATION ONCOLOGY	90.03	3,228	0	0	0	22.00
23.00	EMERGENCY	91.00	11,054	0	0	0	23.00
24.00	WELLNESS CENTERS	190.01	1,491	0	0	0	24.00
25.00	PARKVIEW CONV. (LTC)	190.05	792	0	0	0	25.00
26.00	OTHER ONCOLOGY SERVICES	190.15	3,726	0	0	0	26.00
	TOTALS		253,799	0			
K - Building Depreciation							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,564,692		9	1.00
	TOTALS		0	4,564,692			
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	106,673		12	1.00
	TOTALS		0	106,673			
M - POB UTILITIES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	69,393		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
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00
7.00		0.00	0	0		0	7.00
	TOTALS		0	69,393			
N - OTHER ONCOLOGY SERVICES							
1.00	OTHER ONCOLOGY SERVICES	190.15	851,852	817,588		0	1.00
	TOTALS		851,852	817,588			
500.00	Grand Total: Decreases		2,452,585	41,117,421			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

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

Worksheet A-7
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,158,238	50,000	0	50,000	0	1.00
2.00	Land Improvements	1,989,234	0	0	0	0	2.00
3.00	Buildings and Fixtures	74,747,593	1,777,648	0	1,777,648	517,801	3.00
4.00	Building Improvements	1,197,015	114,518	0	114,518	0	4.00
5.00	Fixed Equipment	20,823,381	193,952	0	193,952	144,958	5.00
6.00	Movable Equipment	56,418,523	2,809,615	0	2,809,615	2,799,500	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	161,333,984	4,945,733	0	4,945,733	3,462,259	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	161,333,984	4,945,733	0	4,945,733	3,462,259	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,208,238	0				1.00
2.00	Land Improvements	1,989,234	1,667,669				2.00
3.00	Buildings and Fixtures	76,007,440	23,274,919				3.00
4.00	Building Improvements	1,311,533	0				4.00
5.00	Fixed Equipment	20,872,375	10,629,291				5.00
6.00	Movable Equipment	56,428,638	7,275,243				6.00
7.00	HIT designated Assets	0	21,373,547				7.00
8.00	Subtotal (sum of lines 1-7)	162,817,458	64,220,669				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	162,817,458	64,220,669				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

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

Worksheet A-7
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet A-7 Part III Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	106,388,820	0	106,388,820	0.653424	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	56,428,638	0	56,428,638	0.346576	0	2.00
3.00	Total (sum of lines 1-2)	162,817,458	0	162,817,458	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,460,549	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,102,610	1,473,146	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,563,159	1,473,146	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	104,143	106,673	0	0	4,671,365	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,575,756	2.00
3.00	Total (sum of lines 1-2)	104,143	106,673	0	0	10,247,121	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0113

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

Worksheet A-8

Date/Time Prepared:
8/19/2020 2:10 pm

Line #	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		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-104,143	CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-11,124	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-39,502,489			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-8,610,330			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-943,438	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-161	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0113

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

Worksheet A-8

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		3.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.00
33.01 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.01
33.02 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.02
33.03 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.03
33.04 MISC REVENUE	B	-52,807	MUNCIE CLINIC	90.04		0 33.04
33.05 MISC REVENUE	B	-1,169	CENTRAL SERVICES & SUPPLY	14.00		0 33.05
33.06 MISC REVENUE	B	-13,914	LABORATORY	60.00		0 33.06
33.07 MISC REVENUE	B	-950,280	ADMINISTRATIVE & GENERAL	5.00		0 33.07
33.08 MISC REVENUE	B	-22,632	EMERGENCY	91.00		0 33.08
33.09 MISC REVENUE	B	-92	ADULTS & PEDIATRICS	30.00		0 33.09
33.10 MISC REVENUE	B	-12,302	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 33.10
33.11 MISC REVENUE	B	-645	DIABETIC PLUS CLINIC	90.11		0 33.11
33.12 MISC REVENUE	B	-15,894	PHYSICAL THERAPY	66.00		0 33.12
33.13 MISC REVENUE	B	-449	OPERATION OF PLANT	7.00		0 33.13
33.14 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.15
33.16 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00	0 33.16
33.17 MISC REVENUE	B	-1,370,144	ADMINISTRATIVE & GENERAL	5.00		0 33.17
33.18 MISC REVENUE	B	-523,740	RADIATION ONCOLOGY	90.03		0 33.18
33.19 MISC REVENUE-COFFEE CART	B	-89,475	CAFETERIA	11.00		0 33.19
34.00 HAF Tax Offset	A	-7,759,835	ADMINISTRATIVE & GENERAL	5.00		0 34.00
34.01 Loss on Assets	A	-269,203	ADMINISTRATIVE & GENERAL	5.00		0 34.01
35.00 Bad Debt	A	-8,400,471	ADMINISTRATIVE & GENERAL	5.00		0 35.00
36.01 Non Allow Sponsorship	A	-131,657	ADMINISTRATIVE & GENERAL	5.00		0 36.01
36.02 Nurse Practitioner Offset	A	-13,855	EMERGENCY	91.00		0 36.02
36.03 Nurse Practitioner Offset	A	-298,379	KIDS PLUS CLINIC	90.02		0 36.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-69,098,628				50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0113
 Period: From 01/01/2019 To 12/31/2019
 Worksheet A-8-1
 Date/Time Prepared: 8/19/2020 2:10 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SELF INSURANCE	0	3,480,184 1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	38,596	0 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	2,425,475	6,986,349 3.00
4.00	13.00	NURSING ADMINISTRATION	HOME OFFICE	89,952	0 4.00
4.01	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	739,578	0 4.01
4.02	30.00	ADULTS & PEDIATRICS	HOME OFFICE	90,169	0 4.02
4.03	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	25,815	0 4.03
4.04	69.00	ELECTROCARDIOLOGY	HOME OFFICE	21,257	0 4.04
4.05	21.00	I&R SERVICES-SALARY & FRINGE	INTERNS & RESIDENTS	12,707	0 4.05
4.06	22.00	I&R SERVICES-OTHER PRGM. COS	INTERNS & RESIDENTS	16,886	0 4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR AND CAL	53,390	0 4.07
4.08	91.00	EMERGENCY	CPN CALL	11,818	0 4.08
4.09	90.12	OTHER ONCOLOGY SERVICES	ONCOLOGY SUPPORT SERVICES	0	1,669,440 4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			3,525,643	12,135,973 5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0113

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

Worksheet A-8-1

Date/Time Prepared:
8/19/2020 2:10 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,480,184	0		1.00
2.00	38,596	0		2.00
3.00	-4,560,874	0		3.00
4.00	89,952	0		4.00
4.01	739,578	0		4.01
4.02	90,169	0		4.02
4.03	25,815	0		4.03
4.04	21,257	0		4.04
4.05	12,707	0		4.05
4.06	16,886	0		4.06
4.07	53,390	0		4.07
4.08	11,818	0		4.08
4.09	-1,669,440	0		4.09
5.00	-8,610,330			5.00

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

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00			6.00
7.00			7.00
8.00	CANCER CLINIC		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0113

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

Worksheet A-8-2

Date/Time Prepared:
8/19/2020 2:10 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	6,881	0	6,881	211,500	50	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	38,399,388	38,399,388	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	383,084	383,084	0	0	0	3.00
4.00	57.00	CT SCAN	11,913	11,913	0	0	0	4.00
5.00	91.00	EMERGENCY	706,307	706,307	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			39,507,573	39,500,692	6,881		50	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	5,084	254	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	57.00	CT SCAN	0	0	0	0	0	4.00
5.00	91.00	EMERGENCY	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			5,084	254	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	5,084	1,797	1,797	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	38,399,388	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	383,084	3.00
4.00	57.00	CT SCAN	0	0	0	11,913	4.00
5.00	91.00	EMERGENCY	0	0	0	706,307	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	5,084	1,797	39,502,489	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	4,671,365	4,671,365				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	5,575,756		5,575,756			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	12,127,242	49,573	849	12,177,664		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	35,786,131	303,512	812,418	2,685,524	39,587,585	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	7,227,060	552,082	250,059	411,122	8,440,323	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	181,330	0	0	13,326	194,656	8.00
9.00 00900 HOUSEKEEPING	1,864,670	28,769	5,102	268,094	2,166,635	9.00
10.00 01000 DIETARY	1,319,968	48,604	55,290	131,822	1,555,684	10.00
11.00 01100 CAFETERIA	584,029	60,388	61,853	158,130	864,400	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	2,190,989	30,048	195	274,776	2,496,008	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,988,088	71,373	126,728	120,589	2,306,778	14.00
15.00 01500 PHARMACY	2,285,754	32,597	340,292	358,688	3,017,331	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,648,934	35,325	0	211,648	1,895,907	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	12,707	0	0	0	12,707	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	16,886	0	0	0	16,886	22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	16,722,812	564,722	152,128	2,459,421	19,899,083	30.00
31.00 03100 INTENSIVE CARE UNIT	3,397,532	125,009	128,033	502,530	4,153,104	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	326,811	92,177	5,550	48,382	472,920	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,645,480	310,481	1,258,760	896,989	10,111,710	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	195,376	8,436	3,031	28,924	235,767	52.00
53.00 05300 ANESTHESIOLOGY	446,865	6,085	2,145	141,411	596,506	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,334,669	94,754	257,240	260,834	2,947,497	54.00
54.01 05401 ULTRASOUND	568,886	10,891	6,418	89,456	675,651	54.01
54.02 05402 WOMEN'S CENTER	652,981	13,985	13,858	100,580	781,404	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	1,018,286	14,135	3,458	49,068	1,084,947	56.00
57.00 05700 CT SCAN	1,032,258	55,187	0	104,166	1,191,611	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	914,528	8,803	4,416	65,470	993,217	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,330,223	61,310	169,775	169,478	1,730,786	59.00
60.00 06000 LABORATORY	5,880,460	88,913	234,294	376,269	6,579,936	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	671,838	8,032	2,851	36,675	719,396	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,479,297	0	43,156	222,783	1,745,236	65.00
66.00 06600 PHYSICAL THERAPY	2,576,254	44,494	589,587	392,444	3,602,779	66.00
67.00 06700 OCCUPATIONAL THERAPY	393,408	7,392	0	64,642	465,442	67.00
68.00 06800 SPEECH PATHOLOGY	247,574	3,452	0	40,050	291,076	68.00
69.00 06900 ELECTROCARDIOLOGY	619,690	47,278	125,768	80,032	872,768	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	719,562	32,475	15,879	75,428	843,344	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,172,180	0	0	0	6,172,180	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8,847,692	0	0	0	8,847,692	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,403,934	0	0	0	9,403,934	73.00
74.00 07400 RENAL DIALYSIS	432,874	0	0	0	432,874	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
90.01	09001	WOUND/OSTOMY CLINIC	1,259,500	51,143	4,126	59,455	1,374,224	90.01
90.02	09002	KIDS PLUS CLINIC	72,716	19,910	351	57,204	150,181	90.02
90.03	09003	RADIATION ONCOLOGY	2,271,007	116,620	592,606	172,183	3,152,416	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	344,731	0	0	52,597	397,328	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	600	0	0	0	600	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	434,202	12,236	275	68,294	515,007	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	3,826,003	117,636	97,037	647,610	4,688,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	159,721,138	3,127,827	5,363,528	11,896,094	157,683,802	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	689,374	7,543	0	58,657	755,574	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	84,822	0	0	13,189	98,011	190.03
190.04	19004	SUMMIT CONV. (LTC)	50,006	0	0	8,383	58,389	190.04
190.05	19005	PARKVIEW CONV. (LTC)	50,134	0	0	8,296	58,430	190.05
190.06	19006	MONTICELLO HSE.	-138,674	169,945	0	0	31,271	190.06
190.07	19007	NH PARK PLACE (LTC)	6,733	0	0	1,123	7,856	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	787,743	15,001	39,372	106,657	948,773	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	114,023	0	0	17,158	131,181	190.12
190.13	19013	RHEUMATOLOGY	694,273	0	19,558	52,947	766,778	190.13
190.14	19014	ROCK STEADY BOXING	134,953	26,710	18,943	15,160	195,766	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,375,083	1,236,620	5,001	0	2,616,704	192.00
192.01	19201	MUNCIE MD OFFICES	19,809	54,115	118,164	0	192,088	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	7	0	0	0	7	192.07
192.08	19208	RENTAL PROPERTY	18,423	6,800	11,190	0	36,413	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	9,891	11,756	0	0	21,647	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	4,270	15,048	0	0	19,318	192.10
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)	163,622,008	4,671,365	5,575,756	12,177,664	163,622,008	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 8/19/2020 2:10 pm			
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	39,587,585					5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	2,693,864	0	11,134,187			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	62,128	0	0	256,784		8.00
9.00	00900	HOUSEKEEPING	691,516	0	85,052	15,665	2,958,868	9.00
10.00	01000	DIETARY	496,521	0	143,691	0	0	10.00
11.00	01100	CAFETERIA	275,887	0	178,529	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	796,641	0	88,833	0	30,516	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	736,245	0	211,004	70	39,905	14.00
15.00	01500	PHARMACY	963,029	0	96,368	0	22,691	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	605,109	0	104,431	0	3,521	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,056	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	5,389	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,351,122	0	1,669,514	129,445	1,325,095	30.00
31.00	03100	INTENSIVE CARE UNIT	1,325,530	0	369,570	19,050	148,276	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	150,940	0	272,506	2,386	139,278	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,227,314	0	917,890	22,492	570,804	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	75,249	0	24,940	1,427	0	52.00
53.00	05300	ANESTHESIOLOGY	190,384	0	17,989	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	940,741	0	280,124	13,015	145,929	54.00
54.01	05401	ULTRASOUND	215,645	0	32,197	0	0	54.01
54.02	05402	WOMEN'S CENTER	249,398	0	41,344	265	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	346,278	0	41,789	1,533	50,077	56.00
57.00	05700	CT SCAN	380,322	0	163,153	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	317,001	0	26,024	0	5,477	58.00
59.00	05900	CARDIAC CATHETERIZATION	552,408	0	181,254	1,039	15,258	59.00
60.00	06000	LABORATORY	2,100,092	0	262,858	0	46,556	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	229,607	0	23,745	0	22,691	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	557,020	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,149,885	0	131,540	32	16,823	66.00
67.00	06700	OCCUPATIONAL THERAPY	148,553	0	21,854	0	10,954	67.00
68.00	06800	SPEECH PATHOLOGY	92,902	0	10,204	0	5,868	68.00
69.00	06900	ELECTROCARDIOLOGY	278,558	0	139,770	2,784	1,174	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	269,167	0	96,007	2,568	16,823	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,969,950	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,823,882	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,001,416	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	138,159	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	438,606	0	151,198	291	34,428	90.01
90.02	09002	KIDS PLUS CLINIC	47,933	0	58,861	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	1,006,144	0	344,768	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	126,814	0	0	0	0	90.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	191	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	164,373	0	36,173	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	1,496,341	0	347,771	44,722	288,336	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	37,692,310	0	6,570,951	256,784	2,940,480	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	241,154	0	22,299	0	18,388	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	31,282	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	18,636	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	18,649	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	9,981	0	502,417	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	2,507	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	302,816	0	44,347	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	41,869	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	244,729	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	62,482	0	78,963	0	0	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	835,163	0	3,655,883	0	0	192.00
192.01	19201	MUNCIE MD OFFICES	61,308	0	159,984	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	2	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	11,622	0	20,102	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	6,909	0	34,755	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	6,166	0	44,486	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	39,587,585	0	11,134,187	256,784	2,958,868	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part I Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	2,195,896					10.00
11.00	01100	CAFETERIA	0	1,318,816				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	44,517	0	3,456,515		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	31,533	0	0	3,325,535	14.00
15.00	01500	PHARMACY	0	42,662	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	38,952	0	0	814	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,918,398	404,365	0	2,209,139	203,556	30.00
31.00	03100	INTENSIVE CARE UNIT	267,811	76,050	0	417,103	47,913	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	7,419	0	37,777	4,943	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	176	144,680	0	792,496	192,239	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,710	0	0	2,955	52.00
53.00	05300	ANESTHESIOLOGY	0	7,419	0	0	201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,243	0	0	9,510	54.00
54.01	05401	ULTRASOUND	0	9,274	0	0	3,902	54.01
54.02	05402	WOMEN'S CENTER	0	14,839	0	0	5,189	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,565	0	0	43,878	56.00
57.00	05700	CT SCAN	0	12,984	0	0	5,247	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,274	0	0	2,056	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,258	0	0	31,516	59.00
60.00	06000	LABORATORY	0	74,195	0	0	295,834	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,565	0	0	68,213	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	37,097	0	0	18,956	65.00
66.00	06600	PHYSICAL THERAPY	0	57,501	0	0	4,695	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,419	0	0	437	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,565	0	0	257	68.00
69.00	06900	ELECTROCARDIOLOGY	0	12,984	0	0	2,933	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,129	0	0	4,258	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	929,385	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,331,841	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	9,274	0	0	16,570	90.01
90.02	09002	KIDS PLUS CLINIC	0	5,565	0	0	2,683	90.02
90.03	09003	RADIATION ONCOLOGY	0	20,404	0	0	6,220	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	ANTI COAGULATION CLINIC	0	7,419	0	0	2,061	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	9,274	0	0	573	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	9,511	105,728	0	0	79,349	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,195,896	1,279,863	0	3,456,515	3,318,184	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	9,274	0	0	2,104	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	1,855	0	0	1	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	18,549	0	0	592	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	3,710	0	0	227	190.12
190.13	19013	RHEUMATOLOGY	0	1,855	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	3,710	0	0	177	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,196	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	54	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,195,896	1,318,816	0	3,456,515	3,325,535	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 8/19/2020 2:10 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	4,142,081				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,648,734			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,670,044	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	22,639	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	90,555	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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,278	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	WOMEN'S CENTER	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	5,224	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,414	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	128,867	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	76,623	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,142,081	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	24,380	0	0	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	0	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	567,710	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,142,081	2,648,734	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	0	0	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
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)	4,142,081	2,648,734	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL							20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	16,763						21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		22,275					22.00
23.00 02300 PARAMED PRGM-(EMS)			0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	16,763	22,275	0	35,818,799	-39,038		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	6,824,407	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	1,110,808	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	16,070,356	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	344,048	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	812,499	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,417,337	0		54.00
54.01 05401 ULTRASOUND	0	0	0	936,669	0		54.01
54.02 05402 WOMEN'S CENTER	0	0	0	1,092,439	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 05600 RADIOLOGY-SOTOPE	0	0	0	1,574,067	0		56.00
57.00 05700 CT SCAN	0	0	0	1,758,541	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,370,463	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	2,534,519	0		59.00
60.00 06000 LABORATORY	0	0	0	9,488,338	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,145,840	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	2,358,309	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	4,963,255	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	654,659	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	405,872	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	1,310,971	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,243,296	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,071,515	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,003,415	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	16,547,431	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	571,033	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0	0		90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00	23.00				
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	2,048,971	0	90.01	
90.02 09002 KIDS PLUS CLINIC	0	0	0	265,223	0	90.02	
90.03 09003 RADIATION ONCOLOGY	0	0	0	4,529,952	0	90.03	
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04	
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	533,622	0	90.05	
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06	
90.07 09007 O/P LAB	0	0	0	0	0	90.07	
90.08 09008 O/P LAB	0	0	0	0	0	90.08	
90.09 09009 FORTVILLE CLINIC	0	0	0	791	0	90.09	
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10	
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	725,400	0	90.11	
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	0	0	0	7,627,754	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE					0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	16,763	22,275	0	151,160,599	-39,038	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01 19001 WELLNESS CENTERS	0	0	0	1,048,793	0	190.01	
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02	
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	131,149	0	190.03	
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	77,025	0	190.04	
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	77,079	0	190.05	
190.06 19006 MONTICELLO HSE.	0	0	0	543,669	0	190.06	
190.07 19007 NH PARK PLACE (LTC)	0	0	0	10,363	0	190.07	
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08	
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09	
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	1,315,077	0	190.10	
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11	
190.12 19012 MEDICAL INTERNIST	0	0	0	176,987	0	190.12	
190.13 19013 RHEUMATOLOGY	0	0	0	1,013,362	0	190.13	
190.14 19014 ROCK STEADY BOXING	0	0	0	341,098	0	190.14	
190.15 19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	7,111,946	0	192.00	
192.01 19201 MUNCIE MD OFFICES	0	0	0	413,380	0	192.01	
192.02 19202 FOUNDATION	0	0	0	0	0	192.02	
192.03 19203 SPOE	0	0	0	0	0	192.03	
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04	
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05	
192.07 19207 PARK PLACE CENTER	0	0	0	9	0	192.07	
192.08 19208 RENTAL PROPERTY	0	0	0	68,191	0	192.08	
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	63,311	0	192.09	
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	69,970	0	192.10	
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)	16,763	22,275	0	163,622,008	-39,038	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	35,779,761	30.00
31.00	03100 INTENSIVE CARE UNIT	6,824,407	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,110,808	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	16,070,356	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	344,048	52.00
53.00	05300 ANESTHESIOLOGY	812,499	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,417,337	54.00
54.01	05401 ULTRASOUND	936,669	54.01
54.02	05402 WOMEN'S CENTER	1,092,439	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIO SOTOPE	1,574,067	56.00
57.00	05700 CT SCAN	1,758,541	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,370,463	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,534,519	59.00
60.00	06000 LABORATORY	9,488,338	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,145,840	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,358,309	65.00
66.00	06600 PHYSICAL THERAPY	4,963,255	66.00
67.00	06700 OCCUPATIONAL THERAPY	654,659	67.00
68.00	06800 SPEECH PATHOLOGY	405,872	68.00
69.00	06900 ELECTROCARDIOLOGY	1,310,971	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,243,296	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,071,515	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,003,415	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,547,431	73.00
74.00	07400 RENAL DIALYSIS	571,033	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	2,048,971	90.01
90.02	09002 KIDS PLUS CLINIC	265,223	90.02
90.03	09003 RADIATION ONCOLOGY	4,529,952	90.03
90.04	09004 MUNCIE CLINIC	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	533,622	90.05
90.06	09006 PREGNANCY PLUS	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

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

Worksheet B
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			Total	
			26.00	
90.07	09007	O/P LAB	0	90.07
90.08	09008	O/P LAB	0	90.08
90.09	09009	FORTVILLE CLINIC	791	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	725,400	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	90.12
91.00	09100	EMERGENCY	7,627,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	151,121,561	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	WELLNESS CENTERS	1,048,793	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	131,149	190.03
190.04	19004	SUMMIT CONV. (LTC)	77,025	190.04
190.05	19005	PARKVIEW CONV. (LTC)	77,079	190.05
190.06	19006	MONTICELLO HSE.	543,669	190.06
190.07	19007	NH PARK PLACE (LTC)	10,363	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009	SPI NE SURGEON	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	1,315,077	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	176,987	190.12
190.13	19013	RHEUMATOLOGY	1,013,362	190.13
190.14	19014	ROCK STEADY BOXING	341,098	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	190.15
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,111,946	192.00
192.01	19201	MUNCIE MD OFFICES	413,380	192.01
192.02	19202	FOUNDATION	0	192.02
192.03	19203	SPOE	0	192.03
192.04	19204	HEALTHY HEART	0	192.04
192.05	19205	VACANT SPACE	0	192.05
192.07	19207	PARK PLACE CENTER	9	192.07
192.08	19208	RENTAL PROPERTY	68,191	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	63,311	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	69,970	192.10
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	163,582,970	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

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

Worksheet B
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	49,573	849	50,422	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	303,512	812,418	1,115,930	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	552,082	250,059	802,141	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	28,769	5,102	33,871	9.00
10.00 01000	DIETARY	0	48,604	55,290	103,894	10.00
11.00 01100	CAFETERIA	0	60,388	61,853	122,241	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	30,048	195	30,243	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	71,373	126,728	198,101	14.00
15.00 01500	PHARMACY	0	32,597	340,292	372,889	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	35,325	0	35,325	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	564,722	152,128	716,850	30.00
31.00 03100	INTENSIVE CARE UNIT	0	125,009	128,033	253,042	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	92,177	5,550	97,727	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	310,481	1,258,760	1,569,241	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	8,436	3,031	11,467	52.00
53.00 05300	ANESTHESIOLOGY	0	6,085	2,145	8,230	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	94,754	257,240	351,994	54.00
54.01 05401	ULTRASOUND	0	10,891	6,418	17,309	54.01
54.02 05402	WOMEN'S CENTER	0	13,985	13,858	27,843	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	14,135	3,458	17,593	56.00
57.00 05700	CT SCAN	0	55,187	0	55,187	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,803	4,416	13,219	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	61,310	169,775	231,085	59.00
60.00 06000	LABORATORY	0	88,913	234,294	323,207	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	8,032	2,851	10,883	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	43,156	43,156	65.00
66.00 06600	PHYSICAL THERAPY	0	44,494	589,587	634,081	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	7,392	0	7,392	67.00
68.00 06800	SPEECH PATHOLOGY	0	3,452	0	3,452	68.00
69.00 06900	ELECTROCARDIOLOGY	0	47,278	125,768	173,046	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	32,475	15,879	48,354	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC	0	51,143	4,126	55,269	90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

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

Worksheet B
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.02 09002 KIDS PLUS CLINIC	0	19,910	351	20,261	237	90.02
90.03 09003 RADIATION ONCOLOGY	0	116,620	592,606	709,226	713	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	218	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	12,236	275	12,511	283	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	117,636	97,037	214,673	2,683	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	3,127,827	5,363,528	8,491,355	49,255	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	7,543	0	7,543	243	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	55	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	35	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	34	190.05
190.06 19006 MONTICELLO HSE.	0	169,945	0	169,945	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	5	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	15,001	39,372	54,373	442	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	71	190.12
190.13 19013 RHEUMATOLOGY	0	0	19,558	19,558	219	190.13
190.14 19014 ROCK STEADY BOXING	0	26,710	18,943	45,653	63	190.14
190.15 19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1,236,620	5,001	1,241,621	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	54,115	118,164	172,279	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08 19208 RENTAL PROPERTY	0	6,800	11,190	17,990	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	11,756	0	11,756	0	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	15,048	0	15,048	0	192.10
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)	0	4,671,365	5,575,756	10,247,121	50,422	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 2:10 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,127,027				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	76,689	0	880,533		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,769	0	0	1,824	8.00
9.00	00900	HOUSEKEEPING	19,686	0	6,726	111	61,505
10.00	01000	DIETARY	14,135	0	11,364	0	0
11.00	01100	CAFETERIA	7,854	0	14,119	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	22,679	0	7,025	0	634
14.00	01400	CENTRAL SERVICES & SUPPLY	20,959	0	16,687	0	830
15.00	01500	PHARMACY	27,415	0	7,621	0	472
16.00	01600	MEDICAL RECORDS & LIBRARY	17,226	0	8,259	0	73
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	115	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	153	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	180,854	0	132,031	921	27,543
31.00	03100	INTENSIVE CARE UNIT	37,735	0	29,227	135	3,082
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,297	0	21,551	17	2,895
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	91,875	0	72,590	160	11,865
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,142	0	1,972	10	0
53.00	05300	ANESTHESIOLOGY	5,420	0	1,423	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,781	0	22,153	92	3,033
54.01	05401	ULTRASOUND	6,139	0	2,546	0	0
54.02	05402	WOMEN'S CENTER	7,100	0	3,270	2	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	9,858	0	3,305	11	1,041
57.00	05700	CT SCAN	10,827	0	12,903	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,024	0	2,058	0	114
59.00	05900	CARDIAC CATHETERIZATION	15,726	0	14,334	7	317
60.00	06000	LABORATORY	59,785	0	20,788	0	968
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,536	0	1,878	0	472
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	15,857	0	0	0	0
66.00	06600	PHYSICAL THERAPY	32,735	0	10,403	0	350
67.00	06700	OCCUPATIONAL THERAPY	4,229	0	1,728	0	228
68.00	06800	SPEECH PATHOLOGY	2,645	0	807	0	122
69.00	06900	ELECTROCARDIOLOGY	7,930	0	11,054	20	24
70.00	07000	ELECTROENCEPHALOGRAPHY	7,663	0	7,593	18	350
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,080	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,390	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	85,444	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,933	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	12,486	0	11,957	2	716
90.02	09002	KIDS PLUS CLINIC	1,365	0	4,655	0	0
90.03	09003	RADIATION ONCOLOGY	28,643	0	27,266	0	0
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	3,610	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

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

Worksheet B
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	5	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	4,679	0	2,861	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	42,598	0	27,503	318	5,994	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,073,071	0	519,657	1,824	61,123	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	6,865	0	1,763	0	382	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	891	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	531	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	531	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	284	0	39,733	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	71	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	8,621	0	3,507	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	1,192	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	6,967	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	1,779	0	6,245	0	0	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,775	0	289,119	0	0	192.00
192.01	19201	MUNCIE MD OFFICES	1,745	0	12,652	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	331	0	1,590	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	197	0	2,749	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	176	0	3,518	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,127,027	0	880,533	1,824	61,505	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	129,939					10.00
11.00	01100	CAFETERIA	0	144,869				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,890	0	66,609		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,464	0	0	240,541	14.00
15.00	01500	PHARMACY	0	4,686	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,279	0	0	59	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	113,519	44,417	0	42,571	14,723	30.00
31.00	03100	INTENSIVE CARE UNIT	15,847	8,354	0	8,038	3,466	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	815	0	728	358	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10	15,893	0	15,272	13,905	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	408	0	0	214	52.00
53.00	05300	ANESTHESIOLOGY	0	815	0	0	15	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,871	0	0	688	54.00
54.01	05401	ULTRASOUND	0	1,019	0	0	282	54.01
54.02	05402	WOMEN'S CENTER	0	1,630	0	0	375	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	611	0	0	3,174	56.00
57.00	05700	CT SCAN	0	1,426	0	0	380	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,019	0	0	149	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,445	0	0	2,280	59.00
60.00	06000	LABORATORY	0	8,150	0	0	21,398	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	611	0	0	4,934	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,075	0	0	1,371	65.00
66.00	06600	PHYSICAL THERAPY	0	6,316	0	0	340	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	815	0	0	32	67.00
68.00	06800	SPEECH PATHOLOGY	0	611	0	0	19	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,426	0	0	212	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,223	0	0	308	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	67,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	96,333	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	1,019	0	0	1,198	90.01
90.02	09002	KIDS PLUS CLINIC	0	611	0	0	194	90.02
90.03	09003	RADIATION ONCOLOGY	0	2,241	0	0	450	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	ANTI COAGULATION CLINIC	0	815	0	0	149	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	1,019	0	0	41	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	563	11,614	0	0	5,739	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	129,939	140,588	0	66,609	240,009	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	1,019	0	0	152	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	204	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	2,038	0	0	43	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	408	0	0	16	190.12
190.13	19013	RHEUMATOLOGY	0	204	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	408	0	0	13	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	304	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	4	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	129,939	144,869	0	66,609	240,541	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 2:10 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	414,569				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	66,098			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	41,675	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	565	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	2,260	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,130	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
54.02	05402	WOMEN'S CENTER	0	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	130	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	435	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	3,216	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,912	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	414,569	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	608	0		90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0		90.02
90.03	09003	RADIATION ONCOLOGY	0	0	0		90.03
90.04	09004	MUNCIE CLINIC	0	0	0		90.04

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.05	09005	ANTI COAGULATION CLINIC	0	0	0			90.05
90.06	09006	PREGNANCY PLUS	0	0	0			90.06
90.07	09007	O/P LAB	0	0	0			90.07
90.08	09008	O/P LAB	0	0	0			90.08
90.09	09009	FORTVILLE CLINIC	0	0	0			90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0			90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	0			90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0			90.12
91.00	09100	EMERGENCY	0		0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		14,167	0			92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	414,569	66,098	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	WELLNESS CENTERS	0	0	0			190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0			190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0			190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0			190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0			190.05
190.06	19006	MONTICELLO HSE.	0	0	0			190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0			190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0			190.08
190.09	19009	SPINE SURGEON	0	0	0			190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0			190.10
190.11	19011	ONCOLOGIST	0	0	0			190.11
190.12	19012	MEDICAL INTERNIST	0	0	0			190.12
190.13	19013	RHEUMATOLOGY	0	0	0			190.13
190.14	19014	ROCK STEADY BOXING	0	0	0			190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0			190.15
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0			192.01
192.02	19202	FOUNDATION	0	0	0			192.02
192.03	19203	SPOE	0	0	0			192.03
192.04	19204	HEALTHY HEART	0	0	0			192.04
192.05	19205	VACANT SPACE	0	0	0			192.05
192.07	19207	PARK PLACE CENTER	0	0	0			192.07
192.08	19208	RENTAL PROPERTY	0	0	0			192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0			192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0			192.10
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	414,569	66,098	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

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

Worksheet B
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS				
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	115					21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		153				22.00
23.00 02300 PARAMED PRGM-(EMS)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS				1,325,292		30.00
31.00 03100 INTENSIVE CARE UNIT				361,008		31.00
32.00 03200 CORONARY CARE UNIT				0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT				0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT				0		34.00
40.00 04000 SUBPROVIDER - IPF				0		40.00
41.00 04100 SUBPROVIDER - IRF				0		41.00
42.00 04200 SUBPROVIDER				0		42.00
43.00 04300 NURSERY				129,153		43.00
44.00 04400 SKILLED NURSING FACILITY				0		44.00
45.00 04500 NURSING FACILITY				0		45.00
46.00 04600 OTHER LONG TERM CARE				0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM				1,796,787		50.00
51.00 05100 RECOVERY ROOM				0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				16,333		52.00
53.00 05300 ANESTHESIOLOGY				16,489		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				410,823		54.00
54.01 05401 ULTRASOUND				27,666		54.01
54.02 05402 WOMEN'S CENTER				40,637		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC				0		55.00
56.00 05600 RADIOISOTOPE				35,796		56.00
57.00 05700 CT SCAN				81,285		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				26,289		58.00
59.00 05900 CARDIAC CATHETERIZATION				266,896		59.00
60.00 06000 LABORATORY				439,071		60.00
60.01 06001 BLOOD LABORATORY				0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				27,378		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.				0		63.00
64.00 06400 INTRAVENOUS THERAPY				0		64.00
65.00 06500 RESPIRATORY THERAPY				65,382		65.00
66.00 06600 PHYSICAL THERAPY				685,851		66.00
67.00 06700 OCCUPATIONAL THERAPY				14,692		67.00
68.00 06800 SPEECH PATHOLOGY				7,822		68.00
69.00 06900 ELECTROCARDIOLOGY				194,044		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				65,821		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				123,303		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS				176,723		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				500,013		73.00
74.00 07400 RENAL DIALYSIS				3,933		74.00
75.00 07500 ASC (NON-DISTINCT PART)				0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC				0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				0		89.00
90.00 09000 CLINIC				0		90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

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

Worksheet B
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS	PARAMED ED PRGM-(EMS)			
90.01	09001	WOUND/OSTOMY CLINIC				83,501	0	90.01
90.02	09002	KIDS PLUS CLINIC				27,323	0	90.02
90.03	09003	RADIATION ONCOLOGY				768,539	0	90.03
90.04	09004	MUNCIE CLINIC				0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC				4,792	0	90.05
90.06	09006	PREGNANCY PLUS				0	0	90.06
90.07	09007	O/P LAB				0	0	90.07
90.08	09008	O/P LAB				0	0	90.08
90.09	09009	FORTVILLE CLINIC				5	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)				0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC				21,394	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES				0	0	90.12
91.00	09100	EMERGENCY				325,852	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				0	0	94.00
95.00	09500	AMBULANCE SERVICES				0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
99.00	09900	CMHC				0	0	99.00
99.10	09910	CORF				0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				0	0	105.00
106.00	10600	HEART ACQUISITION				0	0	106.00
107.00	10700	LIVER ACQUISITION				0	0	107.00
108.00	10800	LUNG ACQUISITION				0	0	108.00
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00	11600	HOSPICE				0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	8,069,893	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
190.01	19001	WELLNESS CENTERS				17,967	0	190.01
190.02	19002	EMPLOYED ORTHO MD				0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)				1,150	0	190.03
190.04	19004	SUMMIT CONV. (LTC)				566	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)				565	0	190.05
190.06	19006	MONTICELLO HSE.				209,962	0	190.06
190.07	19007	NH PARK PLACE (LTC)				76	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)				0	0	190.08
190.09	19009	SPIRE SURGEON				0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER				69,024	0	190.10
190.11	19011	ONCOLOGIST				0	0	190.11
190.12	19012	MEDICAL INTERNIST				1,687	0	190.12
190.13	19013	RHEUMATOLOGY				26,948	0	190.13
190.14	19014	ROCK STEADY BOXING				54,161	0	190.14
190.15	19015	OTHER ONCOLOGY SERVICES				0	0	190.15
191.00	19100	RESEARCH				0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				1,554,819	0	192.00
192.01	19201	MUNCIE MD OFFICES				186,676	0	192.01
192.02	19202	FOUNDATION				0	0	192.02
192.03	19203	SPOE				0	0	192.03
192.04	19204	HEALTHY HEART				0	0	192.04
192.05	19205	VACANT SPACE				0	0	192.05
192.07	19207	PARK PLACE CENTER				0	0	192.07
192.08	19208	RENTAL PROPERTY				19,915	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON				14,702	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)				18,742	0	192.10
200.00		Cross Foot Adjustments	115	153	0	268	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	115	153	0	10,247,121	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	1,325,292	30.00
31.00	03100 INTENSIVE CARE UNIT	361,008	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	129,153	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,796,787	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	16,333	52.00
53.00	05300 ANESTHESIOLOGY	16,489	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	410,823	54.00
54.01	05401 ULTRASOUND	27,666	54.01
54.02	05402 WOMEN'S CENTER	40,637	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	35,796	56.00
57.00	05700 CT SCAN	81,285	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	26,289	58.00
59.00	05900 CARDIAC CATHETERIZATION	266,896	59.00
60.00	06000 LABORATORY	439,071	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	27,378	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	65,382	65.00
66.00	06600 PHYSICAL THERAPY	685,851	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,692	67.00
68.00	06800 SPEECH PATHOLOGY	7,822	68.00
69.00	06900 ELECTROCARDIOLOGY	194,044	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	65,821	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	123,303	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	176,723	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	500,013	73.00
74.00	07400 RENAL DIALYSIS	3,933	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	83,501	90.01
90.02	09002 KIDS PLUS CLINIC	27,323	90.02
90.03	09003 RADIATION ONCOLOGY	768,539	90.03
90.04	09004 MUNCIE CLINIC	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	4,792	90.05
90.06	09006 PREGNANCY PLUS	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description			Total	
			26.00	
90.07	09007	O/P LAB	0	90.07
90.08	09008	O/P LAB	0	90.08
90.09	09009	FORTVILLE CLINIC	5	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	21,394	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	90.12
91.00	09100	EMERGENCY	325,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,069,893	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	WELLNESS CENTERS	17,967	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	1,150	190.03
190.04	19004	SUMMIT CONV. (LTC)	566	190.04
190.05	19005	PARKVIEW CONV. (LTC)	565	190.05
190.06	19006	MONTICELLO HSE.	209,962	190.06
190.07	19007	NH PARK PLACE (LTC)	76	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009	SPIKE SURGEON	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	69,024	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	1,687	190.12
190.13	19013	RHEUMATOLOGY	26,948	190.13
190.14	19014	ROCK STEADY BOXING	54,161	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	190.15
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,554,819	192.00
192.01	19201	MUNCIE MD OFFICES	186,676	192.01
192.02	19202	FOUNDATION	0	192.02
192.03	19203	SPOE	0	192.03
192.04	19204	HEALTHY HEART	0	192.04
192.05	19205	VACANT SPACE	0	192.05
192.07	19207	PARK PLACE CENTER	0	192.07
192.08	19208	RENTAL PROPERTY	19,915	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON)	14,702	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	18,742	192.10
200.00		Cross Foot Adjustments	268	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,247,121	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	496,699				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,803,951			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,271	884	67,442,223		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	32,272	845,667	14,872,847	-39,587,585	124,034,423
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	58,702	260,293	2,276,877	0	8,440,323
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	73,803	0	194,656
9.00 00900	HOUSEKEEPING	3,059	5,311	1,484,759	0	2,166,635
10.00 01000	DIETARY	5,168	57,553	730,058	0	1,555,684
11.00 01100	CAFETERIA	6,421	64,384	875,756	0	864,400
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,195	203	1,521,766	0	2,496,008
14.00 01400	CENTRAL SERVICES & SUPPLY	7,589	131,915	667,848	0	2,306,778
15.00 01500	PHARMACY	3,466	354,219	1,986,485	0	3,017,331
16.00 01600	MEDICAL RECORDS & LIBRARY	3,756	0	1,172,147	0	1,895,907
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	12,707
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	16,886
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	60,046	158,354	13,620,770	0	19,899,083
31.00 03100	INTENSIVE CARE UNIT	13,292	133,273	2,783,113	0	4,153,104
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	9,801	5,777	267,948	0	472,920
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	33,013	1,310,277	4,967,704	0	10,111,710
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	897	3,155	160,186	0	235,767
53.00 05300	ANESTHESIOLOGY	647	2,233	783,163	0	596,506
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,075	267,768	1,444,552	0	2,947,497
54.01 05401	ULTRASOUND	1,158	6,681	495,425	0	675,651
54.02 05402	WOMEN'S CENTER	1,487	14,425	557,030	0	781,404
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	1,503	3,600	271,746	0	1,084,947
57.00 05700	CT SCAN	5,868	0	576,890	0	1,191,611
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	936	4,597	362,588	0	993,217
59.00 05900	CARDIAC CATHETERIZATION	6,519	176,723	938,601	0	1,730,786
60.00 06000	LABORATORY	9,454	243,883	2,083,854	0	6,579,936
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	854	2,968	203,116	0	719,396
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	44,922	1,233,818	0	1,745,236
66.00 06600	PHYSICAL THERAPY	4,731	613,716	2,173,433	0	3,602,779
67.00 06700	OCCUPATIONAL THERAPY	786	0	357,998	0	465,442
68.00 06800	SPEECH PATHOLOGY	367	0	221,804	0	291,076
69.00 06900	ELECTROCARDIOLOGY	5,027	130,915	443,235	0	872,768
70.00 07000	ELECTROENCEPHALOGRAPHY	3,453	16,529	417,737	0	843,344
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,172,180
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	8,847,692
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	9,403,934
74.00 07400	RENAL DIALYSIS	0	0	0	0	432,874
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
1.00	2.00							
90.01	09001	WOUND/OSTOMY CLINIC	5,438	4,295	329,272	0	1,374,224	90.01
90.02	09002	KIDS PLUS CLINIC	2,117	365	316,809	0	150,181	90.02
90.03	09003	RADIATION ONCOLOGY	12,400	616,859	953,582	0	3,152,416	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	291,295	0	397,328	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	600	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	1,301	286	378,224	0	515,007	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	12,508	101,008	3,586,593	0	4,688,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	332,577	5,583,038	65,882,832	-39,587,585	118,096,217	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	802	0	324,856	0	755,574	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	73,041	0	98,011	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	46,427	0	58,389	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	45,946	0	58,430	190.05
190.06	19006	MONTICELLO HSE.	18,070	0	0	0	31,271	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	6,219	0	7,856	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	1,595	40,983	590,686	0	948,773	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	95,025	0	131,181	190.12
190.13	19013	RHEUMATOLOGY	0	20,358	293,233	0	766,778	190.13
190.14	19014	ROCK STEADY BOXING	2,840	19,718	83,958	0	195,766	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	131,488	5,206	0	0	2,616,704	192.00
192.01	19201	MUNCIE MD OFFICES	5,754	123,000	0	0	192,088	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	7	192.07
192.08	19208	RENTAL PROPERTY	723	11,648	0	0	36,413	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	1,250	0	0	0	21,647	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	1,600	0	0	0	19,318	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,671,365	5,575,756	12,177,664		39,587,585	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.404821	0.960683	0.180564		0.319166	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
204.00	Cost to be allocated (per Wkst. B, Part II)					204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					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
			50,422		1,127,027	
			0.000748		0.009086	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	400,454			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	578,902		8.00
9.00	00900	HOUSEKEEPING	0	3,059	35,315	7,563	9.00
10.00	01000	DIETARY	0	5,168	0	0	161,840
11.00	01100	CAFETERIA	0	6,421	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,195	0	78	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,589	157	102	0
15.00	01500	PHARMACY	0	3,466	0	58	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,756	0	9	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	60,046	291,825	3,387	141,388
31.00	03100	INTENSIVE CARE UNIT	0	13,292	42,947	379	19,738
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	9,801	5,379	356	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	33,013	50,706	1,459	13
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	897	3,216	0	0
53.00	05300	ANESTHESIOLOGY	0	647	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,075	29,342	373	0
54.01	05401	ULTRASOUND	0	1,158	0	0	0
54.02	05402	WOMEN'S CENTER	0	1,487	597	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	1,503	3,457	128	0
57.00	05700	CT SCAN	0	5,868	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	936	0	14	0
59.00	05900	CARDIAC CATHETERIZATION	0	6,519	2,343	39	0
60.00	06000	LABORATORY	0	9,454	0	119	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	854	0	58	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	4,731	72	43	0
67.00	06700	OCCUPATIONAL THERAPY	0	786	0	28	0
68.00	06800	SPEECH PATHOLOGY	0	367	0	15	0
69.00	06900	ELECTROCARDIOLOGY	0	5,027	6,277	3	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,453	5,790	43	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	0	5,438	657	88	0
90.02	09002	KIDS PLUS CLINIC	0	2,117	0	0	0
90.03	09003	RADIATION ONCOLOGY	0	12,400	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
90.04	09004	MUNCIE CLINIC	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	1,301	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	12,508	100,822	737	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	701	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	236,332	578,902	7,516	161,840
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	802	0	47	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	18,070	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	1,595	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	2,840	0	0	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	131,488	0	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	5,754	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	723	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	1,250	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	1,600	0	0	192.10
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	11,134,187	256,784	2,958,868	2,195,896
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	27.803910	0.443571	391.229406	13.568314
204.00		Cost to be allocated (per Wkst. B, Part II)	0	880,533	1,824	61,505	129,939
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.198837	0.003151	8.132355	0.802886
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0113			Period: From 01/01/2019 To 12/31/2019		Worksheet B-1 Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)		
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	6.00	7.00	8.00	9.00	10.00	207.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description		CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	711					11.00
12.00	01200	0	0				12.00
13.00	01300	24	0	710,026			13.00
14.00	01400	17	0	0	22,092,094		14.00
15.00	01500	23	0	0	0	9,775,739	15.00
16.00	01600	21	0	0	5,408	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	218	0	453,794	1,352,255	0	30.00
31.00	03100	41	0	85,680	318,293	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	4	0	7,760	32,836	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	78	0	162,792	1,277,072	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	2	0	0	19,630	0	52.00
53.00	05300	4	0	0	1,335	0	53.00
54.00	05400	19	0	0	63,179	0	54.00
54.01	05401	5	0	0	25,924	0	54.01
54.02	05402	8	0	0	34,469	0	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	3	0	0	291,489	0	56.00
57.00	05700	7	0	0	34,856	0	57.00
58.00	05800	5	0	0	13,660	0	58.00
59.00	05900	12	0	0	209,368	0	59.00
60.00	06000	40	0	0	1,965,271	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	3	0	0	453,146	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	20	0	0	125,926	0	65.00
66.00	06600	31	0	0	31,187	0	66.00
67.00	06700	4	0	0	2,900	0	67.00
68.00	06800	3	0	0	1,705	0	68.00
69.00	06900	7	0	0	19,482	0	69.00
70.00	07000	6	0	0	28,289	0	70.00
71.00	07100	0	0	0	6,174,042	0	71.00
72.00	07200	0	0	0	8,847,692	0	72.00
73.00	07300	0	0	0	0	9,775,739	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	5	0	0	110,074	0	90.01
90.02	09002	3	0	0	17,823	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description			CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
90.03	09003	RADIATION ONCOLOGY	11	0	0	41,320	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	4	0	0	13,694	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	5	0	0	3,805	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	57	0	0	527,130	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	690	0	710,026	22,043,260	9,775,739	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	5	0	0	13,980	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	1	0	0	6	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	10	0	0	3,931	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	2	0	0	1,506	0	190.12
190.13	19013	RHEUMATOLOGY	1	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	2	0	0	1,173	0	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	27,877	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	361	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,318,816	0	3,456,515	3,325,535	4,142,081	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,854.874824	0.000000	4.868153	0.150531	0.423710	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	144,869	0	66,609	240,541	414,569	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	203.753868	0.000000	0.093812	0.010888	0.042408	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description		CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	38,025					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			1,616	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	23,975	0	0	0	1,616	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	325	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,300	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	650	0	0	0	0	54.00
54.01 05401 ULTRASOUND	0	0	0	0	0	54.01
54.02 05402 WOMEN'S CENTER	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	75	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	250	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	1,850	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,100	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	350	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	0	0	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	8,150	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	38,025	0	0	0	1,616	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	0	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06 19006 MONTICELLO HSE.	0	0	0	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14 19014 ROCK STEADY BOXING	0	0	0	0	0	190.14
190.15 19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08 19208 RENTAL PROPERTY	0	0	0	0	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,648,734	0	0	0	16,763	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	69.657699	0.000000	0.000000	0.000000	10.373144	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	66,098	0	0	0	115	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1

Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	1.738277	0.000000	0.000000	0.000000	0.071163	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	22.00		
GENERAL SERVICE COST CENTERS			
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING SCHOOL			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	1,616		22.00
23.00 02300 PARAMED PRGM-(EMS)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	1,616	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	42.00
43.00 04300 NURSERY	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ULTRASOUND	0	0	54.01
54.02 05402 WOMEN'S CENTER	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	22.00		
90.02 09002 KIDS PLUS CLINIC	0	0	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	90.06
90.07 09007 O/P LAB	0	0	90.07
90.08 09008 O/P LAB	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	90.12
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00 09900 CMHC	0	0	99.00
99.10 09910 CORF	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00 10500 KIDNEY ACQUISITION	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 11600 HOSPICE	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1,616	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	190.05
190.06 19006 MONTICELLO HSE.	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	190.13
190.14 19014 ROCK STEADY BOXING	0	0	190.14
190.15 19015 OTHER ONCOLOGY SERVICES	0	0	190.15
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	0	192.01
192.02 19202 FOUNDATION	0	0	192.02
192.03 19203 SPOE	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	192.04
192.05 19205 VACANT SPACE	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	192.07
192.08 19208 RENTAL PROPERTY	0	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	192.10
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	22,275	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13.784035	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	153	0	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

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

Worksheet B-1
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)		
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
	22.00			
205.00	Unit cost multiplier (Wkst. B, Part II)	0.094678	0.000000	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: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 2:10 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		35,779,761	0	35,779,761	30.00
31.00	03100 INTENSIVE CARE UNIT		6,824,407	0	6,824,407	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I/P		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/R		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,110,808	0	1,110,808	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		16,070,356	0	16,070,356	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		344,048	0	344,048	52.00
53.00	05300 ANESTHESIOLOGY		812,499	0	812,499	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,417,337	0	4,417,337	54.00
54.01	05401 ULTRASOUND		936,669	0	936,669	54.01
54.02	05402 WOMEN'S CENTER		1,092,439	0	1,092,439	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		1,574,067	0	1,574,067	56.00
57.00	05700 CT SCAN		1,758,541	0	1,758,541	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,370,463	0	1,370,463	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,534,519	0	2,534,519	59.00
60.00	06000 LABORATORY		9,488,338	0	9,488,338	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,145,840	0	1,145,840	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,358,309	0	2,358,309	65.00
66.00	06600 PHYSICAL THERAPY	0	4,963,255	0	4,963,255	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	654,659	0	654,659	67.00
68.00	06800 SPEECH PATHOLOGY	0	405,872	0	405,872	68.00
69.00	06900 ELECTROCARDIOLOGY		1,310,971	0	1,310,971	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,243,296	0	1,243,296	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		9,071,515	0	9,071,515	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		13,003,415	0	13,003,415	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		16,547,431	0	16,547,431	73.00
74.00	07400 RENAL DIALYSIS		571,033	0	571,033	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC		2,048,971	0	2,048,971	90.01
90.02	09002 KIDS PLUS CLINIC		265,223	0	265,223	90.02
90.03	09003 RADIATION ONCOLOGY		4,529,952	0	4,529,952	90.03
90.04	09004 MUNCIE CLINIC		0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC		533,622	0	533,622	90.05
90.06	09006 PREGNANCY PLUS		0	0	0	90.06
90.07	09007 O/P LAB		0	0	0	90.07
90.08	09008 O/P LAB		0	0	0	90.08
90.09	09009 FORTVILLE CLINIC		791	0	791	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)		0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC		725,400	0	725,400	90.11
90.12	09012 OTHER ONCOLOGY SERVICES		0	0	0	90.12
91.00	09100 EMERGENCY		7,627,754	0	7,627,754	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,869,498	0	2,869,498	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

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

Worksheet C
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance		Total Costs
				1.00	2.00		3.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0		0 105.00	
106.00	10600 HEART ACQUISITION	0		0		0 106.00	
107.00	10700 LIVER ACQUISITION	0		0		0 107.00	
108.00	10800 LUNG ACQUISITION	0		0		0 108.00	
109.00	10900 PANCREAS ACQUISITION	0		0		0 109.00	
110.00	11000 INTESTINAL ACQUISITION	0		0		0 110.00	
111.00	11100 ISLET ACQUISITION	0		0		0 111.00	
113.00	11300 INTEREST EXPENSE					113.00	
114.00	11400 UTILIZATION REVIEW-SNF					114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0 115.00	
116.00	11600 HOSPICE	0		0		0 116.00	
200.00	Subtotal (see instructions)	153,991,059	0	153,991,059	0	153,991,059 200.00	
201.00	Less Observation Beds	2,869,498		2,869,498		2,869,498 201.00	
202.00	Total (see instructions)	151,121,561	0	151,121,561	0	151,121,561 202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

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

Worksheet C
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

		Title XVIII			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,619,287		61,619,287			30.00
31.00	03100	INTENSIVE CARE UNIT	14,087,109		14,087,109			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,908,865		4,908,865			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,961,359	49,578,075	71,539,434	0.224636	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	488,966	0	488,966	0.703624	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,689,609	1,843,555	3,533,164	0.229964	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,241,539	9,611,123	12,852,662	0.343690	0.000000	54.00
54.01	05401	ULTRASOUND	1,116,899	5,219,259	6,336,158	0.147829	0.000000	54.01
54.02	05402	WOMEN'S CENTER	7,702	5,635,874	5,643,576	0.193572	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	822,026	13,118,091	13,940,117	0.112916	0.000000	56.00
57.00	05700	CT SCAN	9,849,521	35,201,712	45,051,233	0.039034	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,145,684	10,540,418	12,686,102	0.108029	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,024,133	15,221,974	24,246,107	0.104533	0.000000	59.00
60.00	06000	LABORATORY	13,158,696	35,075,358	48,234,054	0.196715	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	776,718	751,092	1,527,810	0.749989	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,212,083	240,243	4,452,326	0.529680	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,282,195	9,456,939	10,739,134	0.462165	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	879,657	925,276	1,804,933	0.362705	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	455,019	402,323	857,342	0.473407	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,339,755	10,214,983	14,554,738	0.090072	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,376,493	3,754,734	5,131,227	0.242300	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,262,190	27,187,497	51,449,687	0.176318	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,379,451	12,434,114	31,813,565	0.408738	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,457,238	32,565,779	55,023,017	0.300737	0.000000	73.00
74.00	07400	RENAL DIALYSIS	490,385	0	490,385	1.164459	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	18,300	8,292,562	8,310,862	0.246541	0.000000	90.01
90.02	09002	KIDS PLUS CLINIC	2,866	313,246	316,112	0.839016	0.000000	90.02
90.03	09003	RADIATION ONCOLOGY	414,960	35,871,349	36,286,309	0.124839	0.000000	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	1,476	756,528	758,004	0.703983	0.000000	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000	90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	0.000000	90.10
90.11	09011	DIABETIC PLUS CLINIC	364	177,910	178,274	4.069017	0.000000	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0.000000	0.000000	90.12
91.00	09100	EMERGENCY	11,038,987	34,422,558	45,461,545	0.167785	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,107,518	2,895,675	4,003,193	0.716802	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 8/19/2020 2:10 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00					
9.00	10.00							
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	236,617,050	361,708,247	598,325,297			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	236,617,050	361,708,247	598,325,297			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 2:10 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.224636		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.703624		52.00
53.00	05300	ANESTHESIOLOGY	0.229964		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.343690		54.00
54.01	05401	ULTRASOUND	0.147829		54.01
54.02	05402	WOMEN'S CENTER	0.193572		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.112916		56.00
57.00	05700	CT SCAN	0.039034		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108029		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104533		59.00
60.00	06000	LABORATORY	0.196715		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.749989		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.529680		65.00
66.00	06600	PHYSICAL THERAPY	0.462165		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362705		67.00
68.00	06800	SPEECH PATHOLOGY	0.473407		68.00
69.00	06900	ELECTROCARDIOLOGY	0.090072		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.242300		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.176318		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.408738		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300737		73.00
74.00	07400	RENAL DIALYSIS	1.164459		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.246541		90.01
90.02	09002	KIDS PLUS CLINIC	0.839016		90.02
90.03	09003	RADIATION ONCOLOGY	0.124839		90.03
90.04	09004	MUNCIE CLINIC	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0.703983		90.05
90.06	09006	PREGNANCY PLUS	0.000000		90.06
90.07	09007	O/P LAB	0.000000		90.07
90.08	09008	O/P LAB	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0.000000		90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000		90.10
90.11	09011	DIABETIC PLUS CLINIC	4.069017		90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000		90.12
91.00	09100	EMERGENCY	0.167785		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.716802		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 2:10 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	GALBLADDER ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 2:10 pm		
			Title XIX	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	35,818,799			35,818,799	30.00
31.00	03100	INTENSIVE CARE UNIT	6,824,407			6,824,407	31.00
32.00	03200	CORONARY CARE UNIT	0			0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0	34.00
40.00	04000	SUBPROVIDER - IPF	0			0	40.00
41.00	04100	SUBPROVIDER - IRF	0			0	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	1,110,808			1,110,808	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	44.00
45.00	04500	NURSING FACILITY	0			0	45.00
46.00	04600	OTHER LONG TERM CARE	0			0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,070,356			16,070,356	50.00
51.00	05100	RECOVERY ROOM	0			0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	344,048			344,048	52.00
53.00	05300	ANESTHESIOLOGY	812,499			812,499	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,417,337			4,417,337	54.00
54.01	05401	ULTRASOUND	936,669			936,669	54.01
54.02	05402	WOMEN'S CENTER	1,092,439			1,092,439	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0			0	55.00
56.00	05600	RADIOISOTOPE	1,574,067			1,574,067	56.00
57.00	05700	CT SCAN	1,758,541			1,758,541	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,370,463			1,370,463	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,534,519			2,534,519	59.00
60.00	06000	LABORATORY	9,488,338			9,488,338	60.00
60.01	06001	BLOOD LABORATORY	0			0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,145,840			1,145,840	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0			0	63.00
64.00	06400	INTRAVENOUS THERAPY	0			0	64.00
65.00	06500	RESPIRATORY THERAPY	2,358,309	0		2,358,309	65.00
66.00	06600	PHYSICAL THERAPY	4,963,255	0		4,963,255	66.00
67.00	06700	OCCUPATIONAL THERAPY	654,659	0		654,659	67.00
68.00	06800	SPEECH PATHOLOGY	405,872	0		405,872	68.00
69.00	06900	ELECTROCARDIOLOGY	1,310,971			1,310,971	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,243,296			1,243,296	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,071,515			9,071,515	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,003,415			13,003,415	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,547,431			16,547,431	73.00
74.00	07400	RENAL DIALYSIS	571,033			571,033	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0			0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
90.00	09000	CLINIC	0			0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	2,048,971			2,048,971	90.01
90.02	09002	KIDS PLUS CLINIC	265,223			265,223	90.02
90.03	09003	RADIATION ONCOLOGY	4,529,952			4,529,952	90.03
90.04	09004	MUNCIE CLINIC	0			0	90.04
90.05	09005	ANTI COAGULATION CLINIC	533,622			533,622	90.05
90.06	09006	PREGNANCY PLUS	0			0	90.06
90.07	09007	O/P LAB	0			0	90.07
90.08	09008	O/P LAB	0			0	90.08
90.09	09009	FORTVILLE CLINIC	791			791	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0			0	90.10
90.11	09011	DIABETIC PLUS CLINIC	725,400			725,400	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0			0	90.12
91.00	09100	EMERGENCY	7,627,754			7,627,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,869,498			2,869,498	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0			0	94.00
95.00	09500	AMBULANCE SERVICES	0			0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0			0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0			0	97.00
99.00	09900	CMHC	0			0	99.00
99.10	09910	CORF	0			0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0			0	100.00
101.00	10100	HOME HEALTH AGENCY	0			0	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

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

Worksheet C
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		PPS	
				Total Costs	RCE Disallowance	Total Costs			
							Costs		
		1.00	2.00	3.00	4.00	5.00			
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0		0			0	105.00
106.00	10600	HEART ACQUISITION	0		0			0	106.00
107.00	10700	LIVER ACQUISITION	0		0			0	107.00
108.00	10800	LUNG ACQUISITION	0		0			0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			0	110.00
111.00	11100	ISLET ACQUISITION	0		0			0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	154,030,097	0	154,030,097	0		154,030,097	200.00
201.00		Less Observation Beds	2,869,498		2,869,498			2,869,498	201.00
202.00		Total (see instructions)	151,160,599	0	151,160,599	0		151,160,599	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

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

Worksheet C
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

		Title XIX			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,619,287		61,619,287			30.00
31.00	03100	INTENSIVE CARE UNIT	14,087,109		14,087,109			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	4,908,865		4,908,865			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,961,359	49,578,075	71,539,434	0.224636	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	488,966	0	488,966	0.703624	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,689,609	1,843,555	3,533,164	0.229964	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,241,539	9,611,123	12,852,662	0.343690	0.000000	54.00
54.01	05401	ULTRASOUND	1,116,899	5,219,259	6,336,158	0.147829	0.000000	54.01
54.02	05402	WOMEN'S CENTER	7,702	5,635,874	5,643,576	0.193572	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	822,026	13,118,091	13,940,117	0.112916	0.000000	56.00
57.00	05700	CT SCAN	9,849,521	35,201,712	45,051,233	0.039034	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,145,684	10,540,418	12,686,102	0.108029	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,024,133	15,221,974	24,246,107	0.104533	0.000000	59.00
60.00	06000	LABORATORY	13,158,696	35,075,358	48,234,054	0.196715	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	776,718	751,092	1,527,810	0.749989	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	4,212,083	240,243	4,452,326	0.529680	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,282,195	9,456,939	10,739,134	0.462165	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	879,657	925,276	1,804,933	0.362705	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	455,019	402,323	857,342	0.473407	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,339,755	10,214,983	14,554,738	0.090072	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,376,493	3,754,734	5,131,227	0.242300	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,262,190	27,187,497	51,449,687	0.176318	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,379,451	12,434,114	31,813,565	0.408738	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,457,238	32,565,779	55,023,017	0.300737	0.000000	73.00
74.00	07400	RENAL DIALYSIS	490,385	0	490,385	1.164459	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	18,300	8,292,562	8,310,862	0.246541	0.000000	90.01
90.02	09002	KIDS PLUS CLINIC	2,866	313,246	316,112	0.839016	0.000000	90.02
90.03	09003	RADIATION ONCOLOGY	414,960	35,871,349	36,286,309	0.124839	0.000000	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	1,476	756,528	758,004	0.703983	0.000000	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000	90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	0.000000	90.10
90.11	09011	DIABETIC PLUS CLINIC	364	177,910	178,274	4.069017	0.000000	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0.000000	0.000000	90.12
91.00	09100	EMERGENCY	11,038,987	34,422,558	45,461,545	0.167785	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,107,518	2,895,675	4,003,193	0.716802	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 8/19/2020 2:10 pm	
			Title XIX		Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	236,617,050	361,708,247	598,325,297			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	236,617,050	361,708,247	598,325,297			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 2:10 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.224636		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.703624		52.00
53.00	05300	ANESTHESIOLOGY	0.229964		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.343690		54.00
54.01	05401	ULTRASOUND	0.147829		54.01
54.02	05402	WOMEN'S CENTER	0.193572		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.112916		56.00
57.00	05700	CT SCAN	0.039034		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108029		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104533		59.00
60.00	06000	LABORATORY	0.196715		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.749989		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.529680		65.00
66.00	06600	PHYSICAL THERAPY	0.462165		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362705		67.00
68.00	06800	SPEECH PATHOLOGY	0.473407		68.00
69.00	06900	ELECTROCARDIOLOGY	0.090072		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.242300		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.176318		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.408738		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300737		73.00
74.00	07400	RENAL DIALYSIS	1.164459		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.246541		90.01
90.02	09002	KIDS PLUS CLINIC	0.839016		90.02
90.03	09003	RADIATION ONCOLOGY	0.124839		90.03
90.04	09004	MUNCIE CLINIC	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0.703983		90.05
90.06	09006	PREGNANCY PLUS	0.000000		90.06
90.07	09007	O/P LAB	0.000000		90.07
90.08	09008	O/P LAB	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0.000000		90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000		90.10
90.11	09011	DIABETIC PLUS CLINIC	4.069017		90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000		90.12
91.00	09100	EMERGENCY	0.167785		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.716802		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 8/19/2020 2:10 pm
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part II Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description		Title XIX			Hospital		PPS
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	16,070,356	1,796,787	14,273,569	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	344,048	16,333	327,715	0	0	52.00
53.00	05300 ANESTHESIOLOGY	812,499	16,489	796,010	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,417,337	410,823	4,006,514	0	0	54.00
54.01	05401 ULTRASOUND	936,669	27,666	909,003	0	0	54.01
54.02	05402 WOMEN'S CENTER	1,092,439	40,637	1,051,802	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	1,574,067	35,796	1,538,271	0	0	56.00
57.00	05700 CT SCAN	1,758,541	81,285	1,677,256	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,370,463	26,289	1,344,174	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,534,519	266,896	2,267,623	0	0	59.00
60.00	06000 LABORATORY	9,488,338	439,071	9,049,267	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,145,840	27,378	1,118,462	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,358,309	65,382	2,292,927	0	0	65.00
66.00	06600 PHYSICAL THERAPY	4,963,255	685,851	4,277,404	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	654,659	14,692	639,967	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	405,872	7,822	398,050	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,310,971	194,044	1,116,927	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,243,296	65,821	1,177,475	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,071,515	123,303	8,948,212	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,003,415	176,723	12,826,692	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,547,431	500,013	16,047,418	0	0	73.00
74.00	07400 RENAL DIALYSIS	571,033	3,933	567,100	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	2,048,971	83,501	1,965,470	0	0	90.01
90.02	09002 KIDS PLUS CLINIC	265,223	27,323	237,900	0	0	90.02
90.03	09003 RADIATION ONCOLOGY	4,529,952	768,539	3,761,413	0	0	90.03
90.04	09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	533,622	4,792	528,830	0	0	90.05
90.06	09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007 O/P LAB	0	0	0	0	0	90.07
90.08	09008 O/P LAB	0	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	791	5	786	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	725,400	21,394	704,006	0	0	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	7,627,754	325,852	7,301,902	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,869,498	106,286	2,763,212	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	110,276,083	6,360,726	103,915,357	0	0	200.00
201.00	Less Observation Beds	2,869,498	106,286	2,763,212	0	0	201.00

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

Provider CCN: 15-0113

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

Worksheet C
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description	Title XIX			Hospital	PPS	
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
	1.00	2.00	3.00	4.00	5.00	
202.00 Total (line 200 minus line 201)	107,406,585	6,254,440	101,152,145	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019	Worksheet C Part II Date/Time Prepared: 8/19/2020 2:10 pm
Title XIX			Hospital		PPS	
Cost Center Description			Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
			6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,070,356	71,539,434	0.224636	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	344,048	488,966	0.703624	52.00
53.00	05300	ANESTHESIOLOGY	812,499	3,533,164	0.229964	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,417,337	12,852,662	0.343690	54.00
54.01	05401	ULTRASOUND	936,669	6,336,158	0.147829	54.01
54.02	05402	WOMEN'S CENTER	1,092,439	5,643,576	0.193572	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,574,067	13,940,117	0.112916	56.00
57.00	05700	CT SCAN	1,758,541	45,051,233	0.039034	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,370,463	12,686,102	0.108029	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,534,519	24,246,107	0.104533	59.00
60.00	06000	LABORATORY	9,488,338	48,234,054	0.196715	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,145,840	1,527,810	0.749989	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	2,358,309	4,452,326	0.529680	65.00
66.00	06600	PHYSICAL THERAPY	4,963,255	10,739,134	0.462165	66.00
67.00	06700	OCCUPATIONAL THERAPY	654,659	1,804,933	0.362705	67.00
68.00	06800	SPEECH PATHOLOGY	405,872	857,342	0.473407	68.00
69.00	06900	ELECTROCARDIOLOGY	1,310,971	14,554,738	0.090072	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,243,296	5,131,227	0.242300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,071,515	51,449,687	0.176318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,003,415	31,813,565	0.408738	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,547,431	55,023,017	0.300737	73.00
74.00	07400	RENAL DIALYSIS	571,033	490,385	1.164459	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	2,048,971	8,310,862	0.246541	90.01
90.02	09002	KIDS PLUS CLINIC	265,223	316,112	0.839016	90.02
90.03	09003	RADIATION ONCOLOGY	4,529,952	36,286,309	0.124839	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	533,622	758,004	0.703983	90.05
90.06	09006	PREGNANCY PLUS	0	0	0.000000	90.06
90.07	09007	O/P LAB	0	0	0.000000	90.07
90.08	09008	O/P LAB	0	0	0.000000	90.08
90.09	09009	FORTVILLE CLINIC	791	0	0.000000	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000	90.10
90.11	09011	DIABETIC PLUS CLINIC	725,400	178,274	4.069017	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0.000000	90.12
91.00	09100	EMERGENCY	7,627,754	45,461,545	0.167785	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,869,498	4,003,193	0.716802	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0.000000	105.00
106.00	10600	HEART ACQUISITION	0	0	0.000000	106.00
107.00	10700	LIVER ACQUISITION	0	0	0.000000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0.000000	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00	11100	ISLET ACQUISITION	0	0	0.000000	111.00
113.00	11300	INTEREST EXPENSE	0	0	0.000000	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0.000000	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000	115.00
116.00	11600	HOSPICE	0	0	0.000000	116.00
200.00		Subtotal (sum of lines 50 thru 199)	110,276,083	517,710,036		200.00
201.00		Less Observation Beds	2,869,498	0		201.00

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

Provider CCN: 15-0113

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

Worksheet C
Part II
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description		Title XIX			Hospital	PPS
		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
202.00	Total (line 200 minus line 201)	107,406,585	517,710,036	8.00		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,325,292	0	1,325,292	23,504	56.39	30.00
31.00	INTENSIVE CARE UNIT	361,008		361,008	3,655	98.77	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	129,153		129,153	1,990	64.90	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	1,815,453		1,815,453	29,149		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	8,390	473,112				30.00
31.00	INTENSIVE CARE UNIT	1,278	126,228				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	9,668	599,340				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/19/2020 2:10 pm	
Title XVIII			Hospital		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	1,796,787	71,539,434	0.025116	8,250,241	207,213	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,333	488,966	0.033403	0	0	52.00
53.00	05300	ANESTHESIOLOGY	16,489	3,533,164	0.004667	333,412	1,556	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	410,823	12,852,662	0.031964	1,425,340	45,560	54.00
54.01	05401	ULTRASOUND	27,666	6,336,158	0.004366	430,999	1,882	54.01
54.02	05402	WOMEN'S CENTER	40,637	5,643,576	0.007201	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	35,796	13,940,117	0.002568	371,530	954	56.00
57.00	05700	CT SCAN	81,285	45,051,233	0.001804	4,160,137	7,505	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,289	12,686,102	0.002072	815,509	1,690	58.00
59.00	05900	CARDIAC CATHETERIZATION	266,896	24,246,107	0.011008	2,868,145	31,573	59.00
60.00	06000	LABORATORY	439,071	48,234,054	0.009103	5,027,674	45,767	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	27,378	1,527,810	0.017920	293,155	5,253	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	65,382	4,452,326	0.014685	1,709,475	25,104	65.00
66.00	06600	PHYSICAL THERAPY	685,851	10,739,134	0.063865	522,885	33,394	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,692	1,804,933	0.008140	347,549	2,829	67.00
68.00	06800	SPEECH PATHOLOGY	7,822	857,342	0.009124	215,969	1,971	68.00
69.00	06900	ELECTROCARDIOLOGY	194,044	14,554,738	0.013332	1,682,240	22,428	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,821	5,131,227	0.012828	404,396	5,188	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	123,303	51,449,687	0.002397	8,493,115	20,358	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,723	31,813,565	0.005555	6,798,464	37,765	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	500,013	55,023,017	0.009087	7,167,760	65,133	73.00
74.00	07400	RENAL DIALYSIS	3,933	490,385	0.008020	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	83,501	8,310,862	0.010047	6,928	70	90.01
90.02	09002	KIDS PLUS CLINIC	27,323	316,112	0.086435	109	9	90.02
90.03	09003	RADIATION ONCOLOGY	768,539	36,286,309	0.021180	203,762	4,316	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	4,792	758,004	0.006322	30	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0.000000	0	0	90.06
90.07	09007	O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008	O/P LAB	0	0	0.000000	0	0	90.08
90.09	09009	FORTVILLE CLINIC	5	0	0.000000	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	21,394	178,274	0.120006	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	325,852	45,461,545	0.007168	4,314,974	30,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	106,286	4,003,193	0.026550	645,316	17,133	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	6,360,726	517,710,036		56,489,114	615,581	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	23,504	0.00	8,390	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,655	0.00	1,278	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	1,990	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	29,149		9,668	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0			31.00
32.00	03200	CORONARY CARE UNIT	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			34.00
40.00	04000	SUBPROVIDER - IPF	0			40.00
41.00	04100	SUBPROVIDER - IRF	0			41.00
42.00	04200	SUBPROVIDER	0			42.00
43.00	04300	NURSERY	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
200.00		Total (lines 30 through 199)	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
54.01 05401 ULTRASOUND	0	0	0	0	0	0	54.01	
54.02 05402 WOMEN'S CENTER	0	0	0	0	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.01	
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	0	90.02	
90.03 09003 RADIATION ONCOLOGY	0	0	0	0	0	0	90.03	
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	0	90.04	
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	0	90.05	
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	0	90.06	
90.07 09007 O/P LAB	0	0	0	0	0	0	90.07	
90.08 09008 O/P LAB	0	0	0	0	0	0	90.08	
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	0	90.09	
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	0	90.10	
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	0	0	0	90.11	
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	71,539,434	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	488,966	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	3,533,164	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	12,852,662	0.000000	54.00
54.01 05401 ULTRASOUND	0	0	0	6,336,158	0.000000	54.01
54.02 05402 WOMEN'S CENTER	0	0	0	5,643,576	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIO SOTOPE	0	0	0	13,940,117	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	45,051,233	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,686,102	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	24,246,107	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	48,234,054	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,527,810	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	4,452,326	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	10,739,134	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,804,933	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	857,342	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,554,738	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,131,227	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	51,449,687	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,813,565	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	55,023,017	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	490,385	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	8,310,862	0.000000	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	316,112	0.000000	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	36,286,309	0.000000	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	758,004	0.000000	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0.000000	90.06
90.07 09007 O/P LAB	0	0	0	0	0.000000	90.07
90.08 09008 O/P LAB	0	0	0	0	0.000000	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0.000000	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0.000000	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	178,274	0.000000	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	45,461,545	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,003,193	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00 Total (lines 50 through 199)	0	0	0	517,710,036		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	8,250,241	0	13,132,210	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	333,412	0	432,184	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,425,340	0	2,424,803	0	54.00
54.01	05401 ULTRASOUND	0.000000	430,999	0	1,138,421	0	54.01
54.02	05402 WOMEN'S CENTER	0.000000	0	0	518,326	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	371,530	0	4,472,828	0	56.00
57.00	05700 CT SCAN	0.000000	4,160,137	0	9,768,695	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	815,509	0	3,257,748	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,868,145	0	5,560,561	0	59.00
60.00	06000 LABORATORY	0.000000	5,027,674	0	3,648,746	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	293,155	0	377,796	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,709,475	0	62,588	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	522,885	0	21,661	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	347,549	0	15,848	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	215,969	0	5,026	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,682,240	0	3,228,625	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	404,396	0	846,761	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	8,493,115	0	7,196,886	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,798,464	0	3,350,687	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	7,167,760	0	12,195,611	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.000000	6,928	0	4,151,955	0	90.01
90.02	09002 KIDS PLUS CLINIC	0.000000	109	0	130,444	0	90.02
90.03	09003 RADIATION ONCOLOGY	0.000000	203,762	0	11,593,018	0	90.03
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	0.000000	30	0	280,072	0	90.05
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0	90.06
90.07	09007 O/P LAB	0.000000	0	0	0	0	90.07
90.08	09008 O/P LAB	0.000000	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.000000	4,314,974	0	6,531,923	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	645,316	0	2,624,300	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		56,489,114	0	96,967,723	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 2:10 pm
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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	0.224636	13,132,210	1,278	0	2,949,967	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.703624	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.229964	432,184	0	0	99,387	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.343690	2,424,803	0	0	833,381	54.00
54.01	05401 ULTRASOUND	0.147829	1,138,421	0	0	168,292	54.01
54.02	05402 WOMEN'S CENTER	0.193572	518,326	0	0	100,333	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.112916	4,472,828	0	0	505,054	56.00
57.00	05700 CT SCAN	0.039034	9,768,695	0	0	381,311	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.108029	3,257,748	0	0	351,931	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.104533	5,560,561	0	0	581,262	59.00
60.00	06000 LABORATORY	0.196715	3,648,746	551	0	717,763	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.749989	377,796	0	0	283,343	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.529680	62,588	0	0	33,152	65.00
66.00	06600 PHYSICAL THERAPY	0.462165	21,661	0	0	10,011	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.362705	15,848	0	0	5,748	67.00
68.00	06800 SPEECH PATHOLOGY	0.473407	5,026	0	0	2,379	68.00
69.00	06900 ELECTROCARDIOLOGY	0.090072	3,228,625	0	0	290,809	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.242300	846,761	0	0	205,170	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.176318	7,196,886	0	0	1,268,941	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.408738	3,350,687	0	0	1,369,553	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.300737	12,195,611	0	66,196	3,667,671	73.00
74.00	07400 RENAL DIALYSIS	1.164459	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.246541	4,151,955	0	0	1,023,627	90.01
90.02	09002 KIDS PLUS CLINIC	0.839016	130,444	0	0	109,445	90.02
90.03	09003 RADIATION ONCOLOGY	0.124839	11,593,018	0	0	1,447,261	90.03
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	0.703983	280,072	41	0	197,166	90.05
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0	90.06
90.07	09007 O/P LAB	0.000000	0	0	0	0	90.07
90.08	09008 O/P LAB	0.000000	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	4.069017	0	0	0	0	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.167785	6,531,923	0	0	1,095,959	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.716802	2,624,300	0	0	1,881,103	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Subtotal (see instructions)		96,967,723	1,870	66,196	19,580,019	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)		96,967,723	1,870	66,196	19,580,019	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 2:10 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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	287	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
54.02 05402 WOMEN'S CENTER	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	108	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	19,908		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0		90.01
90.02 09002 KIDS PLUS CLINIC	0	0		90.02
90.03 09003 RADIATION ONCOLOGY	0	0		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	29	0		90.05
90.06 09006 PREGNANCY PLUS	0	0		90.06
90.07 09007 O/P LAB	0	0		90.07
90.08 09008 O/P LAB	0	0		90.08
90.09 09009 FORTVILLE CLINIC	0	0		90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0		90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0		90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0		90.12
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	424	19,908		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	424	19,908		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,325,292	0	1,325,292	23,504	56.39	30.00
31.00	INTENSIVE CARE UNIT	361,008		361,008	3,655	98.77	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	129,153		129,153	1,990	64.90	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	1,815,453		1,815,453	29,149		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	847	47,762				30.00
31.00	INTENSIVE CARE UNIT	138	13,630				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	1,554	100,855				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	2,539	162,247				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 8/19/2020 2:10 pm	
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)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,796,787	71,539,434	0.025116	502,742	12,627	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,333	488,966	0.033403	30,199	1,009	52.00
53.00	05300	ANESTHESIOLOGY	16,489	3,533,164	0.004667	106,790	498	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	410,823	12,852,662	0.031964	80,867	2,585	54.00
54.01	05401	ULTRASOUND	27,666	6,336,158	0.004366	34,834	152	54.01
54.02	05402	WOMEN'S CENTER	40,637	5,643,576	0.007201	415	3	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	35,796	13,940,117	0.002568	22,595	58	56.00
57.00	05700	CT SCAN	81,285	45,051,233	0.001804	257,449	464	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	26,289	12,686,102	0.002072	55,079	114	58.00
59.00	05900	CARDIAC CATHETERIZATION	266,896	24,246,107	0.011008	191,589	2,109	59.00
60.00	06000	LABORATORY	439,071	48,234,054	0.009103	476,297	4,336	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	27,378	1,527,810	0.017920	41,629	746	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	65,382	4,452,326	0.014685	130,389	1,915	65.00
66.00	06600	PHYSICAL THERAPY	685,851	10,739,134	0.063865	23,163	1,479	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,692	1,804,933	0.008140	15,907	129	67.00
68.00	06800	SPEECH PATHOLOGY	7,822	857,342	0.009124	7,987	73	68.00
69.00	06900	ELECTROCARDIOLOGY	194,044	14,554,738	0.013332	111,889	1,492	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	65,821	5,131,227	0.012828	42,877	550	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	123,303	51,449,687	0.002397	998,043	2,392	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	176,723	31,813,565	0.005555	384,705	2,137	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	500,013	55,023,017	0.009087	715,189	6,499	73.00
74.00	07400	RENAL DIALYSIS	3,933	490,385	0.008020	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	83,501	8,310,862	0.010047	527	5	90.01
90.02	09002	KIDS PLUS CLINIC	27,323	316,112	0.086435	56	5	90.02
90.03	09003	RADIATION ONCOLOGY	768,539	36,286,309	0.021180	6,715	142	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	4,792	758,004	0.006322	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0.000000	0	0	90.06
90.07	09007	O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008	O/P LAB	0	0	0.000000	0	0	90.08
90.09	09009	FORTVILLE CLINIC	5	0	0.000000	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	21,394	178,274	0.120006	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	325,852	45,461,545	0.007168	297,980	2,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	106,287	4,003,193	0.026551	42,789	1,136	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	6,360,727	517,710,036		4,578,701	44,791	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
200.00		Total (lines 30 through 199)	0	0	0	200.00

Cost Center Description	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days
	4.00	5.00	6.00	7.00	8.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	23,504	0.00	847	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,655	0.00	138	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	1,990	0.00	1,554	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	29,149		2,539	200.00

Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8)
	9.00

INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0			31.00
32.00	03200	CORONARY CARE UNIT	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			34.00
40.00	04000	SUBPROVIDER - IPF	0			40.00
41.00	04100	SUBPROVIDER - IRF	0			41.00
42.00	04200	SUBPROVIDER	0			42.00
43.00	04300	NURSERY	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
200.00		Total (lines 30 through 199)	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description	Title XIX			Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 ULTRASOUND	0	0	0	0	0	0	54.01
54.02 05402 WOMEN'S CENTER	0	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	0	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	0	0	0	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	71,539,434	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	488,966	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	3,533,164	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	12,852,662	0.000000	54.00
54.01 05401 ULTRASOUND	0	0	0	6,336,158	0.000000	54.01
54.02 05402 WOMEN'S CENTER	0	0	0	5,643,576	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIO SOTOPE	0	0	0	13,940,117	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	45,051,233	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,686,102	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	24,246,107	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	48,234,054	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,527,810	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	4,452,326	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	10,739,134	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,804,933	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	857,342	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,554,738	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	5,131,227	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	51,449,687	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	31,813,565	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	55,023,017	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	490,385	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	8,310,862	0.000000	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	316,112	0.000000	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	36,286,309	0.000000	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	758,004	0.000000	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0.000000	90.06
90.07 09007 O/P LAB	0	0	0	0	0.000000	90.07
90.08 09008 O/P LAB	0	0	0	0	0.000000	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0.000000	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0.000000	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	178,274	0.000000	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	45,461,545	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	4,003,193	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00 Total (lines 50 through 199)	0	0	0	517,710,036		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 8/19/2020 2:10 pm
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Cost Center Description		Title XIX				Hospital	
		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)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	502,742	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	30,199	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	106,790	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	80,867	0	0	0	54.00
54.01	05401 ULTRASOUND	0.000000	34,834	0	0	0	54.01
54.02	05402 WOMEN'S CENTER	0.000000	415	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	22,595	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	257,449	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	55,079	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	191,589	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	476,297	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	41,629	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	130,389	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	23,163	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	15,907	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	7,987	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	111,889	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	42,877	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	998,043	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	384,705	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	715,189	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.000000	527	0	0	0	90.01
90.02	09002 KIDS PLUS CLINIC	0.000000	56	0	0	0	90.02
90.03	09003 RADIATION ONCOLOGY	0.000000	6,715	0	0	0	90.03
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	90.05
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0	90.06
90.07	09007 O/P LAB	0.000000	0	0	0	0	90.07
90.08	09008 O/P LAB	0.000000	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	0.000000	0	0	0	0	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.000000	297,980	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	42,789	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		4,578,701	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 2:10 pm
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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	0.224636	0	0	1,216,376	0
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.703624	0	0	0	0
53.00	05300 ANESTHESIOLOGY	0.229964	0	0	61,118	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.343690	0	0	332,241	0
54.01	05401 ULTRASOUND	0.147829	0	0	187,597	0
54.02	05402 WOMEN'S CENTER	0.193572	0	0	101,492	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00	05600 RADIOISOTOPE	0.112916	0	0	280,212	0
57.00	05700 CT SCAN	0.039034	0	0	989,248	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.108029	0	0	286,052	0
59.00	05900 CARDIAC CATHETERIZATION	0.104533	0	0	186,793	0
60.00	06000 LABORATORY	0.196715	0	0	934,966	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.749989	0	0	22,798	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.529680	0	0	10,574	0
66.00	06600 PHYSICAL THERAPY	0.462165	0	0	220,017	0
67.00	06700 OCCUPATIONAL THERAPY	0.362705	0	0	21,439	0
68.00	06800 SPEECH PATHOLOGY	0.473407	0	0	9,827	0
69.00	06900 ELECTROCARDIOLOGY	0.090072	0	0	239,247	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.242300	0	0	161,275	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.176318	0	0	1,044,413	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.408738	0	0	336,881	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.300737	0	0	675,980	0
74.00	07400 RENAL DIALYSIS	1.164459	0	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00	09000 CLINIC	0.000000	0	0	0	0
90.01	09001 WOUND/OSTOMY CLINIC	0.246541	0	0	154,983	0
90.02	09002 KIDS PLUS CLINIC	0.839016	0	0	4,506	0
90.03	09003 RADIATION ONCOLOGY	0.124839	0	0	640,418	0
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0
90.05	09005 ANTI COAGULATION CLINIC	0.703983	0	0	8,447	0
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0
90.07	09007 O/P LAB	0.000000	0	0	0	0
90.08	09008 O/P LAB	0.000000	0	0	0	0
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0
90.11	09011 DIABETIC PLUS CLINIC	4.069017	0	0	4,931	0
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0
91.00	09100 EMERGENCY	0.167785	0	0	1,628,496	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.716802	0	0	96,019	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		0	0	9,856,346	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	9,856,346	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 8/19/2020 2:10 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	273,242		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	14,055		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	114,188		54.00
54.01 05401 ULTRASOUND	0	27,732		54.01
54.02 05402 WOMEN'S CENTER	0	19,646		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	31,640		56.00
57.00 05700 CT SCAN	0	38,614		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	30,902		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	19,526		59.00
60.00 06000 LABORATORY	0	183,922		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	17,098		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	5,601		65.00
66.00 06600 PHYSICAL THERAPY	0	101,684		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	7,776		67.00
68.00 06800 SPEECH PATHOLOGY	0	4,652		68.00
69.00 06900 ELECTROCARDIOLOGY	0	21,549		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	39,077		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	184,149		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	137,696		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	203,292		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	38,210		90.01
90.02 09002 KIDS PLUS CLINIC	0	3,781		90.02
90.03 09003 RADIATION ONCOLOGY	0	79,949		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	0	5,947		90.05
90.06 09006 PREGNANCY PLUS	0	0		90.06
90.07 09007 O/P LAB	0	0		90.07
90.08 09008 O/P LAB	0	0		90.08
90.09 09009 FORTVILLE CLINIC	0	0		90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0		90.10
90.11 09011 DIABETIC PLUS CLINIC	0	20,064		90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0		90.12
91.00 09100 EMERGENCY	0	273,237		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	68,827		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	0	1,966,056		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 - line 201)	0	1,966,056		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 2:10 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,504	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,504	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)		21,619	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)		8,390	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		35,779,761	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		35,779,761	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,779,761	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)		1,522.28	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,771,929	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)		12,771,929	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 2:10 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,824,407	3,655	1,867.14	1,278	2,386,205	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				13,555,340		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				28,713,474		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)				599,340		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				615,581		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,214,921		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				27,498,553		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)				1,885		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,522.28		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,869,498		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,325,292	35,779,761	0.037040	2,869,498	106,286	90.00
91.00	Nursing School cost	0	35,779,761	0.000000	2,869,498	0	91.00
92.00	Allied health cost	0	35,779,761	0.000000	2,869,498	0	92.00
93.00	All other Medical Education	0	35,779,761	0.000000	2,869,498	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 2:10 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		23,504	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		23,504	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)		21,619	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)		847	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,990	15.00
16.00	Nursery days (title V or XIX only)		1,554	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		35,818,799	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		35,818,799	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,818,799	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)		1,523.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,290,777	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,290,777	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description			Title XIX		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	1.00	2.00	3.00	4.00	5.00	
	1,110,808	1,990	558.19	1,554	867,427	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	6,824,407	3,655	1,867.14	138	257,665	43.00
44.00	0	0	0.00	0	0	44.00
45.00	0	0	0.00	0	0	45.00
46.00	0	0	0.00	0	0	46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,095,027	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,510,896	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)				162,247	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				44,791	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				207,038	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				3,303,858	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)				1,885	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,523.94	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,872,627	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,325,292	35,818,799	0.037000	2,872,627	106,287	90.00
91.00	Nursing School cost	0	35,818,799	0.000000	2,872,627	0	91.00
92.00	Allied health cost	0	35,818,799	0.000000	2,872,627	0	92.00
93.00	All other Medical Education	0	35,818,799	0.000000	2,872,627	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,826,421	30.00
31.00	03100	INTENSIVE CARE UNIT		4,674,298	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.224636	8,250,241	1,853,301 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.703624	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.229964	333,412	76,673 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.343690	1,425,340	489,875 54.00
54.01	05401	ULTRASOUND	0.147829	430,999	63,714 54.01
54.02	05402	WOMEN'S CENTER	0.193572	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.112916	371,530	41,952 56.00
57.00	05700	CT SCAN	0.039034	4,160,137	162,387 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108029	815,509	88,099 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104533	2,868,145	299,816 59.00
60.00	06000	LABORATORY	0.196715	5,027,674	989,019 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.749989	293,155	219,863 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.529680	1,709,475	905,475 65.00
66.00	06600	PHYSICAL THERAPY	0.462165	522,885	241,659 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362705	347,549	126,058 67.00
68.00	06800	SPEECH PATHOLOGY	0.473407	215,969	102,241 68.00
69.00	06900	ELECTROCARDIOLOGY	0.090072	1,682,240	151,523 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.242300	404,396	97,985 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.176318	8,493,115	1,497,489 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.408738	6,798,464	2,778,791 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300737	7,167,760	2,155,611 73.00
74.00	07400	RENAL DIALYSIS	1.164459	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.246541	6,928	1,708 90.01
90.02	09002	KIDS PLUS CLINIC	0.839016	109	91 90.02
90.03	09003	RADIATION ONCOLOGY	0.124839	203,762	25,437 90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0 90.04
90.05	09005	ANTI COAGULATION CLINIC	0.703983	30	21 90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0 90.06
90.07	09007	O/P LAB	0.000000	0	0 90.07
90.08	09008	O/P LAB	0.000000	0	0 90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0 90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0 90.10
90.11	09011	DIABETIC PLUS CLINIC	4.069017	0	0 90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.167785	4,314,974	723,988 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.716802	645,316	462,564 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		56,489,114	13,555,340 200.00
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)		56,489,114	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 8/19/2020 2:10 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,963,106	30.00
31.00	03100	INTENSIVE CARE UNIT		416,991	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		747,326	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.224636	502,742	112,934 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.703624	30,199	21,249 52.00
53.00	05300	ANESTHESIOLOGY	0.229964	106,790	24,558 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.343690	80,867	27,793 54.00
54.01	05401	ULTRASOUND	0.147829	34,834	5,149 54.01
54.02	05402	WOMEN'S CENTER	0.193572	415	80 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.112916	22,595	2,551 56.00
57.00	05700	CT SCAN	0.039034	257,449	10,049 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.108029	55,079	5,950 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.104533	191,589	20,027 59.00
60.00	06000	LABORATORY	0.196715	476,297	93,695 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.749989	41,629	31,221 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.529680	130,389	69,064 65.00
66.00	06600	PHYSICAL THERAPY	0.462165	23,163	10,705 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.362705	15,907	5,770 67.00
68.00	06800	SPEECH PATHOLOGY	0.473407	7,987	3,781 68.00
69.00	06900	ELECTROCARDIOLOGY	0.090072	111,889	10,078 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.242300	42,877	10,389 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.176318	998,043	175,973 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.408738	384,705	157,244 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.300737	715,189	215,084 73.00
74.00	07400	RENAL DIALYSIS	1.164459	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.246541	527	130 90.01
90.02	09002	KIDS PLUS CLINIC	0.839016	56	47 90.02
90.03	09003	RADIATION ONCOLOGY	0.124839	6,715	838 90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0 90.04
90.05	09005	ANTI COAGULATION CLINIC	0.703983	0	0 90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0 90.06
90.07	09007	O/P LAB	0.000000	0	0 90.07
90.08	09008	O/P LAB	0.000000	0	0 90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0 90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0 90.10
90.11	09011	DIABETIC PLUS CLINIC	4.069017	0	0 90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.167785	297,980	49,997 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.716802	42,789	30,671 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,578,701	1,095,027 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		4,578,701	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 2:10 pm
		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)		15,662,943	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,926,809	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)		618,134	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		326,181	2.04
3.00	Managed Care Simulated Payments		14,239,325	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		128.25	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs 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.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.16	11.00
12.00	Current year allowable FTE (see instructions)		0.16	12.00
13.00	Total allowable FTE count for the prior year.		0.17	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.44	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.26	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.26	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.002027	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.001342	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.001342	21.00
22.00	IME payment adjustment (see instructions)		15,092	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		10,437	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		15,092	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		10,437	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		22.71	31.00
32.00	Sum of lines 30 and 31		27.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.72	33.00
34.00	Disproportionate share adjustment (see instructions)		603,280	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 2:10 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000192671	0.000180054	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,593,939	1,503,560	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,192,179	377,944	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,570,123		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	23,722,562		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)		23,732,999	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,850,324	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).		8,999	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		106,875	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		25,699,197	59.00
60.00	Primary payer payments		9,711	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		25,689,486	61.00
62.00	Deductibles billed to program beneficiaries		2,274,408	62.00
63.00	Coinurance billed to program beneficiaries		18,743	63.00
64.00	Allowable bad debts (see instructions)		169,531	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		110,195	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		32,619	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,506,530	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)		72,524	70.93
70.94	HRR adjustment amount (see instructions)		-212,689	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 8/19/2020 2:10 pm	
		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)			254,608	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			23,111,757	71.00
71.01	Sequestration adjustment (see instructions)			462,235	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			22,634,643	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			14,879	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			666,751	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 8/19/2020 2:10 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		20,332	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,580,019	2.00
3.00	OPPS payments		16,671,939	3.00
4.00	Outlier payment (see instructions)		43,790	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)		20,332	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		68,066	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)		68,066	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)		68,066	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		47,734	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)		20,332	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)		16,715,729	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		256	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		3,017,365	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)		13,718,440	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		6,143	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)		13,724,583	30.00
31.00	Primary payer payments		4,820	31.00
32.00	Subtotal (line 30 minus line 31)		13,719,763	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)		677,089	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		440,108	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		479,870	36.00
37.00	Subtotal (see instructions)		14,159,871	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-106	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	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)		14,159,977	40.00
40.01	Sequestration adjustment (see instructions)		283,200	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		13,846,203	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)		30,574	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: 15-0113

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

Worksheet E-1
Part I
Date/Time Prepared:
8/19/2020 2:10 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		22,607,343		13,846,203	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	08/20/2019	27,300		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)		27,300		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)		22,634,643		13,846,203	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		14,879		30,574	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		22,649,522		13,876,777	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 8/19/2020 2:10 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/19/2020 2:10 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
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))			6.21	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
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)			6.21	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.16		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.16		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.17		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.44		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.26		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.26		17.00
18.00	Per resident amount	91,888.30	91,888.30		18.00
19.00	Approved amount for resident costs	0	23,891	23,891	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			23,891	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	9,668	6,894		26.00
27.00	Total Inpatient Days (see instructions)	25,372	25,372		27.00
28.00	Ratio of inpatient days to total inpatient days	0.381050	0.271717		28.00
29.00	Program direct GME amount	9,104	6,492	15,596	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		454	454	30.00
31.00	Net Program direct GME amount			15,142	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet E-4 Date/Time Prepared: 8/19/2020 2:10 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		490,385	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)		28,713,474	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)		9,711	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		28,703,763	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		19,600,351	42.00
43.00	Primary payer payments (see instructions)		4,820	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		19,595,531	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		48,299,294	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.594289	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.405711	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		15,142	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		8,999	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		6,143	50.00

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

Provider CCN: 15-0113

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

Worksheet G

Date/Time Prepared:
8/19/2020 2:10 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	19,896,546	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	81,657,999	0	0	0	4.00
5.00	Other receivable	-56,510,560	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	530,735	0	0	0	6.00
7.00	Inventory	3,051,097	0	0	0	7.00
8.00	Prepaid expenses	1,032,147	0	0	0	8.00
9.00	Other current assets	147,782	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)	49,805,746	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,208,238	0	0	0	12.00
13.00	Land improvements	1,989,234	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	77,460,002	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,311,533	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	76,403,101	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	897,913	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-101,910,998	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)	62,359,023	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	497,792	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	203,919,155	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	204,416,947	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	316,581,716	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,885,998	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,659,849	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	2,511,286	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	12,057,133	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	997,179	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	997,179	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,054,312	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	303,527,404				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)	303,527,404	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	316,581,716	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0113

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

Worksheet G-1

Date/Time Prepared:
8/19/2020 2:10 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		285,569,738		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		17,957,666				2.00
3.00	Total (sum of line 1 and line 2)		303,527,404		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)		303,527,404		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)		303,527,404		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: 15-0113

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
8/19/2020 2:10 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	31,886,742		31,886,742	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	31,886,742		31,886,742	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,136,020		14,136,020	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	14,136,020		14,136,020	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	46,022,762		46,022,762	17.00
18.00	Ancillary services	186,227,982	379,479,021	565,707,003	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	580,119	580,119	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	232,250,744	380,059,140	612,309,884	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		232,720,636		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)		232,720,636		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0113

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

Worksheet G-3

Date/Time Prepared:
8/19/2020 2:10 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	612,309,884	1.00
2.00	Less contractual allowances and discounts on patients' accounts	417,581,586	2.00
3.00	Net patient revenues (line 1 minus line 2)	194,728,298	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	232,720,636	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-37,992,338	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,370,144	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	11,124	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	2,605,583	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC AND NON OPERATING REVENUE	51,963,153	24.00
25.00	Total other income (sum of lines 6-24)	55,950,004	25.00
26.00	Total (line 5 plus line 25)	17,957,666	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)	17,957,666	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0113	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 8/19/2020 2:10 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,704,088	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		47,740	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)		70.35	3.00
4.00	Number of interns & residents (see instructions)		0.26	4.00
5.00	Indirect medical education percentage (see instructions)		0.10	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)		1,704	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.57	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		22.71	8.00
9.00	Sum of lines 7 and 8		27.28	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.68	10.00
11.00	Disproportionate share adjustment (see instructions)		96,792	11.00
12.00	Total prospective capital payments (see instructions)		1,850,324	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