

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all inter payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). **FORM APPROVED**
 OMB NO. 0938-0050
 EXPIRES 03-31-2022

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 7/15/2021 12:59 pm
--	-----------------------	---	---

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: 7/15/2021 Time: 12:59 pm

PART II - CERTIFICATION

REPRESENTATION 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 THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE FINES AND/OR IMPRISONMENT MAY RESULT.

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BALL MEMORIAL HOSPITAL (15-0089) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	843,689	-853,750	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-74,834	-3	0	0	3.00
5.00 Swing Bed - SNF	0	0	0	0	0	5.00
6.00 Swing Bed - NF	0	0	0	0	0	6.00
200.00 Total	0	768,855	-853,753	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 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 Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 7/15/2021 12:59 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2401 UNIVERSITY AVENUE	PO Box:						1.00		
2.00	City: MUNCIE	State: IN	Zip Code: 47303-3428	County: DELAWARE					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	BALL MEMORIAL HOSPITAL	150089	34620	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	BMH PHYSICAL REHAB	15T089	34620	5	07/01/1986	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF									9.00
10.00	Hospital -Based NF									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice									14.00
15.00	Hospital -Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FQHC									16.00
17.00	Hospital -Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2020	12/31/2020		20.00	
21.00	Type of Control (see instructions)					2			21.00	
						1.00	2.00	3.00		
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N		N	22.03	
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 days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,297	753	66	57	15,104	53		24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part 1 Date/Time Prepared: 7/15/2021 12:59 pm		
	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	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	11	0	0	281	25.00	
					Urban/Rural Status	Date of Geographic Reclassification		
					1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the 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 reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.				1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.				0		35.00	
					Beginning:	Ending:		
					1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.						36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.				0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)						37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.						38.00	
					Y/N	Y/N		
					1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)				N	N	40.00	
					V	XVIII	XIX	
					1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital								
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)				with	Y	Y	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	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	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					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.				or Y/N	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.				GME			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.				N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N		59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code		
				1.00	2.00	3.00		
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.			Y	Y		60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)					23.00	1	60.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part 1 Date/Time Prepared: 7/15/2021 12:59 pm	
	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)			12.00	12.00	61.00	
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01	
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02	
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03	
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04	
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05	
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06	
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings						
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" Y for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					63.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			2.75	15.74	0.148729	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part 1 Date/Time Prepared: 7/15/2021 12:59 pm		
	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 yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.21	21.04	0.132371		65.00
65.01		INTERNAL MEDICINE	1400	4.25	13.76	0.235980		65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			1.67	8.33	0.167000		66.00
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
	1.00	2.00	3.00	4.00	5.00			
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	12.08	17.79	0.404419		67.00
67.01		INT MEDICINE	1400	5.67	17.65	0.243139		67.01
			1.00	2.00	3.00			
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N	N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0		71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.							75.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 1 Date/Time Prepared: 7/15/2021 12:59 pm	
		1.00	2.00	3.00	
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N			86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.	N			87.00
		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N			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			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			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			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			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N			98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N			98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N			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			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			98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N			98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. 1 through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 1 Date/Time Prepared: 7/15/2021 12:59 pm		
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
					1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N	110.00
					1.00	
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
			1.00	2.00	3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.		N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
			Premiums	Losses	Insurance	
			1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:		544,287	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 §312N and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.			Y	5.06	122.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 7/15/2021 12:59 pm
---	-----------------------	---	--

			1.00	2.00		
133.00	Removed and reserved					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			Y	15H059	140.00
		1.00	2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.						
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS	Contractor's Number: 08101			141.00
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202			143.00
1.00						
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00
1.00						
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient dialysis 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.					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
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 1 Date/Time Prepared: 7/15/2021 12:59 pm
			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)			1,048 171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/15/2021 12:59 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	V/I	
			1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00	
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00	
			Y/N	Type	Date	
			1.00	2.00	3.00	
Financial Data and Reports						
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	02/25/2021	
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 the legal operator of the program?		N		6.00	
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		Y		7.00	
8.00	Were nursing school and/or allied health programs approved and/or renewed during the 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 reporting period? If yes, see instructions.		N		10.00	
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00	
			Y/N			
			1.00			
Bad Debts						
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00	
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				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			
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/02/2021	Y	04/02/2021
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	
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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 7/15/2021 12:59 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.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	et.HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part 11 Date/Time Prepared: 7/15/2021 12:59 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.	DIRECTOR, GOVERNMENT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
7/15/2021 12:59 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	252	92,232	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)		252	92,232	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,176	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	21	7,686	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		309	113,094	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,856		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		325				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		8	2,928			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part 1
Date/Time Prepared:
7/15/2021 12:59 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	25,550	1,992	60,983			1.00
2.00 HMO and other (see instructions)	14,998	14,744				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	767	292				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)	25,550	1,992	60,983			7.00
8.00 INTENSIVE CARE UNIT	4,261	737	10,017			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	392	3,353			12.00
13.00 NURSERY		1,412	2,017			13.00
14.00 Total (see instructions)	29,811	4,533	76,370	63.19	1,834.72	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,829	0	4,489	0.00	23.79	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			912			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				63.19	1,858.51	27.00
28.00 Observation Bed Days		166	7,386			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	53	1,198			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part 1
Date/Time Prepared:
7/15/2021 12:59 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	5,482	519	15,672	1.00	
2.00 HMO and other (see instructions)			2,491	2,789		2.00	
3.00 HMO IPF Subprovider				0		3.00	
4.00 HMO IRF Subprovider				22		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00	
6.00 Hospital Adults & Peds. Swing Bed NF						6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00	
8.00 INTENSIVE CARE UNIT						8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 NEONATAL INTENSIVE CARE UNIT						12.00	
13.00 NURSERY						13.00	
14.00 Total (see instructions)	0.00	0	5,482	519	15,672	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	209	0	341	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)						24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25	
27.00 Total (sum of lines 14-26)	0.00					27.00	
28.00 Observation Bed Days						28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01	
33.00 LTCH non-covered days			0			33.00	
33.01 LTCH site neutral days and discharges			0			33.01	

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part II
Date/Time Prepared:
7/15/2021 12:59 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	121,171,657	-565,337	120,606,320	3,865,689.87	31.20
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		57,350	0	57,350	2,144.00	26.75
5.00	Physician and Non Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	4,083,556	4,083,556	137,672.00	29.66
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)		6,440,319	1,571,756	8,012,075	230,005.35	34.83
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		3,953,614	0	3,953,614	60,955.96	64.86
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		5,601,005	0	5,601,005	44,629.79	125.50
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		36,955,190	0	36,955,190	991,275.91	37.28
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)		30,592,370	0	30,592,370		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,108,861	0	2,108,861		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		17,758	0	17,758		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,032,031	0	1,032,031		
25.50	Home office wage-related (core)		11,342,536	0	11,342,536		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part 11
Date/Time Prepared:
7/15/2021 12:59 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	36,983	1,540,100	1,577,083	2,080.20	758.14	26.00
27.00	Administrative & General	10,576,200	-2,089,492	8,486,708	167,036.46	50.81	27.00
28.00	Administrative & General under contract (see inst.)	144,441	0	144,441	652.97	221.21	28.00
29.00	Maintenance & Repairs	3,288,472	-78,987	3,209,485	134,461.58	23.87	29.00
30.00	Operation of Plant	1,624,969	-65,128	1,559,841	60,784.47	25.66	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,959,065	-25,654	2,933,411	196,537.30	14.93	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,744,583	-1,203,963	1,540,620	82,879.80	18.59	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,183,180	1,183,180	76,448.00	15.48	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	6,075,717	-238,924	5,836,793	151,274.41	38.58	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	5,528,895	-418,682	5,110,213	126,496.62	40.40	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	623,885	-438	623,447	44,326.28	14.06	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part III
Date/Time Prepared:
7/15/2021 12:59 pm

Worksheet A Line Number	Amount Reported	Reclassification 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
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	121,258,748	-4,648,893	116,609,855	3,726,526.84	31.29	1.00
2.00	Excluded area salaries (see instructions)	6,440,319	1,571,756	8,012,075	230,005.35	34.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	114,818,429	-6,220,649	108,597,780	3,496,521.49	31.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	46,509,809	0	46,509,809	1,096,861.66	42.40	4.00
5.00	Subtotal wage-related costs (see inst.)	41,934,906	0	41,934,906	0.00	38.61	5.00
6.00	Total (sum of lines 3 thru 5)	203,263,144	-6,220,649	197,042,495	4,593,383.15	42.90	6.00
7.00	Total overhead cost (see instructions)	33,603,210	-1,397,988	32,205,222	1,042,978.09	30.88	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part IV
Date/Time Prepared:
7/15/2021 12:59 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,342,598	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	18,650,054	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	543,378	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	55,593	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)	720,591	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	610,210	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106 cumulative portion)	Non 0	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,725,419	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	103,178	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	33,751,021	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part V Date/Time Prepared: 7/15/2021 12:59 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		3,953,614	33,751,021 1.00
2.00	Hospital		3,953,614	33,751,021 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-10

Date/Time Prepared:
7/15/2021 12:59 pm

		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)	0.180046	1.00		
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	53,395,713	2.00		
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00		
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?	Y	4.00		
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid	0	5.00		
6.00	Medicaid charges	344,175,577	6.00		
7.00	Medicaid cost (line 1 times line 6)	61,967,436	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)	11,428,177	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)	108,759	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	665,514	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	119,823	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)	11,064	16.00		
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00		
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12, 16 and 17)	11,428,177	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)	28,691,251	735,373	29,426,624	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,165,745	735,373	5,901,118	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,165,745	735,373	5,901,118	23.00
				1.00	
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N		24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit	0		25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)	22,380,604		26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)	418,518		27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)	643,875		27.01	
28.00	Non-Medicare bad debt expense (see instructions)	21,736,729		28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)	4,138,968		29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	10,040,086		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	18,622,873		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		3,616,672		20,057,477	23,674,149
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	36,983	949,188	986,171	24,475,135	25,461,306
5.01	01160	COMMUNICATIONS	511,891	276,583	788,474	-202,431	586,043
5.02	00550	DATA PROCESSING	0	0	0	0	0
5.04	00570	ADMINISTRATIVE	1,175,122	404,363	1,579,485	-295,210	1,284,275
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	8,889,187	87,696,222	96,585,409	-3,888,170	92,697,239
6.00	00600	MAINTENANCE & REPAIRS	3,288,472	14,791,748	18,080,220	-7,421,355	10,658,865
7.00	00700	OPERATION OF PLANT	1,624,969	5,177,684	6,802,653	229,196	7,031,849
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,519,354	1,519,354
9.00	00900	HOUSEKEEPING	2,959,065	2,055,865	5,014,930	-1,540,061	3,474,869
10.00	01000	DIETARY	2,744,583	2,696,922	5,441,505	-3,046,702	2,394,803
11.00	01100	CAFETERIA	0	0	0	2,174,572	2,174,572
13.00	01300	NURSING ADMINISTRATION	6,075,717	2,626,816	8,702,533	-1,492,257	7,210,276
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,218,648	1,218,648	7,642,366	8,861,014
15.00	01500	PHARMACY	5,528,895	41,632,655	47,161,550	-40,454,962	6,706,588
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	623,885	198,058	821,943	-147,219	674,724
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	4,083,556	4,083,556
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,268,652	4,434,447	8,703,099	-5,228,130	3,474,969
23.00	02300	PARAMEDICAL PRGM	95,394	20,196	115,590	131,723	247,313
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	24,629,853	25,795,531	50,425,384	-9,873,814	40,551,570
31.00	03100	INTENSIVE CARE UNIT	7,075,180	3,593,452	10,668,632	-2,825,766	7,842,866
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,078,487	2,715,556	4,794,043	-767,923	4,026,120
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	1,678,532	683,556	2,362,088	-451,522	1,910,566
43.00	04300	NURSERY	0	0	0	497,789	497,789
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,582,840	23,238,218	28,821,058	-15,554,146	13,266,912
51.00	05100	RECOVERY ROOM	1,437,429	866,518	2,303,947	-764,364	1,539,583
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,991,175	1,145,698	3,136,873	-994,572	2,142,301
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,893,485	14,916,260	23,809,745	-10,706,615	13,103,130
57.00	05700	CT SCAN	131,417	65,091	196,508	-48,061	148,447
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,101,441	8,464,769	10,566,210	-8,217,222	2,348,988
60.00	06000	LABORATORY	0	12,660,492	12,660,492	-13,560	12,646,932
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,317,816	1,317,816	-1,807	1,316,009
65.00	06500	RESPIRATORY THERAPY	3,439,086	1,895,406	5,334,492	-1,663,825	3,670,667
65.01	06501	SLEEP LAB	457,604	367,432	825,036	-322,401	502,635
66.00	06600	PHYSICAL THERAPY	4,371,759	1,683,544	6,055,303	-1,569,759	4,486,140
67.00	06700	OCCUPATIONAL THERAPY	765,839	219,784	985,623	-58,483	927,140
68.00	06800	SPEECH PATHOLOGY	515,501	140,977	656,478	-45,112	611,366
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,221,392	1,079,553	2,300,945	-765,546	1,535,399
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,046,559	11,046,559
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,305,027	11,305,027
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	40,111,517	40,111,517
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,468,882	6,947,042	8,415,924	-401,005	8,014,919
74.00	07400	RENAL DIALYSIS	0	1,492,804	1,492,804	-76,290	1,416,514
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	904,300	380,733	1,285,033	-247,199	1,037,834
76.98	07698	HYPERBARIC OXYGEN THERAPY	494,861	1,358,942	1,853,803	-596,548	1,257,255
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	203,279	515,601	718,880	-73,002	645,878
90.02	09002	PAIN CLINIC	368,755	742,444	1,111,199	-307,577	803,622
90.03	09003	ONCOLOGY CLINIC	1,224,872	849,151	2,074,023	-454,326	1,619,697
91.00	09100	EMERGENCY	7,556,586	6,612,539	14,169,125	-3,239,445	10,929,680
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	89,894	156,323	246,217	-26,634	219,583
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	116,505,264	287,701,299	404,206,563	-508,154	403,698,409
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	171,845	351,898	523,743	-25,635	498,108

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
191.00	19100 RESEARCH	670,931	198,844	869,775	-126,806	742,969	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	142,330	41,023	183,353	31,370	214,723	194.01
194.02	07952 PAVILLION PHARMACY	788,198	5,299,830	6,088,028	-54,567	6,033,461	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	33,798	33,798	-33,259	539	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	1,611,924	1,611,924	-871,184	740,740	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	0	0	0	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	426	426	-6	420	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	1,179,829	416,344	1,596,173	-193,766	1,402,407	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	364,203	70,002	434,205	1,016,526	1,450,731	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	1,232,044	380,479	1,612,523	-273,254	1,339,269	194.22
194.23	07973 CANCER CENTER BOUTIQUE	15,083	75,315	90,398	-398	90,000	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	167	167	-124	43	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	101,930	40,033	141,963	1,039,257	1,181,220	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	TOTAL (SUM OF LINES 118 through 199)	121,171,657	296,221,382	417,393,039	0	417,393,039	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	5,174,858	28,849,007	1.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	529,183	25,990,489	4.00
5.01	01160 COMMUNICATIONS	-112,750	473,293	5.01
5.02	00550 DATA PROCESSING	18,166,907	18,166,907	5.02
5.04	00570 ADMINITING	8,911,506	10,195,781	5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	10,742,441	10,742,441	5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	-51,877,419	40,819,820	5.06
6.00	00600 MAINTENANCE & REPAIRS	-320,654	10,338,211	6.00
7.00	00700 OPERATION OF PLANT	-216,826	6,815,023	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	1,519,354	8.00
9.00	00900 HOUSEKEEPING	-117,180	3,357,689	9.00
10.00	01000 DIETARY	-216,243	2,178,560	10.00
11.00	01100 CAFETERIA	-1,195,180	979,392	11.00
13.00	01300 NURSING ADMINISTRATION	-23,614	7,186,662	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	8,861,014	14.00
15.00	01500 PHARMACY	-537,035	6,169,553	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	16.00
18.00	01080 PATIENT TRANSPORTATION	-12,400	662,324	18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	4,083,556	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,800	3,472,169	22.00
23.00	02300 PARAMED ED PRGM	0	247,313	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-10,880,643	29,670,927	30.00
31.00	03100 INTENSIVE CARE UNIT	0	7,842,866	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	-1,542,328	2,483,792	35.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	72,273	1,982,839	41.00
43.00	04300 NURSERY	0	497,789	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-6,041,766	7,225,146	50.00
51.00	05100 RECOVERY ROOM	0	1,539,583	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,142,301	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-515,006	12,588,124	54.00
57.00	05700 CT SCAN	-51,682	96,765	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	-1,800	2,347,188	59.00
60.00	06000 LABORATORY	0	12,646,932	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	1,316,009	63.00
65.00	06500 RESPIRATORY THERAPY	0	3,670,667	65.00
65.01	06501 SLEEP LAB	-18,108	484,527	65.01
66.00	06600 PHYSICAL THERAPY	-41,539	4,444,601	66.00
67.00	06700 OCCUPATIONAL THERAPY	-90	927,050	67.00
68.00	06800 SPEECH PATHOLOGY	-389	610,977	68.00
68.01	06801 AUDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	-59,303	1,476,096	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,046,559	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	11,305,027	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	40,111,517	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	-620,168	7,394,751	73.01
74.00	07400 RENAL DIALYSIS	0	1,416,514	74.00
76.00	03160 CARDIOPULMONARY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	-111,950	925,884	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	-48,936	1,208,319	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	-358,000	287,878	90.01
90.02	09002 PAIN CLINIC	-393,471	410,151	90.02
90.03	09003 ONCOLOGY CLINIC	0	1,619,697	90.03
91.00	09100 EMERGENCY	-394,409	10,535,271	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	219,583	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	-32,114,521	371,583,888	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	498,108	190.00
191.00	19100 RESEARCH	0	742,969	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
194.01	07951	BSU PHARMACY	-177,912	36,811	194.01
194.02	07952	PAVILLION PHARMACY	0	6,033,461	194.02
194.03	07953	VENDING	0	0	194.03
194.04	07954	CARELINE	0	0	194.04
194.05	07955	WELLNESS CENTER	0	539	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	740,740	194.08
194.09	07959	ADVERTISING	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	420	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	0	1,402,407	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	-261,969	1,188,762	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	-1,339,269	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	90,000	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	43	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	-10,962	1,170,258	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	194.32
194.33	07983	LAB CORP	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	194.34
194.35	07985	LEASED SPACE	0	0	194.35
200.00		TOTAL (SUM OF LINES 118 through 199)	-33,904,633	383,488,406	200.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/15/2021 12:59 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,497,943	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2	2.00
3.00	COMMUNICATIONS	5.01	0	2	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	3,243	4.00
5.00	NURSING ADMINISTRATION	13.00	0	38,850	5.00
6.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	108	6.00
7.00	PAVILLION PHARMACY	194.02	0	169	7.00
8.00	RENTAL PROPERTY	194.08	0	541	8.00
9.00	THERAPIES TO OTHER ENTITIES	194.22	0	21	9.00
10.00	CANCER CENTER BOUTIQUE	194.23	0	69	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	0		0	8,540,948	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,046,559	1.00
2.00	RENTAL PROPERTY	194.08	0	245	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
	0		0	11,046,804	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,305,027	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
0			0	11,305,027	
D - BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	634,738	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	40,111,517	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
0			0	40,746,255	
E - INTERN & RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES	21.00	4,083,556	0	1.00
2.00	APPRVD	0.00	0	0	2.00
0			4,083,556	0	
F - CAFETERIA					
1.00	CAFETERIA	11.00	1,183,180	991,392	1.00
0			1,183,180	991,392	
G - PHARMACY ADMIN COSTS					
1.00	BSU PHARMACY	194.01	39,873	22,748	1.00
2.00	PAVILLION PHARMACY	194.02	39,873	22,748	2.00
0			79,746	45,496	
H - AUTO & BUILDING INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	344,057	1.00
0			0	344,057	
I - REHAB ADMIN COSTS					
1.00	OCCUPATIONAL THERAPY	67.00	75,807	4,598	1.00
2.00	SPEECH PATHOLOGY	68.00	51,027	2,950	2.00
3.00	PEDIATRIC THERAPIES	194.13	116,786	8,711	3.00
4.00	THERAPIES TO OTHER ENTITIES	194.22	10,875	843	4.00
0			254,495	17,102	
J - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,519,354	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
0			0	1,519,354	
L - IRF AND PACU MEDSURG					
1.00	ADULTS & PEDIATRICS	30.00	27,131	13,026	1.00
2.00		0.00	0	0	2.00
	TOTALS		27,131	13,026	
O - NURSERY					
1.00	NURSERY	43.00	458,820	38,969	1.00
2.00		0.00	0	0	2.00
0			458,820	38,969	
S - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	23,032,415	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00

Increases						
Cost Center	Line #	Salary	Other			
2.00	3.00	4.00	5.00			
37.00	0.00	0	0		37.00	
38.00	0.00	0	0		38.00	
39.00	0.00	0	0		39.00	
40.00	0.00	0	0		40.00	
41.00	0.00	0	0		41.00	
42.00	0.00	0	0		42.00	
43.00	0.00	0	0		43.00	
44.00	0.00	0	0		44.00	
45.00	0.00	0	0		45.00	
46.00	0.00	0	0		46.00	
0			23,032,415			
T - CORPORATE TELEPHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	13,886	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	
0			13,886			
U - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	18,699,025	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
0			18,699,025			
V - LEASE EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	962,609	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	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/15/2021 12:59 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
0			0	962,609	
W - PTO USED AS STD					
1.00	COMMUNICATIONS	5.01	0	2,187	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,529	2.00
3.00	MAINTENANCE & REPAIRS	5.06	0	6,158	3.00
4.00	OPERATION OF PLANT	6.00	0	11,867	4.00
5.00	HOUSEKEEPING	7.00	0	1,952	5.00
6.00	DIETARY	9.00	0	25,654	6.00
7.00	NURSING ADMINISTRATION	10.00	0	9,570	7.00
8.00	PHARMACY	13.00	0	39,193	8.00
9.00	PATIENT TRANSPORTATION	15.00	0	38,879	9.00
10.00	ADULTS & PEDIATRICS	18.00	0	438	10.00
11.00	INTENSIVE CARE UNIT	30.00	0	83,219	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	31.00	0	57,874	12.00
13.00	SUBPROVIDER - IRF	35.00	0	20,550	13.00
14.00	OPERATING ROOM	41.00	0	2,426	14.00
15.00	RECOVERY ROOM	50.00	0	31,218	15.00
16.00	DELIVERY ROOM & LABOR ROOM	51.00	0	14,786	16.00
17.00	RADIOLOGY-DIAGNOSTIC	52.00	0	22,029	17.00
18.00	CT SCAN	54.00	0	37,868	18.00
19.00	RESPIRATORY THERAPY	57.00	0	1,904	19.00
20.00	SLEEP LAB	65.00	0	22,099	20.00
21.00	SLEEP LAB	65.01	0	2,121	21.00
22.00	PHYSICAL THERAPY	66.00	0	37,293	22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	2,678	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	5,376	24.00
25.00	CARDIAC REHABILITATION	76.97	0	3,380	25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	948	26.00
27.00	SUBSTANCE ABUSE CLINIC	90.01	0	2,185	27.00
28.00	PAIN CLINIC	90.02	0	1,989	28.00
29.00	ONCOLOGY CLINIC	90.03	0	22,097	29.00
30.00	EMERGENCY	91.00	0	25,778	30.00
31.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	671	31.00
32.00	RESEARCH	191.00	0	2,216	32.00
33.00	PEDIATRIC THERAPIES	194.13	0	13,971	33.00
34.00	THERAPIES TO OTHER ENTITIES	194.22	0	10,234	34.00
0			0	565,337	
X - WASTE DISPOSAL					
1.00	OPERATION OF PLANT	7.00	0	427,421	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
0			0	427,421	
Y - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	588,725	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	279	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
0			0	589,004	
Z - BLACKFORD					
1.00	BLACKFORD COMMUNITY HOSPITAL	194.26	672,780	406,361	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
			672,780	406,361	
AB - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM	23.00	133,848	10,239	1.00
			133,848	10,239	
AC - PROPERTY TAX					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	171,966	1.00
2.00		0.00	0	0	2.00
			0	171,966	
AD - JAY HOSPITAL					
1.00	JAY COUNTY HOSPITAL	194.16	674,250	430,651	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
			674,250	430,651	
AE - MALPRACTICE INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	100	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	250	2.00
			0	350	
AF - ACCRUED PTO					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,540,100	0	1.00
	TOTALS		1,540,100	0	
500.00	Grand Total: Increases		9,107,906	119,917,694	500.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
7/15/2021 12:59 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,934	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	23,278	14	2.00
3.00	OPERATION OF PLANT	5.06	0	1,506	0	3.00
4.00	HOUSEKEEPING	7.00	0	83	0	4.00
5.00	DIETARY	9.00	0	191,641	0	5.00
6.00	PHARMACY	10.00	0	2,427	0	6.00
7.00	PATIENT TRANSPORTATION	15.00	0	252,479	0	7.00
8.00	ADULTS & PEDIATRICS	18.00	0	592	0	8.00
9.00	INTENSIVE CARE UNIT	30.00	0	2,051,541	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	31.00	0	910,733	0	10.00
11.00	SUBPROVIDER - IRF	35.00	0	153,713	0	11.00
12.00	OPERATING ROOM	41.00	0	56,693	0	12.00
13.00	RECOVERY ROOM	50.00	0	1,340,414	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	51.00	0	122,004	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	52.00	0	279,111	0	15.00
16.00	CT SCAN	54.00	0	661,776	0	16.00
17.00	CARDIAC CATHETERIZATION	57.00	0	1,401	0	17.00
18.00	RESPIRATORY THERAPY	59.00	0	363,392	0	18.00
19.00	SLEEP LAB	65.00	0	751,122	0	19.00
20.00	PHYSICAL THERAPY	65.01	0	46,051	0	20.00
21.00	OCCUPATIONAL THERAPY	66.00	0	49,993	0	21.00
22.00	SPEECH PATHOLOGY	67.00	0	6,982	0	22.00
23.00	ELECTROCARDIOLOGY	68.00	0	673	0	23.00
24.00	HOSPITAL BASED RETAIL PHARMACIES	69.00	0	25,472	0	24.00
25.00	RENAL DIALYSIS	73.01	0	1,531	0	25.00
26.00	CARDIAC REHABILITATION	74.00	0	21,941	0	26.00
27.00	HYPERBARIC OXYGEN THERAPY	76.97	0	8,098	0	27.00
28.00	SUBSTANCE ABUSE CLINIC	76.98	0	141,468	0	28.00
29.00	PAIN CLINIC	90.01	0	3,592	0	29.00
30.00	ONCOLOGY CLINIC	90.02	0	30,496	0	30.00
31.00	EMERGENCY	90.03	0	93,293	0	31.00
32.00	OBSERVATION BEDS (DISTINCT PART)	91.00	0	928,727	0	32.00
33.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	92.01	0	7,512	0	33.00
34.00	RESEARCH	190.00	0	543	0	34.00
35.00	WELLNESS CENTER	191.00	0	239	0	35.00
36.00	PEDIATRIC THERAPIES	194.05	0	1,119	0	36.00
37.00	CARDINAL BEHAVIORAL HEALTH	194.13	0	6,125	0	37.00
38.00	BLACKFORD COMMUNITY HOSPITAL	194.25	0	124	0	38.00
39.00		194.26	0	129	0	39.00
				8,540,948		
B - BILLABLE SUPPLIES						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	103	0	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	2	0	2.00
3.00	OPERATION OF PLANT	5.06	0	758	0	3.00
4.00	HOUSEKEEPING	10.00	0	39	0	4.00
5.00	DIETARY	13.00	0	6	0	5.00
6.00	PHARMACY	14.00	0	387,270	0	6.00
7.00	PATIENT TRANSPORTATION	15.00	0	5,758	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	114,563	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	112,170	0	9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	24,491	0	10.00
11.00	SUBPROVIDER - IRF	41.00	0	3,695	0	11.00
12.00	OPERATING ROOM	50.00	0	2,818,685	0	12.00
13.00	RECOVERY ROOM	51.00	0	8,205	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	115,117	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,808,219	0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	4,046,907	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	20,053	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	2,428	0	18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	88	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	224,316	0	20.00
21.00	RENAL DIALYSIS	74.00	0	2,099	0	21.00
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	234,167	0	22.00
23.00	SUBSTANCE ABUSE CLINIC	90.01	0	32	0	23.00
24.00	PAIN CLINIC	90.02	0	3,603	0	24.00
25.00	ONCOLOGY CLINIC	90.03	0	25,291	0	25.00
26.00	EMERGENCY	91.00	0	88,263	0	26.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
7/15/2021 12:59 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	369	0		27.00
28.00	THERAPIES TO OTHER ENTITIES	194.22	0	107	0		28.00
	0		0	11,046,804			
C - IMPLANTABLE DEVICES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,776	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	3,098	0		4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	106	0		5.00
6.00	OPERATING ROOM	50.00	0	7,357,603	0		6.00
7.00	RECOVERY ROOM	51.00	0	147	0		7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	4,001	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	749,238	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	3,159,081	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	113	0		11.00
12.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,275	0		12.00
13.00	PAIN CLINIC	90.02	0	3,750	0		13.00
14.00	EMERGENCY	91.00	0	21,798	0		14.00
	0		0	11,305,027			
D - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	39,150,473	0		1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	94,315	0		2.00
3.00	ADMITTING	5.04	0	68	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,623	0		4.00
5.00	DIETARY	10.00	0	98	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	15	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,393	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	183,660	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	62,920	0		9.00
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	10,347	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	1,877	0		11.00
12.00	OPERATING ROOM	50.00	0	180,097	0		12.00
13.00	RECOVERY ROOM	51.00	0	26,906	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,323	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	637,508	0		15.00
16.00	CT SCAN	57.00	0	931	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	67,154	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	13,351	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	82	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	336	0		20.00
21.00	RENAL DIALYSIS	74.00	0	43,473	0		21.00
22.00	CARDIAC REHABILITATION	76.97	0	275	0		22.00
23.00	HYPERBARIC OXYGEN THERAPY	76.98	0	52,208	0		23.00
24.00	PAIN CLINIC	90.02	0	1,165	0		24.00
25.00	ONCOLOGY CLINIC	90.03	0	74,509	0		25.00
26.00	EMERGENCY	91.00	0	121,225	0		26.00
27.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	721	0		27.00
28.00	RENTAL PROPERTY	194.08	0	147	0		28.00
29.00	CANCER CENTER BOUTIQUE	194.23	0	55	0		29.00
	0		0	40,746,255			
E - INTERN & RESIDENT SALARIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	39,600	0	0		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	4,043,956	0	0		2.00
	0		4,083,556	0			
F - CAFETERIA							
1.00	DIETARY	10.00	1,183,180	991,392	0		1.00
	0		1,183,180	991,392			
G - PHARMACY ADMIN COSTS							
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	79,746	45,496	0		1.00
2.00		0.00	0	0	0		2.00
	0		79,746	45,496			
H - AUTO & BUILDING INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	344,057	12		1.00
	0		0	344,057			

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/15/2021 12:59 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
I - REHAB ADMIN COSTS							
1.00	PHYSICAL THERAPY	66.00	254,495	17,102	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	0		254,495	17,102			
J - LAUNDRY							
1.00	ADMINISTRATIVE	5.04	0	15	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	315	0		2.00
3.00	HOUSEKEEPING	9.00	0	209,717	0		3.00
4.00	DIETARY	10.00	0	16,254	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	124	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	418,515	0		6.00
7.00	PHARMACY	15.00	0	727	0		7.00
8.00	PATIENT TRANSPORTATION	18.00	0	3,012	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	363,281	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	83,745	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	5,649	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	19,911	0		12.00
13.00	OPERATING ROOM	50.00	0	108,202	0		13.00
14.00	RECOVERY ROOM	51.00	0	21,626	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	21,703	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,893	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	7,292	0		17.00
18.00	BLOOD STORAGE, PROCESSING, & TRANS.	63.00	0	1,732	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	353	0		19.00
20.00	SLEEP LAB	65.01	0	22,995	0		20.00
21.00	PHYSICAL THERAPY	66.00	0	22,565	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	6,417	0		22.00
23.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	49	0		23.00
24.00	RENAL DIALYSIS	74.00	0	1,113	0		24.00
25.00	CARDIAC REHABILITATION	76.97	0	5	0		25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	17,806	0		26.00
27.00	SUBSTANCE ABUSE CLINIC	90.01	0	101	0		27.00
28.00	PAIN CLINIC	90.02	0	4,862	0		28.00
29.00	ONCOLOGY CLINIC	90.03	0	105	0		29.00
30.00	EMERGENCY	91.00	0	91,893	0		30.00
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	40	0		31.00
32.00	WELLNESS CENTER	194.05	0	4,903	0		32.00
33.00	PEDIATRIC THERAPIES	194.13	0	2,434	0		33.00
	0		0	1,519,354			
L - IRF AND PACU MEDSURG							
1.00	SUBPROVIDER - IRF	41.00	17,026	6,934	0		1.00
2.00	RECOVERY ROOM	51.00	10,105	6,092	0		2.00
	TOTALS		27,131	13,026			
Q - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	442,329	37,544	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	16,491	1,425	0		2.00
	0		458,820	38,969			
S - EMPLOYEE BENEFITS							
1.00	COMMUNICATIONS	5.01	0	202,433	0		1.00
2.00	ADMINISTRATIVE	5.04	0	266,521	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	876,821	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	874,851	0		4.00
5.00	OPERATION OF PLANT	7.00	0	218,975	0		5.00
6.00	HOUSEKEEPING	9.00	0	1,015,894	0		6.00
7.00	DIETARY	10.00	0	755,838	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,081,229	0		8.00
9.00	PHARMACY	15.00	0	941,363	0		9.00
10.00	PATIENT TRANSPORTATION	18.00	0	127,861	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	821,020	0		11.00
12.00	PARAMEDICAL PRGM	23.00	0	12,364	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	4,469,674	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,237,398	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	473,167	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	326,359	0		16.00
17.00	OPERATING ROOM	50.00	0	1,263,698	0		17.00
18.00	RECOVERY ROOM	51.00	0	289,176	0		18.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
7/15/2021 12:59 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	447,416	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,583,053	0	20.00	
21.00	CT SCAN	57.00	0	45,729	0	21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	343,843	0	22.00	
23.00	RESPIRATORY THERAPY	65.00	0	657,958	0	23.00	
24.00	SLEEP LAB	65.01	0	130,184	0	24.00	
25.00	PHYSICAL THERAPY	66.00	0	867,826	0	25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	131,218	0	26.00	
27.00	SPEECH PATHOLOGY	68.00	0	96,610	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	305,684	0	28.00	
29.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	224,984	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	229,475	0	30.00	
31.00	HYPERBARIC OXYGEN THERAPY	76.98	0	113,839	0	31.00	
32.00	SUBSTANCE ABUSE CLINIC	90.01	0	68,859	0	32.00	
33.00	PAIN CLINIC	90.02	0	103,131	0	33.00	
34.00	ONCOLOGY CLINIC	90.03	0	242,302	0	34.00	
35.00	EMERGENCY	91.00	0	1,297,784	0	35.00	
36.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	15,743	0	36.00	
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	24,839	0	37.00	
38.00	RESEARCH	191.00	0	126,456	0	38.00	
39.00	BSU PHARMACY	194.01	0	31,251	0	39.00	
40.00	PAVILLION PHARMACY	194.02	0	117,357	0	40.00	
41.00	WELLNESS CENTER	194.05	0	9	0	41.00	
42.00	PEDIATRIC THERAPIES	194.13	0	257,512	0	42.00	
43.00	JAY COUNTY HOSPITAL	194.16	0	22,277	0	43.00	
44.00	THERAPIES TO OTHER ENTITIES	194.22	0	283,399	0	44.00	
45.00	CANCER CENTER BOUTIQUE	194.23	0	412	0	45.00	
46.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	8,623	0	46.00	
			0	23,032,415			
T - CORPORATE TELEPHONE							
1.00	NURSING ADMINISTRATION	13.00	0	555	0	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,082	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	1,241	0	3.00	
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	7,417	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	483	0	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	263	0	6.00	
7.00	SUBSTANCE ABUSE CLINIC	90.01	0	418	0	7.00	
8.00	PAIN CLINIC	90.02	0	178	0	8.00	
9.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	2,249	0	9.00	
			0	13,886			
U - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	28	9	1.00	
2.00	ADMINISTRATIVE	5.04	0	5,326	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	207,416	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	6,177,710	0	4.00	
5.00	OPERATION OF PLANT	7.00	0	473,932	0	5.00	
6.00	HOUSEKEEPING	9.00	0	13,642	0	6.00	
7.00	DIETARY	10.00	0	80,610	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	121,462	0	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,397	0	9.00	
10.00	PHARMACY	15.00	0	229,815	0	10.00	
11.00	PATIENT TRANSPORTATION	18.00	0	15,754	0	11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	362,430	0	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	2,245,362	0	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	415,702	0	14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	93,033	0	15.00	
16.00	SUBPROVIDER - IRF	41.00	0	19,027	0	16.00	
17.00	OPERATING ROOM	50.00	0	2,483,244	0	17.00	
18.00	RECOVERY ROOM	51.00	0	280,103	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	90,985	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,644,029	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	218,396	0	21.00	
22.00	LABORATORY	60.00	0	13,560	0	22.00	
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	75	0	23.00	
24.00	RESPIRATORY THERAPY	65.00	0	180,251	0	24.00	
25.00	SLEEP LAB	65.01	0	18,546	0	25.00	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
7/15/2021 12:59 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
26.00	PHYSICAL THERAPY	66.00	0	19,433	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	600	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	1,806	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	179,118	0		29.00
30.00	RENAL DIALYSIS	74.00	0	7,664	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	4,709	0		31.00
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	34,138	0		32.00
33.00	PAIN CLINIC	90.02	0	75,407	0		33.00
34.00	ONCOLOGY CLINIC	90.03	0	3,372	0		34.00
35.00	EMERGENCY	91.00	0	689,755	0		35.00
36.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	253	0		36.00
37.00	RESEARCH	191.00	0	111	0		37.00
38.00	WELLNESS CENTER	194.05	0	27,228	0		38.00
39.00	RENTAL PROPERTY	194.08	0	161,911	0		39.00
40.00	IU HEALTH HOSPICE	194.11	0	6	0		40.00
41.00	PEDIATRIC THERAPIES	194.13	0	53,192	0		41.00
42.00	THERAPIES TO OTHER ENTITIES	194.22	0	1,487	0		42.00
0			0	18,699,025			
V - LEASE EXPENSE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	391,165	10		1.00
2.00	SLEEP LAB	65.01	0	101,548	0		2.00
3.00	PHYSICAL THERAPY	66.00	0	237,351	0		3.00
4.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	45,328	0		4.00
5.00	ONCOLOGY CLINIC	90.03	0	15,454	0		5.00
6.00	RENTAL PROPERTY	194.08	0	171,763	0		6.00
0			0	962,609			
W - PTO USED AS STD							
1.00	COMMUNICATIONS	5.01	2,187	0	0		1.00
2.00	ADMINISTRATIVE	5.04	4,529	0	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	6,158	0	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	11,867	0	0		4.00
5.00	OPERATION OF PLANT	7.00	1,952	0	0		5.00
6.00	HOUSEKEEPING	9.00	25,654	0	0		6.00
7.00	DIETARY	10.00	9,570	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	39,193	0	0		8.00
9.00	PHARMACY	15.00	38,879	0	0		9.00
10.00	PATIENT TRANSPORTATION	18.00	438	0	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	83,219	0	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	57,874	0	0		12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	20,550	0	0		13.00
14.00	SUBPROVIDER - IRF	41.00	2,426	0	0		14.00
15.00	OPERATING ROOM	50.00	31,218	0	0		15.00
16.00	RECOVERY ROOM	51.00	14,786	0	0		16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	22,029	0	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	37,868	0	0		18.00
19.00	CT SCAN	57.00	1,904	0	0		19.00
20.00	RESPIRATORY THERAPY	65.00	22,099	0	0		20.00
21.00	SLEEP LAB	65.01	2,121	0	0		21.00
22.00	PHYSICAL THERAPY	66.00	37,293	0	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	2,678	0	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	5,376	0	0		24.00
25.00	CARDIAC REHABILITATION	76.97	3,380	0	0		25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	948	0	0		26.00
27.00	SUBSTANCE ABUSE CLINIC	90.01	2,185	0	0		27.00
28.00	PAIN CLINIC	90.02	1,989	0	0		28.00
29.00	ONCOLOGY CLINIC	90.03	22,097	0	0		29.00
30.00	EMERGENCY	91.00	25,778	0	0		30.00
31.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	671	0	0		31.00
32.00	RESEARCH	191.00	2,216	0	0		32.00
33.00	PEDIATRIC THERAPIES	194.13	13,971	0	0		33.00
34.00	THERAPIES TO OTHER ENTITIES	194.22	10,234	0	0		34.00
0			565,337	0			
X - WASTE DISPOSAL							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	22,389	14		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	63,391	0		2.00
3.00	HOUSEKEEPING	9.00	0	109,167	0		3.00
4.00	PHARMACY	15.00	0	31,262	0		4.00
5.00	OPERATING ROOM	50.00	0	2,156	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	494	0		6.00
7.00	SLEEP LAB	65.01	0	916	0		7.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6

Date/Time Prepared:
7/15/2021 12:59 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00	PHYSICAL THERAPY	66.00	0	334	0		8.00
9.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	3,871	0		9.00
10.00	PAIN CLINIC	90.02	0	84,985	0		10.00
11.00	RENTAL PROPERTY	194.08	0	108,456	0		11.00
	0		0	427,421			
Y - UTILITIES							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	97,793	14		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	36,920	0		2.00
3.00	OPERATING ROOM	50.00	0	47	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,586	0		4.00
5.00	SLEEP LAB	65.01	0	2,161	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	554	0		6.00
7.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,647	0		7.00
8.00	RENTAL PROPERTY	194.08	0	429,693	0		8.00
9.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	16,603	0		9.00
	0		0	589,004			
Z - BLACKFORD							
1.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	250,280	111,230	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	36,656	112,346	0		2.00
3.00	OPERATION OF PLANT	7.00	31,588	15,392	0		3.00
4.00	DIETARY	10.00	5,484	2,764	0		4.00
5.00	NURSING ADMIN STRATION	13.00	71,290	43,595	0		5.00
6.00	PHARMACY	15.00	130,477	46,567	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	27,969	43,786	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	4,684	1,694	0		8.00
9.00	RESPIRATORY THERAPY	65.00	12,097	6,649	0		9.00
10.00	PHYSICAL THERAPY	66.00	39,116	8,272	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	3,051	3,419	0		11.00
12.00	CARDIAC REHABILITATION	76.97	3,263	1,374	0		12.00
13.00	JAY COUNTY HOSPITAL	194.16	56,825	9,273	0		13.00
	0		672,780	406,361			
AB - PARAMEDICAL EDUCATION							
1.00	PHARMACY	15.00	133,848	10,239	0		1.00
	0		133,848	10,239			
AC - PROPERTY TAX							
1.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	171,426	13		1.00
2.00	RESPIRATORY THERAPY	65.00	0	540	0		2.00
	0		0	171,966			
AD - JAY HOSPITAL							
1.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	246,638	109,376	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	30,464	92,260	0		2.00
3.00	OPERATION OF PLANT	7.00	31,588	15,392	0		3.00
4.00	DIETARY	10.00	5,729	2,887	0		4.00
5.00	NURSING ADMIN STRATION	13.00	128,441	84,390	0		5.00
6.00	PHARMACY	15.00	115,478	41,214	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	36,373	56,943	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	3,317	1,199	0		8.00
9.00	RESPIRATORY THERAPY	65.00	13,842	7,609	0		9.00
10.00	PHYSICAL THERAPY	66.00	40,858	8,641	0		10.00
11.00	ELECTROCARDIOLOGY	69.00	8,362	9,371	0		11.00
12.00	BLACKFORD COMMUNITY HOSPITAL	194.26	13,160	1,369	0		12.00
	0		674,250	430,651			
AE - MALPRACTICE INSURANCE							
1.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	0	250	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	100	0		2.00
	0		0	350			
AF - ACCRUED PTO							
1.00	OTHER ADMIN STRATIVE AND GENERAL	5.06	1,540,100	0	0		1.00
	TOTALS		1,540,100	0			
500.00	Grand Total: Decreases		9,673,243	119,352,357			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part 1
Date/Time Prepared:
7/15/2021 12:59 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,924,410	3,148,114	0	3,148,114	0	1.00
2.00	Land Improvements	3,630,983	17,010	0	17,010	218,278	2.00
3.00	Buildings and Fixtures	266,944,035	15,242,412	0	15,242,412	323,577	3.00
4.00	Building Improvements	68,911,312	14,328,883	0	14,328,883	5,230	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	117,532,439	7,536,437	0	7,536,437	913,296	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	459,943,179	40,272,856	0	40,272,856	1,460,381	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	459,943,179	40,272,856	0	40,272,856	1,460,381	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,072,524	0				1.00
2.00	Land Improvements	3,429,715	1,292,432				2.00
3.00	Buildings and Fixtures	281,862,870	92,009,329				3.00
4.00	Building Improvements	83,234,965	909,412				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	124,155,580	57,503,326				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	498,755,654	151,714,499				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	498,755,654	151,714,499				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part II
Date/Time Prepared:
7/15/2021 12:59 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	NEW CAP REL COSTS-BLDG & FIXT	2,771,512	9,307	0	0	0	1.00
3.00	Total (sum of lines 1-2)	2,771,512	9,307	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	835,853	3,616,672				1.00
3.00	Total (sum of lines 1-2)	835,853	3,616,672				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet A-7 Part III Date/Time Prepared: 7/15/2021 12:59 pm
---	-----------------------	---	--

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	498,755,654	0	498,755,654	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	498,755,654	0	498,755,654	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	29,549,161	971,916	1.00
3.00	Total (sum of lines 1-2)	0	0	0	29,549,161	971,916	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-3,201,837	344,057	171,966	1,013,744	28,849,007	1.00
3.00	Total (sum of lines 1-2)	-3,201,837	344,057	171,966	1,013,744	28,849,007	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,201,837	NEW CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-21,829,932				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	45,598,906				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-1,195,180	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employees and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		0			0.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 MISCELLANEOUS INCOME	B	-42,583	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		3.00
34.00	MI SCCELLANEOUS INCOME	B	-112,750	COMMUNICATIONS	5.01	0 34.00
35.00	MI SCCELLANEOUS INCOME	B	-293,163	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 35.00
36.00	MI SCCELLANEOUS INCOME	B	-320,654	MAINTENANCE & REPAIRS	6.00	0 36.00
37.00	MI SCCELLANEOUS INCOME	B	-216,826	OPERATION OF PLANT	7.00	0 37.00
38.00	MI SCCELLANEOUS INCOME	B	-117,180	HOUSEKEEPING	9.00	0 38.00
39.00	MI SCCELLANEOUS INCOME	B	-216,243	DIETARY	10.00	0 39.00
40.00	MI SCCELLANEOUS INCOME	B	-20,777	NURSING ADMINISTRATION	13.00	0 40.00
41.00	MI SCCELLANEOUS INCOME	B	-537,035	PHARMACY	15.00	0 41.00
42.00	MI SCCELLANEOUS INCOME	B	-12,400	PATIENT TRANSPORTATION	18.00	0 42.00
43.00	MI SCCELLANEOUS INCOME	B	-2,800	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 43.00
44.00	MI SCCELLANEOUS INCOME	B	-101,896	OPERATING ROOM	50.00	0 44.00
45.00	MI SCCELLANEOUS INCOME	B	-514,875	RADIOLOGY-DIAGNOSTIC	54.00	0 45.00
46.01	MI SCCELLANEOUS INCOME	B	-51,682	CT SCAN	57.00	0 46.01
46.02	MI SCCELLANEOUS INCOME	B	-1,800	CARDIAC CATHETERIZATION	59.00	0 46.02
46.04	MI SCCELLANEOUS INCOME	B	-18,108	SLEEP LAB	65.01	0 46.04
46.05	MI SCCELLANEOUS INCOME	B	-41,539	PHYSICAL THERAPY	66.00	0 46.05
46.06	MI SCCELLANEOUS INCOME	B	-90	OCCUPATIONAL THERAPY	67.00	0 46.06
46.07	MI SCCELLANEOUS INCOME	B	-389	SPEECH PATHOLOGY	68.00	0 46.07
46.08	MI SCCELLANEOUS INCOME	B	-59,303	ELECTROCARDIOLOGY	69.00	0 46.08
46.09	MI SCCELLANEOUS INCOME	B	-620,168	HOSPITAL BASED RETAIL PHARMACIES	73.01	0 46.09
46.10	MI SCCELLANEOUS INCOME	B	-111,890	CARDIAC REHABILITATION	76.97	0 46.10
46.11	MI SCCELLANEOUS INCOME	B	-3,300	SUBSTANCE ABUSE CLINIC	90.01	0 46.11
46.13	MI SCCELLANEOUS INCOME	B	-1,959	EMERGENCY	91.00	0 46.13
46.14	MI SCCELLANEOUS INCOME	B	-177,912	BSU PHARMACY	194.01	0 46.14
46.18	MI SCCELLANEOUS INCOME	B	-261,969	JAY COUNTY HOSPITAL	194.16	0 46.18
46.19	MI SCCELLANEOUS INCOME	B	-1,339,269	THERAPIES TO OTHER ENTITIES	194.22	0 46.19
46.20	MI SCCELLANEOUS INCOME	B	-10,962	BLACKFORD COMMUNITY HOSPITAL	194.26	0 46.20
46.21	NON-ALLOWABLE MARKETING	A	-1,386,998	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.21
46.22	NON-ALLOWABLE MARKETING	A	-1,745	NURSING ADMINISTRATION	13.00	0 46.22
46.23	NON-ALLOWABLE MARKETING	A	-60	OPERATING ROOM	50.00	0 46.23
46.24	NON-ALLOWABLE MARKETING	A	-131	RADIOLOGY-DIAGNOSTIC	54.00	0 46.24
46.25	NON-ALLOWABLE MARKETING	A	-60	CARDIAC REHABILITATION	76.97	0 46.25
46.26	NON-ALLOWABLE MARKETING	A	-120	PAIN CLINIC	90.02	0 46.26
46.27	CORPORATE TELEPHONE	A	-13,912	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.27
46.28	EMPLOYEE BENEFITS OFFSET	A	-23,074,001	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.28
46.29	HAF FEES	A	-23,955,256	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.29
46.30	LOSS ON EXTINGUISHMENT OF DEBT CARRY	A	298,071	NEW CAP REL COSTS-BLDG & FIXT	1.00	14 46.30
46.31	ADDICTION AND PAIN CLINIC START UP C	A	65,699	SUBSTANCE ABUSE CLINIC	90.01	0 46.31
46.32	PENSION EXPENSE	A	1,445	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-33,904,633			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 15-0089
 Period: From 01/01/2020 To 12/31/2020
 Worksheet A-8-1
 Date/Time Prepared: 7/15/2021 12:59 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 CLAIMED HOME OFFICE COSTS:				
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	8,078,624	0
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	23,644,322	0
3.00	5.02	DATA PROCESSING	18,166,907	0
4.00	5.04	ADMINISTRATIVE	8,913,006	0
4.01	5.05	CASHIERING/ACCOUNTS RECEIVABLE	10,742,441	0
4.02	5.06	OTHER ADMINISTRATIVE AND GENERAL	29,592,611	53,537,913
4.03	13.00	NURSING ADMINISTRATION	0	1,092
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	3,301	3,301
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	583,128	583,128
4.06	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,143,695	1,143,695
4.07	13.00	NURSING ADMINISTRATION	413,989	413,989
4.08	22.00	LABOR SERVICES-OTHER PRGM COST	2,279,569	2,279,569
4.09	30.00	ADULTS & PEDIATRICS	10,880,643	10,880,643
4.10	31.00	INTENSIVE CARE UNIT	1,500	1,500
4.11	35.00	NEONATAL INTENSIVE CARE UNIT	1,542,328	1,542,328
4.12	41.00	SUBPROVIDER - IRF	117,680	117,680
4.13	50.00	OPERATING ROOM	6,419,510	6,419,510
4.14	54.00	RADIOLOGY-DIAGNOSTIC	1,663,177	1,663,177
4.15	59.00	CARDIAC CATHETERIZATION	30,735	30,735
4.16	60.00	LABORATORY	12,514,706	12,514,706
4.17	65.01	SLEEP LAB	101,548	101,548
4.18	66.00	PHYSICAL THERAPY	153,435	153,435
4.19	73.01	HOSPITAL BASED RETAIL PHARMACY	45,328	45,328
4.20	76.98	HYPERBARIC OXYGEN THERAPY	48,936	48,936
4.21	90.01	SUBSTANCE ABUSE CLINIC	420,399	420,399
4.22	90.02	PAIN CLINIC	418,269	418,269
4.23	90.03	ONCOLOGY CLINIC	310,652	310,652
4.24	91.00	EMERGENCY	2,635,372	2,635,372
4.25	191.00	RESEARCH	6,730	6,730
4.26	194.08	RENTAL PROPERTY	137,292	137,292
4.27	194.26	BLACKFORD COMMUNITY HOSPITAL	6,160	6,160
5.00	0		141,015,993	95,417,087

* 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 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B	0.00	IU HEALTH	100.00	6.00
7.00		0.00		0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet A-8-1 Date/Time Prepared: 7/15/2021 12:59 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	8,078,624	9	1.00
2.00	23,644,322	0	2.00
3.00	18,166,907	0	3.00
4.00	8,913,006	0	4.00
4.01	10,742,441	0	4.01
4.02	-23,945,302	0	4.02
4.03	-1,092	0	4.03
4.04	0	9	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
5.00	45,598,906		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 costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	HEALTHCARE		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
7/15/2021 12:59 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	5.04	ADMITTING	1,500	1,500	0	211,500	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	2,642,788	2,282,788	360,000	211,500	5,760	2.00
3.00	30.00	ADULTS & PEDIATRICS	10,880,643	10,880,643	0	179,000	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,542,328	1,542,328	0	169,700	0	4.00
5.00	41.00	SUBPROVIDER - IRF	-72,273	-72,273	0	211,500	0	5.00
6.00	50.00	OPERATING ROOM	5,939,810	5,939,810	0	246,400	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,209,500	0	1,209,500	271,900	9,882	7.00
8.00	76.98	HYPERBARIC OXYGEN THERAPY	48,936	48,936	0	211,500	0	8.00
9.00	90.01	SUBSTANCE ABUSE CLINIC	420,399	420,399	0	211,501	0	9.00
10.00	90.02	PAIN CLINIC	393,351	393,351	0	211,500	0	10.00
11.00	91.00	EMERGENCY	2,001,477	0	2,001,477	211,500	15,824	11.00
200.00			25,008,459	21,437,482	3,570,977		31,466	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	5.04	ADMITTING	0	0	0	0	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	585,692	29,285	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,291,787	64,589	0	0	0	7.00
8.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	8.00
9.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	9.00
10.00	90.02	PAIN CLINIC	0	0	0	0	0	10.00
11.00	91.00	EMERGENCY	1,609,027	80,451	0	0	0	11.00
200.00			3,486,506	174,325	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	5.04	ADMITTING	0	0	0	1,500		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	585,692	0	2,282,788		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	10,880,643		3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,542,328		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	-72,273		5.00
6.00	50.00	OPERATING ROOM	0	0	0	5,939,810		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,291,787	0	0		7.00
8.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	48,936		8.00
9.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	0	420,399		9.00
10.00	90.02	PAIN CLINIC	0	0	0	393,351		10.00
11.00	91.00	EMERGENCY	0	1,609,027	392,450	392,450		11.00
200.00			0	3,486,506	392,450	21,829,932		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	Net Expenses for Cost Allocation (From Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00		5.01	5.02
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	28,849,007	28,849,007				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,990,489	65,408	26,055,897			4.00
5.01 01160	COMMUNICATIONS	473,293	28,814	111,576	613,683		5.01
5.02 00550	DATA PROCESSING	18,166,907	0	0	0	18,166,907	5.02
5.04 00570	ADMINISTRATIVE	10,195,781	111,412	256,246	6,840		5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	10,742,441	0	0	0		5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	40,819,820	789,924	1,489,944	14,615		5.06
6.00 00600	MAINTENANCE & REPAIRS	10,338,211	14,295,657	702,566	21,505		6.00
7.00 00700	OPERATION OF PLANT	6,815,023	706,235	341,454	9,721		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,519,354	0	0	0		8.00
9.00 00900	HOUSEKEEPING	3,357,689	195,892	642,132	31,436		9.00
10.00 01000	DIETARY	2,178,560	174,922	337,246	13,258		10.00
11.00 01100	CAFETERIA	979,392	216,150	259,002	12,226		11.00
13.00 01300	NURSING ADMINISTRATION	7,186,662	216,672	1,277,691	24,196		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,861,014	335,516	0	0		14.00
15.00 01500	PHARMACY	6,169,553	116,472	1,118,641	20,234		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00
18.00 01080	PATIENT TRANSPORTATION	662,324	11,355	136,474	7,090		18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,083,556	0	893,903	22,021		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,472,169	661,560	49,187	2,475		22.00
23.00 02300	PARAMEDICAL PRGM	247,313	3,084	50,182	1,058		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	29,670,927	2,688,274	5,282,482	130,620	1,969,912	30.00
31.00 03100	INTENSIVE CARE UNIT	7,842,866	437,455	1,536,109	33,947	611,033	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,483,792	161,132	450,489	9,791	148,053	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	1,982,839	158,096	363,178	7,915	97,756	41.00
43.00 04300	NURSERY	497,789	49,167	100,437	2,162	29,182	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	7,225,146	599,236	1,215,267	31,096	1,523,550	50.00
51.00 05100	RECOVERY ROOM	1,539,583	130,136	309,209	7,289	209,283	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,142,301	203,166	427,442	9,651	250,743	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,588,124	988,694	1,924,436	39,573	2,357,089	54.00
57.00 05700	CT SCAN	96,765	0	28,351	1,427	30,008	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,347,188	215,059	458,260	9,302	956,414	59.00
60.00 06000	LABORATORY	12,646,932	283,329	0	14,346	811,266	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORAGE, PROCESSING, & TRANS.	1,316,009	0	0	0	76,042	63.00
65.00 06500	RESPIRATORY THERAPY	3,670,667	69,520	742,311	16,614	276,341	65.00
65.01 06501	SLEEP LAB	484,527	0	99,707	2,565	54,999	65.01
66.00 06600	PHYSICAL THERAPY	4,444,601	246,418	875,611	18,102	184,637	66.00
67.00 06700	OCCUPATIONAL THERAPY	927,050	38,018	183,653	3,593	68,185	67.00
68.00 06800	SPEECH PATHOLOGY	610,977	9,093	124,015	2,452	38,290	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	1,476,096	291,568	263,691	7,908	505,843	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,046,559	0	0	0	813,584	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	11,305,027	0	0	0	973,838	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	40,111,517	0	0	0	3,397,324	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	7,394,751	14,043	304,086	4,631	69,158	73.01
74.00 07400	RENAL DIALYSIS	1,416,514	46,146	0	0	38,260	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	925,884	0	196,500	5,183	39,915	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,208,319	6,563	108,119	2,622	157,769	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	SUBSTANCE ABUSE CLINIC	287,878	100,911	44,020	1,504	2,808	90.01
90.02 09002	PAIN CLINIC	410,151	354,920	80,286	2,332	62,455	90.02
90.03 09003	ONCOLOGY CLINIC	1,619,697	45,956	263,291	5,479	358,713	90.03
91.00 09100	EMERGENCY	10,535,271	533,749	1,648,516	42,132	2,052,277	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	219,583	3,985	19,678	323	2,180	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	11,307	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	371,583,888	25,615,014	24,715,388	599,234	18,166,907	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part 1
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	Net Expenses for Cost Allocation (From Wkst A col. 7)	CAPI TAL	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATIONS	DATA PROCESSI NG		
		RELATED COSTS					
	0	NEW BLDG & FIXT	1.00	4.00	5.01	5.02	
NONREIMBURSABLE COST CENTERS							
190.0019000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	498,108	0	37,471	1,717		0190.00
191.0019100	RESEARCH	742,969	29,573	146,384	3,726		0191.00
194.0007950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		0194.00
194.0107951	BSU PHARMACY	36,811	0	39,885	659		0194.01
194.0207952	PAVILLION PHARMACY	6,033,461	40,168	181,267	3,240		0194.02
194.0307953	VENDING	0	0	0	0		0194.03
194.0407954	CARELINE	0	0	0	0		0194.04
194.0507955	WELLNESS CENTER	539	80,226	0	0		0194.05
194.0607956	PHYSICIAN PRACTICE CLINICS	0	382,643	0	0		0194.06
194.0707957	PERINATAL CLINIC	0	0	0	0		0194.07
194.0807958	RENTAL PROPERTY	740,740	1,432,997	0	0		0194.08
194.0907959	ADVERTISING	0	0	0	0		0194.09
194.1007960	INTEGRA LTAC	0	186,150	0	0		0194.10
194.1107961	IU HEALTH HOSPI CE	420	48,091	0	0		0194.11
194.1207962	POB MEDICAL PAVILLION CONDOS	0	0	0	0		0194.12
194.1307963	PEDIATRIC THERAPI ES	1,402,407	105,956	280,775	0		0194.13
194.1407964	NEW CASTLE ONCOLOGY	0	0	0	0		0194.14
194.1507965	MARKETING/PUBLIC RELATIONS	0	35,171	0	0		0194.15
194.1607966	JAY COUNTY HOSPI TAL	1,188,762	79,530	214,881	2,502		0194.16
194.1707967	CARDINAL HEALTH CHOICE	0	0	0	0		0194.17
194.1807968	CHV CARDINAL HEALTH VENTURES	0	0	0	0		0194.18
194.1907969	HEALTH CARE CONNECTIONS	0	0	0	0		0194.19
194.2007970	MEALS ON WHEELS	0	0	0	0		0194.20
194.2107971	ST MARY' S SCHOOL	0	0	0	0		0194.21
194.2207972	THERAPI ES TO OTHER ENTITIES	0	0	269,838	0		0194.22
194.2307973	CANCER CENTER BOUTIQUE	90,000	13,474	3,302	180		0194.23
194.2407974	BOSC BALL OUTPATIENT SURGERY	0	391,119	0	0		0194.24
194.2507975	CARDINAL BEHAVIORAL HEALTH	43	0	0	0		0194.25
194.2607976	BLACKFORD COMMUNITY HOSPI TAL	1,170,258	60,126	166,706	2,425		0194.26
194.2707977	MIDWEST HEALTH STRATEGI ES	0	0	0	0		0194.27
194.2807978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		0194.28
194.2907979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		0194.29
194.3007980	CARDINAL HEALTH ALLIANCE	0	0	0	0		0194.30
194.3107986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		0194.31
194.3207982	RENAL DIALYSIS	0	0	0	0		0194.32
194.3307983	LAB CORP	0	0	0	0		0194.33
194.3407984	H.O. MATERIALS MGMT	0	0	0	0		0194.34
194.3507985	LEASED SPACE	0	348,769	0	0		0194.35
200.00	Cross Foot Adjustments		0	0	0		200.00
201.00	Negative Cost Centers		0	0	0		0201.00
202.00	TOTAL (sum lines 118 through 201)	383,488,406	28,849,007	26,055,897	613,683	18,166,907	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNICATIONS						5.01
5.02	00550 DATA PROCESSING						5.02
5.04	00570 ADMINISTRATION	10,570,279					5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		10,742,441				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			43,114,303	43,114,303		5.06
6.00	00600 MAINTENANCE & REPAIRS			25,357,939	3,212,014	28,569,953	6.00
7.00	00700 OPERATION OF PLANT			7,872,433	997,177	1,488,229	7.00
8.00	00800 LAUNDRY & LINEN SERVICE			1,519,354	192,452	0	8.00
9.00	00900 HOUSEKEEPING			4,227,149	535,440	412,797	9.00
10.00	01000 DIETARY			2,703,986	342,506	368,608	10.00
11.00	01100 CAFETERIA			1,466,770	185,791	455,487	11.00
13.00	01300 NURSING ADMINISTRATION			8,705,221	1,102,664	456,586	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			9,196,530	1,164,897	707,024	14.00
15.00	01500 PHARMACY			7,424,900	940,490	245,439	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			0	0	0	16.00
18.00	01080 PATIENT TRANSPORTATION			817,243	103,518	23,927	18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			4,999,480	633,269	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			4,185,391	530,151	1,394,086	22.00
23.00	02300 PARAMED ED PRGM			301,637	38,207	6,498	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,146,131	1,164,862	42,053,208	5,326,754	5,664,922	30.00
31.00	03100 INTENSIVE CARE UNIT	355,510	361,320	11,178,240	1,415,914	921,837	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	86,140	87,548	3,426,945	434,081	339,549	35.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	56,876	57,806	2,724,466	345,100	333,150	41.00
43.00	04300 NURSERY	16,979	17,256	712,972	90,310	103,608	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	886,429	900,916	12,381,640	1,568,345	1,262,752	50.00
51.00	05100 RECOVERY ROOM	121,765	123,755	2,441,020	309,197	274,232	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	145,887	148,271	3,327,461	421,480	428,127	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,371,397	1,393,811	20,663,124	2,617,336	2,083,448	54.00
57.00	05700 CT SCAN	17,459	17,745	191,755	24,289	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	556,459	565,553	5,108,235	647,045	453,187	59.00
60.00	06000 LABORATORY	472,009	479,724	14,707,606	1,862,968	597,051	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	44,243	44,966	1,481,260	187,627	0	63.00
65.00	06500 RESPIRATORY THERAPY	160,780	163,408	5,099,641	645,956	146,497	65.00
65.01	06501 SLEEP LAB	31,999	32,522	706,319	89,467	0	65.01
66.00	06600 PHYSICAL THERAPY	107,425	109,181	5,985,975	758,225	519,271	66.00
67.00	06700 OCCUPATIONAL THERAPY	39,671	40,320	1,300,490	164,729	80,113	67.00
68.00	06800 SPEECH PATHOLOGY	22,278	22,642	829,747	105,102	19,162	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	294,309	299,119	3,138,534	397,549	614,414	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	473,358	481,095	12,814,596	1,623,186	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	566,596	575,856	13,421,317	1,700,038	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,977,070	2,008,787	47,494,698	6,016,147	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	40,237	40,895	7,867,801	996,591	29,593	73.01
74.00	07400 RENAL DIALYSIS	22,260	22,624	1,545,804	195,802	97,242	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	23,223	23,603	1,214,308	153,813	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	91,793	93,293	1,668,478	211,341	13,830	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	1,634	1,660	440,415	55,786	212,647	90.01
90.02	09002 PAIN CLINIC	36,337	36,931	983,412	124,566	747,914	90.02
90.03	09003 ONCOLOGY CLINIC	208,705	212,116	2,713,957	343,769	96,843	90.03
91.00	09100 EMERGENCY	1,194,052	1,213,567	17,219,564	2,181,151	1,124,753	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1,268	1,289	248,306	31,452	8,398	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	11,307	1,432	23,827	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	10,570,279	10,742,441	366,994,937	41,025,124	21,755,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	537,296	68,058	0	190.00
191.00	19100 RESEARCH	0	0	922,652	116,870	62,318	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part 1
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A.05	5.06	6.00	
194.0107951 BSU PHARMACY	0	0	77,355	9,798	0	194.01
194.0207952 PAVILLION PHARMACY	0	0	6,258,136	792,699	84,646	194.02
194.0307953 VENDING	0	0	0	0	0	194.03
194.0407954 CARELINE	0	0	0	0	0	194.04
194.0507955 WELLNESS CENTER	0	0	80,765	10,230	169,058	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	382,643	48,468	806,333	194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958 RENTAL PROPERTY	0	0	2,173,737	275,341	3,019,715	194.08
194.0907959 ADVERTISING	0	0	0	0	0	194.09
194.1007960 INTEGRA LTAC	0	0	186,150	23,579	392,269	194.10
194.1107961 IU HEALTH HOSPICE	0	0	48,511	6,145	101,341	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963 PEDIATRIC THERAPIES	0	0	1,789,138	226,625	223,278	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	35,171	4,455	74,115	194.15
194.1607966 JAY COUNTY HOSPITAL	0	0	1,485,675	188,186	167,592	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	0	0	269,838	34,180	0	194.22
194.2307973 CANCER CENTER BOUTIQUE	0	0	106,956	13,548	28,393	194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	391,119	49,542	824,195	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	0	43	5	0	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	0	1,399,515	177,272	126,702	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983 LAB CORP	0	0	0	0	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985 LEASED SPACE	0	0	348,769	44,178	734,950	194.35
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers			0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	10,570,279	10,742,441	383,488,406	43,114,303	28,569,953	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	10,357,839				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,711,806			8.00
9.00	00900	HOUSEKEEPING	157,881	35	5,333,302		9.00
10.00	01000	DIETARY	140,980	0	90,091	3,646,171	10.00
11.00	01100	CAFETERIA	174,208	0	111,325	0	2,393,581
13.00	01300	NURSING ADMINISTRATION	174,629	15	111,593	0	114,894
14.00	01400	CENTRAL SERVICES & SUPPLY	270,413	0	172,802	0	0
15.00	01500	PHARMACY	93,872	297	59,987	0	96,079
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	9,151	8,156	5,848	0	33,664
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	104,563
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	533,191	0	340,726	0	11,753
23.00	02300	PARAMED PRGM	2,485	9	1,588	0	5,024
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,166,641	859,906	1,384,553	2,991,899	620,237
31.00	03100	INTENSIVE CARE UNIT	352,571	141,704	225,304	212,095	161,196
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	129,866	8,899	82,988	1,193	46,492
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	127,419	57,048	81,425	230,517	37,582
43.00	04300	NURSERY	39,626	14,383	25,323	0	10,268
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	482,960	130,254	308,627	0	147,658
51.00	05100	RECOVERY ROOM	104,884	43,913	67,024	0	34,612
52.00	05200	DELIVERY ROOM & LABOR ROOM	163,744	65,079	104,638	0	45,828
54.00	05400	RADIOLOGY-DIAGNOSTIC	796,848	100,810	499,576	0	187,909
57.00	05700	CT SCAN	0	0	0	0	6,777
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	173,329	21,623	110,763	0	44,169
60.00	06000	LABORATORY	228,352	0	144,523	0	68,118
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	383	0	0	0
65.00	06500	RESPIRATORY THERAPY	56,030	227	35,805	0	78,892
65.01	06501	SLEEP LAB	0	172	0	0	12,180
66.00	06600	PHYSICAL THERAPY	198,603	8,200	27,953	0	85,953
67.00	06700	OCCUPATIONAL THERAPY	30,641	0	19,580	0	17,061
68.00	06800	SPEECH PATHOLOGY	7,329	0	4,683	0	11,643
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	234,992	17,376	150,168	0	37,550
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	11,318	149	0	0	21,990
74.00	07400	RENAL DIALYSIS	37,192	2,535	23,767	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	24,612
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,289	0	3,380	0	12,448
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	81,330	0	51,973	0	7,140
90.02	09002	PAIN CLINIC	286,052	0	182,796	0	11,074
90.03	09003	ONCOLOGY CLINIC	37,039	686	23,669	0	26,018
91.00	09100	EMERGENCY	430,180	220,437	274,899	0	200,057
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,212	5	2,053	0	1,532
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	9,113	0	5,824	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,751,370	1,702,301	4,735,254	3,435,704	2,324,973
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	8,151
191.00	19100	RESEARCH	23,834	0	15,231	0	17,693
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	0	0	3,128

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part 1
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.02	07952 PAVILLION PHARMACY	32,374	154	20,688	0	15,387	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	64,659	9,239	41,319	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	308,395	0	76,880	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	1,154,938	112	340,294	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	150,030	0	0	178,658	0	194.10
194.11	07961 IU HEALTH HOSPICE	38,760	0	24,769	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	85,396	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	28,346	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	64,098	0	40,961	0	11,880	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	10,859	0	6,939	0	853	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	315,227	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	31,809	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	48,459	0	30,967	0	11,516	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	281,094	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	10,357,839	1,711,806	5,333,302	3,646,171	2,393,581	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION		
	13.00	14.00	15.00	16.00	18.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 01160 COMMUNICATIONS						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.04 00570 ADMINITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION	10,665,602					13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	11,511,666				14.00	
15.00 01500 PHARMACY	0	99,482	8,960,546			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00	
18.00 01080 PATIENT TRANSPORTATION	0	232	0	0	1,001,739	18.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	37	0	0	0	22.00	
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	5,066,998	794,305	40,166	0	108,685	30.00	
31.00 03100 INTENSIVE CARE UNIT	1,331,949	348,694	13,752	0	33,712	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	373,240	58,035	2,221	0	8,168	35.00	
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - IRF	304,509	22,565	395	0	5,393	41.00	
43.00 04300 NURSERY	83,744	0	0	0	1,610	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	394,286	690,882	15,285	0	84,058	50.00	
51.00 05100 RECOVERY ROOM	306,275	46,965	5,876	0	11,547	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	359,258	107,926	3,661	0	13,834	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	275,515	282,519	6,476	0	130,046	54.00	
57.00 05700 CT SCAN	0	524	0	0	1,656	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	204,134	202,926	4,153	0	52,768	59.00	
60.00 06000 LABORATORY	0	0	0	0	44,760	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	4,195	63.00	
65.00 06500 RESPIRATORY THERAPY	41,798	273,572	1,544	0	15,246	65.00	
65.01 06501 SLEEP LAB	442	16,598	0	0	3,034	65.01	
66.00 06600 PHYSICAL THERAPY	0	18,790	0	0	10,187	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	2,563	0	0	3,762	67.00	
68.00 06800 SPEECH PATHOLOGY	0	255	0	0	2,113	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	0	11,216	0	0	27,909	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,981,257	0	0	44,887	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	4,074,408	0	0	53,729	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	8,821,312	0	186,865	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	741	0	0	3,816	73.01	
74.00 07400 RENAL DIALYSIS	0	8,433	2,404	0	2,111	74.00	
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	8,978	3,098	0	0	2,202	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	93,310	53,089	285	0	8,705	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 SUBSTANCE ABUSE CLINIC	11,333	1,518	0	0	155	90.01	
90.02 09002 PAIN CLINIC	39,738	11,747	95	0	3,446	90.02	
90.03 09003 ONCOLOGY CLINIC	212,229	36,294	16,311	0	19,791	90.03	
91.00 09100 EMERGENCY	1,466,616	356,916	26,407	0	113,229	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	14,276	2,707	159	0	120	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	10,588,628	11,508,294	8,960,502	0	1,001,739	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	209	0	0	0	190.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part 1
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
	13.00	14.00	15.00	16.00	18.00	
191.0019100 RESEARCH	74,030	120	0	0	0	0191.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0194.00
194.0107951 BSU PHARMACY	0	0	0	0	0	0194.01
194.0207952 PAVILLION PHARMACY	0	194	0	0	0	0194.02
194.0307953 VENDING	0	0	0	0	0	0194.03
194.0407954 CARELINE	0	0	0	0	0	0194.04
194.0507955 WELLNESS CENTER	0	436	0	0	0	0194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	0194.07
194.0807958 RENTAL PROPERTY	0	0	32	0	0	0194.08
194.0907959 ADVERTISING	0	0	0	0	0	0194.09
194.1007960 INTEGRAL TAC	0	0	0	0	0	0194.10
194.1107961 IU HEALTH HOSPICE	0	0	0	0	0	0194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0194.12
194.1307963 PEDIATRIC THERAPIES	0	2,311	0	0	0	0194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0194.15
194.1607966 JAY COUNTY HOSPITAL	0	0	0	0	0	0194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	0194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	0194.21
194.2207972 THERAPIES TO OTHER ENTITIES	2,944	0	0	0	0	0194.22
194.2307973 CANCER CENTER BOUTIQUE	0	8	12	0	0	0194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	47	0	0	0	0194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	47	0	0	0	0194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	0194.32
194.3307983 LAB CORP	0	0	0	0	0	0194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	0194.34
194.3507985 LEASED SPACE	0	0	0	0	0	0194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0201.00
202.00 TOTAL (sum lines 118 through 201)	10,665,602	11,511,666	8,960,546	0	1,001,739	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/15/2021 12:59 pm
---	--	-----------------------	---	--

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.04	00570	ADMINISTRATIVE				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
18.00	01080	PATIENT TRANSPORTATION				18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	5,737,312			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		6,995,335		22.00
23.00	02300	PARAMED PRGM			355,448	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,393,939	4,138,131	0	74,610,344
31.00	03100	INTENSIVE CARE UNIT	757,807	923,972	0	18,018,747
32.00	03200	CORONARY CARE UNIT	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	44,043	53,701	0	5,009,421
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	4,269,569
43.00	04300	NURSERY	0	0	0	1,081,844
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	343,280	418,551	0	18,228,578
51.00	05100	RECOVERY ROOM	0	0	0	3,645,545
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	5,041,036
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,356	221,121	0	28,046,084
57.00	05700	CT SCAN	0	0	0	225,001
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	7,022,332
60.00	06000	LABORATORY	0	0	0	17,653,378
60.01	06001	BLOOD LABORATORY	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,673,465
65.00	06500	RESPIRATORY THERAPY	165,811	202,168	0	6,763,187
65.01	06501	SLEEP LAB	0	0	0	828,212
66.00	06600	PHYSICAL THERAPY	0	0	0	7,613,157
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,618,939
68.00	06800	SPEECH PATHOLOGY	0	0	0	980,034
68.01	06801	AUDIOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	255,193	311,149	0	5,196,050
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,463,926
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	19,249,492
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	355,448	62,874,470
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	8,931,999
74.00	07400	RENAL DIALYSIS	0	0	0	1,915,290
76.00	03160	CARDIOPULMONARY	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,407,011
76.98	07698	HYPERBARIC OXYGEN THERAPY	24,613	30,009	0	2,124,777
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	862,297
90.02	09002	PAIN CLINIC	102,336	124,776	0	2,617,952
90.03	09003	ONCOLOGY CLINIC	55,702	67,916	0	3,650,224
91.00	09100	EMERGENCY	401,573	489,626	0	24,505,408
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	312,220
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	51,503
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,725,653	6,981,120	355,448	354,491,492
						-12,706,773

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part 1
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00					23.00
NONREIMBURSABLE COST CENTERS							
190.0019000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	613,714	0	190.00
191.0019100	RESEARCH	11,659	14,215	0	1,258,622	-25,874	191.00
194.0007950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.0107951	BSU PHARMACY	0	0	0	90,281	0	194.01
194.0207952	PAVILLION PHARMACY	0	0	0	7,204,278	0	194.02
194.0307953	VENDING	0	0	0	0	0	194.03
194.0407954	CARELINE	0	0	0	0	0	194.04
194.0507955	WELLNESS CENTER	0	0	0	375,706	0	194.05
194.0607956	PHYSICIAN PRACTICE CLINICS	0	0	0	1,622,719	0	194.06
194.0707957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958	RENTAL PROPERTY	0	0	0	6,964,169	0	194.08
194.0907959	ADVERTISING	0	0	0	0	0	194.09
194.1007960	INTEGRA LTAC	0	0	0	930,686	0	194.10
194.1107961	IU HEALTH HOSPICE	0	0	0	219,526	0	194.11
194.1207962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963	PEDIATRIC THERAPIES	0	0	0	2,326,748	0	194.13
194.1407964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965	MARKETING/PUBLIC RELATIONS	0	0	0	142,087	0	194.15
194.1607966	JAY COUNTY HOSPITAL	0	0	0	1,958,392	0	194.16
194.1707967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972	THERAPIES TO OTHER ENTITIES	0	0	0	306,962	0	194.22
194.2307973	CANCER CENTER BOUTIQUE	0	0	0	167,568	0	194.23
194.2407974	BOSC BALL OUTPATIENT SURGERY	0	0	0	1,580,083	0	194.24
194.2507975	CARDINAL BEHAVIORAL HEALTH	0	0	0	31,904	0	194.25
194.2607976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	1,794,478	0	194.26
194.2707977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.3007980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.3107986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983	LAB CORP	0	0	0	0	0	194.33
194.3407984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985	LEASED SPACE	0	0	0	1,408,991	0	194.35
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	5,737,312	6,995,335	355,448	383,488,406	-12,732,647	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 7/15/2021 12:59 pm
---	--	-----------------------	---	--

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01080 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	67,078,274	30.00
31.00	03100 INTENSIVE CARE UNIT	16,336,968	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,911,677	35.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - IRF	4,269,569	41.00
43.00	04300 NURSERY	1,081,844	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	17,466,747	50.00
51.00	05100 RECOVERY ROOM	3,645,545	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,041,036	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,643,607	54.00
57.00	05700 CT SCAN	225,001	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	7,022,332	59.00
60.00	06000 LABORATORY	17,653,378	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,673,465	63.00
65.00	06500 RESPIRATORY THERAPY	6,395,208	65.00
65.01	06501 SLEEP LAB	828,212	65.01
66.00	06600 PHYSICAL THERAPY	7,613,157	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,618,939	67.00
68.00	06800 SPEECH PATHOLOGY	980,034	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	4,629,708	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,463,926	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	19,249,492	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	62,874,470	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	8,931,999	73.01
74.00	07400 RENAL DIALYSIS	1,915,290	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,407,011	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,070,155	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	862,297	90.01
90.02	09002 PAIN CLINIC	2,390,840	90.02
90.03	09003 ONCOLOGY CLINIC	3,526,606	90.03
91.00	09100 EMERGENCY	23,614,209	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	312,220	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	51,503	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	341,784,719	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	613,714	190.00
191.00	19100 RESEARCH	1,232,748	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	90,281	194.01
194.02	07952 PAVILLION PHARMACY	7,204,278	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part 1
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	Total	
	26.00	
194.0307953 VENDING	0	194.03
194.0407954 CARELINE	0	194.04
194.0507955 WELLNESS CENTER	375,706	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	1,622,719	194.06
194.0707957 PERINATAL CLINIC	0	194.07
194.0807958 RENTAL PROPERTY	6,964,169	194.08
194.0907959 ADVERTISING	0	194.09
194.1007960 INTEGRA LTAC	930,686	194.10
194.1107961 IU HEALTH HOSPICE	219,526	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.1307963 PEDIATRIC THERAPIES	2,326,748	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	142,087	194.15
194.1607966 JAY COUNTY HOSPITAL	1,958,392	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	194.19
194.2007970 MEALS ON WHEELS	0	194.20
194.2107971 ST MARY'S SCHOOL	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	306,962	194.22
194.2307973 CANCER CENTER BOUTIQUE	167,568	194.23
194.2407974 BOSCH BALL OUTPATIENT SURGERY	1,580,083	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	31,904	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	1,794,478	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.3207982 RENAL DIALYSIS	0	194.32
194.3307983 LAB CORP	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	194.34
194.3507985 LEASED SPACE	1,408,991	194.35
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118 through 201)	370,755,759	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	0					1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	65,408	65,408	65,408		4.00
5.01 01160	COMMUNICATIONS	0	28,814	28,814	280	29,094	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04 00570	ADMINISTRATIVE	0	111,412	111,412	644	324	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	789,924	789,924	3,744	693	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	14,295,657	14,295,657	1,765	1,020	6.00
7.00 00700	OPERATION OF PLANT	0	706,235	706,235	858	461	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	195,892	195,892	1,613	1,490	9.00
10.00 01000	DIETARY	0	174,922	174,922	847	629	10.00
11.00 01100	CAFETERIA	0	216,150	216,150	651	580	11.00
13.00 01300	NURSING ADMINISTRATION	0	216,672	216,672	3,210	1,147	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	335,516	335,516	0	0	14.00
15.00 01500	PHARMACY	0	116,472	116,472	2,811	959	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00 01080	PATIENT TRANSPORTATION	0	11,355	11,355	343	336	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,246	1,044	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	661,560	661,560	124	117	22.00
23.00 02300	PARAMED ED PRGM	0	3,084	3,084	126	50	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,688,274	2,688,274	13,214	6,191	30.00
31.00 03100	INTENSIVE CARE UNIT	0	437,455	437,455	3,860	1,609	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	161,132	161,132	1,132	464	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	158,096	158,096	912	375	41.00
43.00 04300	NURSERY	0	49,167	49,167	252	103	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	599,236	599,236	3,053	1,474	50.00
51.00 05100	RECOVERY ROOM	0	130,136	130,136	777	346	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	203,166	203,166	1,074	458	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	988,694	988,694	4,835	1,876	54.00
57.00 05700	CT SCAN	0	0	0	71	68	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	215,059	215,059	1,151	441	59.00
60.00 06000	LABORATORY	0	283,329	283,329	0	680	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	69,520	69,520	1,865	788	65.00
65.01 06501	SLEEP LAB	0	0	0	251	122	65.01
66.00 06600	PHYSICAL THERAPY	0	246,418	246,418	2,200	858	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	38,018	38,018	461	170	67.00
68.00 06800	SPEECH PATHOLOGY	0	9,093	9,093	312	116	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	291,568	291,568	663	375	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	14,043	14,043	764	220	73.01
74.00 07400	RENAL DIALYSIS	0	46,146	46,146	0	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	494	246	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	6,563	6,563	272	124	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	SUBSTANCE ABUSE CLINIC	0	100,911	100,911	111	71	90.01
90.02 09002	PAIN CLINIC	0	354,920	354,920	202	111	90.02
90.03 09003	ONCOLOGY CLINIC	0	45,956	45,956	662	260	90.03
91.00 09100	EMERGENCY	0	533,749	533,749	4,142	1,997	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	3,985	3,985	49	15	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	11,307	11,307	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	25,615,014	25,615,014	62,041	28,408	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part 11
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATIONS	
		NEW BLDG & FIXT				
	0	1.00	2A	4.00	5.01	
NONREIMBURSABLE COST CENTERS						
190.0019000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	94	81190.00
191.0019100	RESEARCH	0	29,573	29,573	368	177191.00
194.0007950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0194.00
194.0107951	BSU PHARMACY	0	0	0	100	31194.01
194.0207952	PAVILLION PHARMACY	0	40,168	40,168	455	154194.02
194.0307953	VENDING	0	0	0	0	0194.03
194.0407954	CARELINE	0	0	0	0	0194.04
194.0507955	WELLNESS CENTER	0	80,226	80,226	0	0194.05
194.0607956	PHYSICIAN PRACTICE CLINICS	0	382,643	382,643	0	0194.06
194.0707957	PERINATAL CLINIC	0	0	0	0	0194.07
194.0807958	RENTAL PROPERTY	0	1,432,997	1,432,997	0	0194.08
194.0907959	ADVERTISING	0	0	0	0	0194.09
194.1007960	INTEGRA LTAC	0	186,150	186,150	0	0194.10
194.1107961	IU HEALTH HOSPICE	0	48,091	48,091	0	0194.11
194.1207962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0194.12
194.1307963	PEDIATRIC THERAPIES	0	105,956	105,956	705	0194.13
194.1407964	NEW CASTLE ONCOLOGY	0	0	0	0	0194.14
194.1507965	MARKETING/PUBLIC RELATIONS	0	35,171	35,171	0	0194.15
194.1607966	JAY COUNTY HOSPITAL	0	79,530	79,530	540	119194.16
194.1707967	CARDINAL HEALTH CHOICE	0	0	0	0	0194.17
194.1807968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0194.18
194.1907969	HEALTH CARE CONNECTIONS	0	0	0	0	0194.19
194.2007970	MEALS ON WHEELS	0	0	0	0	0194.20
194.2107971	ST MARY'S SCHOOL	0	0	0	0	0194.21
194.2207972	THERAPIES TO OTHER ENTITIES	0	0	0	678	0194.22
194.2307973	CANCER CENTER BOUTIQUE	0	13,474	13,474	8	9194.23
194.2407974	BOSC BALL OUTPATIENT SURGERY	0	391,119	391,119	0	0194.24
194.2507975	CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0194.25
194.2607976	BLACKFORD COMMUNITY HOSPITAL	0	60,126	60,126	419	115194.26
194.2707977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0194.27
194.2807978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0194.28
194.2907979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0194.29
194.3007980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0194.30
194.3107986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0194.31
194.3207982	RENAL DIALYSIS	0	0	0	0	0194.32
194.3307983	LAB CORP	0	0	0	0	0194.33
194.3407984	H.O. MATERIALS MGMT	0	0	0	0	0194.34
194.3507985	LEASED SPACE	0	348,769	348,769	0	0194.35
200.00	Cross Foot Adjustments			0		200.00
201.00	Negative Cost Centers			0		0201.00
202.00	TOTAL (sum lines 118 through 201)	0	28,849,007	28,849,007	65,408	29,094202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/15/2021 12:59 pm			
Cost Center Description		DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.04	5.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	0				5.02
5.04	00570	ADMINITTING	0	112,380			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	794,361	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	59,185	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	18,374	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	3,546	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9,866	9.00
10.00	01000	DIETARY	0	0	0	6,311	10.00
11.00	01100	CAFETERIA	0	0	0	3,423	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	20,318	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	21,465	14.00
15.00	01500	PHARMACY	0	0	0	17,330	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	0	0	1,907	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	11,669	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9,769	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	704	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	12,145	0	98,152	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,767	0	26,090	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	913	0	7,998	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	603	0	6,359	41.00
43.00	04300	NURSERY	0	180	0	1,664	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	9,393	0	28,899	50.00
51.00	05100	RECOVERY ROOM	0	1,290	0	5,697	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,546	0	7,766	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	14,532	0	48,228	54.00
57.00	05700	CT SCAN	0	185	0	448	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,896	0	11,923	59.00
60.00	06000	LABORATORY	0	5,002	0	34,328	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	469	0	3,457	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,704	0	11,903	65.00
65.01	06501	SLEEP LAB	0	339	0	1,649	65.01
66.00	06600	PHYSICAL THERAPY	0	1,138	0	13,971	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	420	0	3,035	67.00
68.00	06800	SPEECH PATHOLOGY	0	236	0	1,937	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	3,119	0	7,325	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,016	0	29,909	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,004	0	31,325	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,324	0	110,783	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	426	0	18,363	73.01
74.00	07400	RENAL DIALYSIS	0	236	0	3,608	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	246	0	2,834	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	973	0	3,894	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	17	0	1,028	90.01
90.02	09002	PAIN CLINIC	0	385	0	2,295	90.02
90.03	09003	ONCOLOGY CLINIC	0	2,211	0	6,334	90.03
91.00	09100	EMERGENCY	0	12,652	0	40,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	13	0	580	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	26	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	112,380	0	755,865	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,254	190.00
191.00	19100	RESEARCH	0	0	0	2,153	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part 11
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
	5.02	5.04	5.05	5.06	6.00		
	194.0107951	BSU PHARMACY	0	0	0	181	0
194.0207952	PAVILLION PHARMACY	0	0	0	14,606	42,538	194.02
194.0307953	VENDING	0	0	0	0	0	194.03
194.0407954	CARELINE	0	0	0	0	0	194.04
194.0507955	WELLNESS CENTER	0	0	0	189	84,959	194.05
194.0607956	PHYSICIAN PRACTICE CLINICS	0	0	0	893	405,217	194.06
194.0707957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.0807958	RENTAL PROPERTY	0	0	0	5,074	1,517,536	194.08
194.0907959	ADVERTISING	0	0	0	0	0	194.09
194.1007960	INTEGRAL TAC	0	0	0	434	197,132	194.10
194.1107961	IU HEALTH HOSPICE	0	0	0	113	50,928	194.11
194.1207962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.1307963	PEDIATRIC THERAPIES	0	0	0	4,176	112,207	194.13
194.1407964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.1507965	MARKETING/PUBLIC RELATIONS	0	0	0	82	37,246	194.15
194.1607966	JAY COUNTY HOSPITAL	0	0	0	3,468	84,222	194.16
194.1707967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.1807968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.1907969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.2007970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.2107971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.2207972	THERAPIES TO OTHER ENTITIES	0	0	0	630	0	194.22
194.2307973	CANCER CENTER BOUTIQUE	0	0	0	250	14,269	194.23
194.2407974	BOSC BALL OUTPATIENT SURGERY	0	0	0	913	414,193	194.24
194.2507975	CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	194.25
194.2607976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	3,266	63,673	194.26
194.2707977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.2807978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.2907979	HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0	194.29
194.3007980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.3107986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.3207982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.3307983	LAB CORP	0	0	0	0	0	194.33
194.3407984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.3507985	LEASED SPACE	0	0	0	814	369,344	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	112,380	0	794,361	14,357,627	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	1,473,827				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,546			8.00	
9.00	00900	HOUSEKEEPING	22,465	0	438,774		9.00	
10.00	01000	DIETARY	20,060	0	7,412	395,422	10.00	
11.00	01100	CAFETERIA	24,788	0	9,159	0	11.00	
13.00	01300	NURSING ADMINISTRATION	24,848	0	9,181	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	38,477	0	14,217	0	14.00	
15.00	01500	PHARMACY	13,357	1	4,935	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
18.00	01080	PATIENT TRANSPORTATION	1,302	17	481	0	18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	75,868	0	28,032	0	22.00	
23.00	02300	PARAMED PRGM	354	0	131	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	308,295	1,782	113,906	324,468	125,328	30.00
31.00	03100	INTENSIVE CARE UNIT	50,168	294	18,536	23,001	32,572	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	18,479	18	6,828	129	9,394	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	18,131	118	6,699	24,999	7,594	41.00
43.00	04300	NURSERY	5,638	30	2,083	0	2,075	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	68,721	270	25,391	0	29,836	50.00
51.00	05100	RECOVERY ROOM	14,924	91	5,514	0	6,994	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	23,299	135	8,609	0	9,260	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	113,384	209	41,100	0	37,969	54.00
57.00	05700	CT SCAN	0	0	0	0	1,369	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,663	45	9,113	0	8,925	59.00
60.00	06000	LABORATORY	32,492	0	11,890	0	13,764	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	7,973	0	2,946	0	15,941	65.00
65.01	06501	SLEEP LAB	0	0	0	0	2,461	65.01
66.00	06600	PHYSICAL THERAPY	28,259	17	2,300	0	17,368	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,360	0	1,611	0	3,447	67.00
68.00	06800	SPEECH PATHOLOGY	1,043	0	385	0	2,353	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	33,437	36	12,354	0	7,588	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,610	0	0	0	4,443	73.01
74.00	07400	RENAL DIALYSIS	5,292	5	1,955	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	4,973	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	753	0	278	0	2,515	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	11,573	0	4,276	0	1,443	90.01
90.02	09002	PAIN CLINIC	40,703	0	15,039	0	2,238	90.02
90.03	09003	ONCOLOGY CLINIC	5,270	1	1,947	0	5,257	90.03
91.00	09100	EMERGENCY	61,211	457	22,616	0	40,424	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	457	0	169	0	310	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,297	0	479	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,102,951	3,527	389,572	372,597	469,791	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,647	190.00
191.00	19100	RESEARCH	3,391	0	1,253	0	3,575	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	632	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part 11
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.02	07952 PAVILLION PHARMACY	4,607	0	1,702	0	3,109	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	9,200	19	3,399	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	43,882	0	6,325	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	164,337	0	27,996	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	21,348	0	0	19,375	0	194.10
194.11	07961 IU HEALTH HOSPICE	5,515	0	2,038	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	12,151	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	4,033	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	9,121	0	3,370	0	2,400	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	1,545	0	571	0	172	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	44,854	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	3,450	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	6,895	0	2,548	0	2,327	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	39,997	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,473,827	3,546	438,774	395,422	483,653	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/15/2021 12:59 pm
-------------------------------------	-----------------------	---	---

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMINISTRATION						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	528,046					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	764,985				14.00
15.00 01500 PHARMACY	0	6,611	305,234			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00
18.00 01080 PATIENT TRANSPORTATION	0	15	0	0	34,583	18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2	0	0	0	22.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	250,863	52,784	1,368	0	3,705	30.00
31.00 03100 INTENSIVE CARE UNIT	65,944	23,172	468	0	1,149	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	18,479	3,857	76	0	278	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	15,076	1,499	13	0	184	41.00
43.00 04300 NURSERY	4,146	0	0	0	55	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	19,521	45,911	521	0	2,866	50.00
51.00 05100 RECOVERY ROOM	15,163	3,121	200	0	394	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	17,787	7,172	125	0	472	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,641	18,774	221	0	4,433	54.00
57.00 05700 CT SCAN	0	35	0	0	56	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,107	13,485	141	0	1,799	59.00
60.00 06000 LABORATORY	0	0	0	0	1,526	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	143	63.00
65.00 06500 RESPIRATORY THERAPY	2,069	18,180	53	0	520	65.00
65.01 06501 SLEEP LAB	22	1,103	0	0	103	65.01
66.00 06600 PHYSICAL THERAPY	0	1,249	0	0	347	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	170	0	0	128	67.00
68.00 06800 SPEECH PATHOLOGY	0	17	0	0	72	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	745	0	0	951	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	264,565	0	0	1,530	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	270,758	0	0	1,832	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	300,492	0	6,805	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	49	0	0	130	73.01
74.00 07400 RENAL DIALYSIS	0	560	82	0	72	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	444	206	0	0	75	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	4,620	3,528	10	0	297	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	561	101	0	0	5	90.01
90.02 09002 PAIN CLINIC	1,967	781	3	0	117	90.02
90.03 09003 ONCOLOGY CLINIC	10,507	2,412	556	0	675	90.03
91.00 09100 EMERGENCY	72,611	23,718	899	0	3,860	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	707	180	5	0	4	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	524,235	764,760	305,233	0	34,583	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
	13.00	14.00	15.00	16.00	18.00	
191.0019100 RESEARCH	3,665	8	0	0	0	0191.00
194.0007950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0194.00
194.0107951 BSU PHARMACY	0	0	0	0	0	0194.01
194.0207952 PAVILLION PHARMACY	0	13	0	0	0	0194.02
194.0307953 VENDING	0	0	0	0	0	0194.03
194.0407954 CARELINE	0	0	0	0	0	0194.04
194.0507955 WELLNESS CENTER	0	29	0	0	0	0194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0194.06
194.0707957 PERINATAL CLINIC	0	0	0	0	0	0194.07
194.0807958 RENTAL PROPERTY	0	0	1	0	0	0194.08
194.0907959 ADVERTISING	0	0	0	0	0	0194.09
194.1007960 INTEGRAL TAC	0	0	0	0	0	0194.10
194.1107961 IU HEALTH HOSPICE	0	0	0	0	0	0194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0194.12
194.1307963 PEDIATRIC THERAPIES	0	154	0	0	0	0194.13
194.1407964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0194.14
194.1507965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0194.15
194.1607966 JAY COUNTY HOSPITAL	0	0	0	0	0	0194.16
194.1707967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0194.18
194.1907969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0194.19
194.2007970 MEALS ON WHEELS	0	0	0	0	0	0194.20
194.2107971 ST MARY'S SCHOOL	0	0	0	0	0	0194.21
194.2207972 THERAPIES TO OTHER ENTITIES	146	0	0	0	0	0194.22
194.2307973 CANCER CENTER BOUTIQUE	0	1	0	0	0	0194.23
194.2407974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	0	3	0	0	0	0194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	0	3	0	0	0	0194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0	0194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0194.31
194.3207982 RENAL DIALYSIS	0	0	0	0	0	0194.32
194.3307983 LAB CORP	0	0	0	0	0	0194.33
194.3407984 H.O. MATERIALS MGMT	0	0	0	0	0	0194.34
194.3507985 LEASED SPACE	0	0	0	0	0	0194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0201.00
202.00 TOTAL (sum lines 118 through 201)	528,046	764,985	305,234	0	34,583	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/15/2021 12:59 pm
-------------------------------------	--	-----------------------	---	---

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
18.00	01080	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	36,087		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,478,435	22.00
23.00	02300	PARAMED PRGM		8,730	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,847,341	0 30.00
31.00	03100	INTENSIVE CARE UNIT		1,151,348	0 31.00
32.00	03200	CORONARY CARE UNIT		0	0 32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		399,815	0 35.00
40.00	04000	SUBPROVIDER - IPF		0	0 40.00
41.00	04100	SUBPROVIDER - IRF		408,080	0 41.00
43.00	04300	NURSERY		117,460	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM		1,469,679	0 50.00
51.00	05100	RECOVERY ROOM		322,460	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		496,021	0 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		2,334,918	0 54.00
57.00	05700	CT SCAN		2,232	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION		530,494	0 59.00
60.00	06000	LABORATORY		683,055	0 60.00
60.01	06001	BLOOD LABORATORY		0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.		4,070	0 63.00
65.00	06500	RESPIRATORY THERAPY		207,083	0 65.00
65.01	06501	SLEEP LAB		6,050	0 65.01
66.00	06600	PHYSICAL THERAPY		575,081	0 66.00
67.00	06700	OCCUPATIONAL THERAPY		92,080	0 67.00
68.00	06800	SPEECH PATHOLOGY		25,194	0 68.00
68.01	06801	AUDIOLOGY		0	0 68.01
69.00	06900	ELECTROCARDIOLOGY		666,930	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		301,020	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT		309,919	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		439,404	0 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES		54,920	0 73.01
74.00	07400	RENAL DIALYSIS		106,825	0 74.00
76.00	03160	CARDIOPULMONARY		0	0 76.00
76.97	07697	CARDIAC REHABILITATION		9,518	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY		30,777	0 76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC		0	0 90.00
90.01	09001	SUBSTANCE ABUSE CLINIC		226,961	0 90.01
90.02	09002	PAIN CLINIC		794,620	0 90.02
90.03	09003	ONCOLOGY CLINIC		130,716	0 90.03
91.00	09100	EMERGENCY		1,383,763	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		10,694	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES		25,083	0 95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0 20,163,611 118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	21.00	22.00			
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		3,090	0
191.00	19100	RESEARCH		75,480	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS		0	0
194.01	07951	BSU PHARMACY		944	0
194.02	07952	PAVILLION PHARMACY		107,352	0
194.03	07953	VENDING		0	0
194.04	07954	CARELINE		0	0
194.05	07955	WELLNESS CENTER		178,021	0
194.06	07956	PHYSICIAN PRACTICE CLINICS		838,960	0
194.07	07957	PERINATAL CLINIC		0	0
194.08	07958	RENTAL PROPERTY		3,147,941	0
194.09	07959	ADVERTISING		0	0
194.10	07960	INTEGRA LTAC		424,439	0
194.11	07961	IU HEALTH HOSPICE		106,685	0
194.12	07962	POB MEDICAL PAVILLION CONDOS		0	0
194.13	07963	PEDIATRIC THERAPIES		235,349	0
194.14	07964	NEW CASTLE ONCOLOGY		0	0
194.15	07965	MARKETING/PUBLIC RELATIONS		76,532	0
194.16	07966	JAY COUNTY HOSPITAL		182,770	0
194.17	07967	CARDINAL HEALTH CHOICE		0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES		0	0
194.19	07969	HEALTH CARE CONNECTIONS		0	0
194.20	07970	MEALS ON WHEELS		0	0
194.21	07971	ST MARY'S SCHOOL		0	0
194.22	07972	THERAPIES TO OTHER ENTITIES		1,454	0
194.23	07973	CANCER CENTER BOUTIQUE		30,299	0
194.24	07974	BOSC BALL OUTPATIENT SURGERY		851,079	0
194.25	07975	CARDINAL BEHAVIORAL HEALTH		3,453	0
194.26	07976	BLACKFORD COMMUNITY HOSPITAL		139,372	0
194.27	07977	MIDWEST HEALTH STRATEGIES		0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP		0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI		0	0
194.30	07980	CARDINAL HEALTH ALLIANCE		0	0
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS		0	0
194.32	07982	RENAL DIALYSIS		0	0
194.33	07983	LAB CORP		0	0
194.34	07984	H.O. MATERIALS MGMT		0	0
194.35	07985	LEASED SPACE		758,924	0
200.00		Cross Foot Adjustments	36,087	1,478,435	8,730
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118 through 201)	36,087	1,478,435	8,730
				28,849,007	0

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 7/15/2021 12:59 pm
-------------------------------------	-----------------------	---	---

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01080 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	6,847,341	30.00
31.00	03100 INTENSIVE CARE UNIT	1,151,348	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	399,815	35.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - IRF	408,080	41.00
43.00	04300 NURSERY	117,460	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,469,679	50.00
51.00	05100 RECOVERY ROOM	322,460	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	496,021	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,334,918	54.00
57.00	05700 CT SCAN	2,232	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	530,494	59.00
60.00	06000 LABORATORY	683,055	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	4,070	63.00
65.00	06500 RESPIRATORY THERAPY	207,083	65.00
65.01	06501 SLEEP LAB	6,050	65.01
66.00	06600 PHYSICAL THERAPY	575,081	66.00
67.00	06700 OCCUPATIONAL THERAPY	92,080	67.00
68.00	06800 SPEECH PATHOLOGY	25,194	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	666,930	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	301,020	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	309,919	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	439,404	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	54,920	73.01
74.00	07400 RENAL DIALYSIS	106,825	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	9,518	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,777	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	226,961	90.01
90.02	09002 PAIN CLINIC	794,620	90.02
90.03	09003 ONCOLOGY CLINIC	130,716	90.03
91.00	09100 EMERGENCY	1,383,763	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	10,694	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	25,083	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	20,163,611	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,090	190.00
191.00	19100 RESEARCH	75,480	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	944	194.01
194.02	07952 PAVILLION PHARMACY	107,352	194.02

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part 11 Date/Time Prepared: 7/15/2021 12:59 pm
-------------------------------------	-----------------------	---	---

Cost Center Description	Total	
	26.00	
194.0307953 VENDING	0	194.03
194.0407954 CARELINE	0	194.04
194.0507955 WELLNESS CENTER	178,021	194.05
194.0607956 PHYSICIAN PRACTICE CLINICS	838,960	194.06
194.0707957 PERINATAL CLINIC	0	194.07
194.0807958 RENTAL PROPERTY	3,147,941	194.08
194.0907959 ADVERTISING	0	194.09
194.1007960 INTEGRA LTAC	424,439	194.10
194.1107961 IU HEALTH HOSPICE	106,685	194.11
194.1207962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.1307963 PEDIATRIC THERAPIES	235,349	194.13
194.1407964 NEW CASTLE ONCOLOGY	0	194.14
194.1507965 MARKETING/PUBLIC RELATIONS	76,532	194.15
194.1607966 JAY COUNTY HOSPITAL	182,770	194.16
194.1707967 CARDINAL HEALTH CHOICE	0	194.17
194.1807968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.1907969 HEALTH CARE CONNECTIONS	0	194.19
194.2007970 MEALS ON WHEELS	0	194.20
194.2107971 ST MARY'S SCHOOL	0	194.21
194.2207972 THERAPIES TO OTHER ENTITIES	1,454	194.22
194.2307973 CANCER CENTER BOUTIQUE	30,299	194.23
194.2407974 BOSCH BALL OUTPATIENT SURGERY	851,079	194.24
194.2507975 CARDINAL BEHAVIORAL HEALTH	3,453	194.25
194.2607976 BLACKFORD COMMUNITY HOSPITAL	139,372	194.26
194.2707977 MIDWEST HEALTH STRATEGIES	0	194.27
194.2807978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.2907979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.3007980 CARDINAL HEALTH ALLIANCE	0	194.30
194.3107986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.3207982 RENAL DIALYSIS	0	194.32
194.3307983 LAB CORP	0	194.33
194.3407984 H.O. MATERIALS MGMT	0	194.34
194.3507985 LEASED SPACE	758,924	194.35
200.00 Cross Foot Adjustments	1,523,252	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118 through 201)	28,849,007	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT	(SQUARE FEET)					
	1.00	4.00					
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,824,235				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,136	119,029,237			4.00
5.01	01160	COMMUNICATIONS	1,822	509,704	184,462		5.01
5.02	00550	DATA PROCESSING	0	0	0	1,898,319,861	5.02
5.04	00570	ADMITTING	7,045	1,170,593	2,056	1,898,319,861	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	49,950	6,806,411	4,393	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	903,970	3,209,485	6,464	0	6.00
7.00	00700	OPERATION OF PLANT	44,658	1,559,841	2,922	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	12,387	2,933,411	9,449	0	9.00
10.00	01000	DIETARY	11,061	1,540,620	3,985	0	10.00
11.00	01100	CAFETERIA	13,668	1,183,180	3,675	0	11.00
13.00	01300	NURSING ADMINISTRATION	13,701	5,836,793	7,273	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	21,216	0	0	0	14.00
15.00	01500	PHARMACY	7,365	5,110,213	6,082	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	718	623,447	2,131	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,083,556	6,619	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	41,833	224,696	744	0	22.00
23.00	02300	PARAMED ED PRGM	195	229,242	318	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	169,990	24,131,436	39,262	205,842,412	30.00
31.00	03100	INTENSIVE CARE UNIT	27,662	7,017,306	10,204	63,848,782	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	10,189	2,057,937	2,943	15,470,534	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,997	1,659,080	2,379	10,214,820	41.00
43.00	04300	NURSERY	3,109	458,820	650	3,049,327	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	37,892	5,551,622	9,347	159,200,605	50.00
51.00	05100	RECOVERY ROOM	8,229	1,412,538	2,191	21,868,641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,847	1,952,655	2,901	26,200,945	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,519	8,791,275	11,895	246,299,807	54.00
57.00	05700	CT SCAN	0	129,513	429	3,135,633	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,599	2,093,440	2,796	99,938,747	59.00
60.00	06000	LABORATORY	17,916	0	4,312	84,771,790	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7,945,912	63.00
65.00	06500	RESPIRATORY THERAPY	4,396	3,391,048	4,994	28,875,744	65.00
65.01	06501	SLEEP LAB	0	455,483	771	5,747,012	65.01
66.00	06600	PHYSICAL THERAPY	15,582	3,999,997	5,441	19,293,321	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,404	838,968	1,080	7,124,866	67.00
68.00	06800	SPEECH PATHOLOGY	575	566,528	737	4,001,003	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	18,437	1,204,603	2,377	52,857,178	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	85,014,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	101,759,409	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	354,998,924	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	888	1,389,136	1,392	7,226,550	73.01
74.00	07400	RENAL DIALYSIS	2,918	0	0	3,997,884	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	897,657	1,558	4,170,826	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	415	493,913	788	16,485,801	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	6,381	201,094	452	293,425	90.01
90.02	09002	PAIN CLINIC	22,443	366,766	701	6,526,106	90.02
90.03	09003	ONCOLOGY CLINIC	2,906	1,202,775	1,647	37,483,021	90.03
91.00	09100	EMERGENCY	33,751	7,530,808	12,664	214,448,979	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	252	89,894	97	227,804	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	715	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,619,737	112,905,484	180,119	1,898,319,861	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)		
	NEW BLDG & FIX	(SQUARE FEET)						
	1.00	4.00						
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	171,174	516	0	0	190.00
191.00	19100	RESEARCH	1,870	668,715	1,120	0	0	0191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0194.00
194.01	07951	BSU PHARMACY	0	182,203	198	0	0	0194.01
194.02	07952	PAVILLION PHARMACY	2,540	828,071	974	0	0	0194.02
194.03	07953	VENDING	0	0	0	0	0	0194.03
194.04	07954	CARELINE	0	0	0	0	0	0194.04
194.05	07955	WELLNESS CENTER	5,073	0	0	0	0	0194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	24,196	0	0	0	0	0194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	0194.07
194.08	07958	RENTAL PROPERTY	90,614	0	0	0	0	0194.08
194.09	07959	ADVERTISING	0	0	0	0	0	0194.09
194.10	07960	INTEGRA LTAC	11,771	0	0	0	0	0194.10
194.11	07961	IU HEALTH HOSPICE	3,041	0	0	0	0	0194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0194.12
194.13	07963	PEDIATRIC THERAPIES	6,700	1,282,644	0	0	0	0194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	0194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	2,224	0	0	0	0	0194.15
194.16	07966	JAY COUNTY HOSPITAL	5,029	981,628	752	0	0	0194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	0194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	0194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	0194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	0194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	1,232,685	0	0	0	0194.22
194.23	07973	CANCER CENTER BOUTIQUE	852	15,083	54	0	0	0194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	24,732	0	0	0	0	0194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	0194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	3,802	761,550	729	0	0	0194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	0194.32
194.33	07983	LAB CORP	0	0	0	0	0	0194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	0194.34
194.35	07985	LEASED SPACE	22,054	0	0	0	0	0194.35
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	28,849,007	26,055,897	613,683	18,166,907	10,570,279	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.814304	0.218903	3.326880	0.009570	0.005568	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		65,408	29,094	0	112,380	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000550	0.157724	0.000000	0.000059	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,898,319,861				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	-43,114,303	340,374,103		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	25,357,939	857,312	6.00
7.00	00700	OPERATION OF PLANT	0	0	7,872,433	44,658	812,654
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,519,354	0	0
9.00	00900	HOUSEKEEPING	0	0	4,227,149	12,387	12,387
10.00	01000	DIETARY	0	0	2,703,986	11,061	11,061
11.00	01100	CAFETERIA	0	0	1,466,770	13,668	13,668
13.00	01300	NURSING ADMINISTRATION	0	0	8,705,221	13,701	13,701
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,196,530	21,216	21,216
15.00	01500	PHARMACY	0	0	7,424,900	7,365	7,365
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	0	0	817,243	718	718
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,999,480	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,185,391	41,833	41,833
23.00	02300	PARAMEDICAL PRGM	0	0	301,637	195	195
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	205,842,412	0	42,053,208	169,990	169,990
31.00	03100	INTENSIVE CARE UNIT	63,848,782	0	11,178,240	27,662	27,662
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,470,534	0	3,426,945	10,189	10,189
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	10,214,820	0	2,724,466	9,997	9,997
43.00	04300	NURSERY	3,049,327	0	712,972	3,109	3,109
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	159,200,605	0	12,381,640	37,892	37,892
51.00	05100	RECOVERY ROOM	21,868,641	0	2,441,020	8,229	8,229
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,200,945	0	3,327,461	12,847	12,847
54.00	05400	RADIOLOGY-DIAGNOSTIC	246,299,807	0	20,663,124	62,519	62,519
57.00	05700	CT SCAN	3,135,633	0	191,755	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	99,938,747	0	5,108,235	13,599	13,599
60.00	06000	LABORATORY	84,771,790	0	14,707,606	17,916	17,916
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	7,945,912	0	1,481,260	0	0
65.00	06500	RESPIRATORY THERAPY	28,875,744	0	5,099,641	4,396	4,396
65.01	06501	SLEEP LAB	5,747,012	0	706,319	0	0
66.00	06600	PHYSICAL THERAPY	19,293,321	0	5,985,975	15,582	15,582
67.00	06700	OCCUPATIONAL THERAPY	7,124,866	0	1,300,490	2,404	2,404
68.00	06800	SPEECH PATHOLOGY	4,001,003	0	829,747	575	575
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	52,857,178	0	3,138,534	18,437	18,437
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	85,014,053	0	12,814,596	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	101,759,409	0	13,421,317	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	354,998,924	0	47,494,698	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	7,226,550	0	7,867,801	888	888
74.00	07400	RENAL DIALYSIS	3,997,884	0	1,545,804	2,918	2,918
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	4,170,826	0	1,214,308	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	16,485,801	0	1,668,478	415	415
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	293,425	0	440,415	6,381	6,381
90.02	09002	PAIN CLINIC	6,526,106	0	983,412	22,443	22,443
90.03	09003	ONCOLOGY CLINIC	37,483,021	0	2,713,957	2,906	2,906
91.00	09100	EMERGENCY	214,448,979	0	17,219,564	33,751	33,751
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	227,804	0	248,306	252	252
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	11,307	715	715
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,898,319,861	-43,114,303	323,880,634	652,814	608,156
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	537,296	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
191.00	19100 RESEARCH	0	0	922,652	1,870	1,870	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	77,355	0	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	6,258,136	2,540	2,540	194.02
194.03	07953 VENDI NG	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	0	80,765	5,073	5,073	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	0	382,643	24,196	24,196	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	0	2,173,737	90,614	90,614	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	0	0	186,150	11,771	11,771	194.10
194.11	07961 IU HEALTH HOSPICE	0	0	48,511	3,041	3,041	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	0	0	1,789,138	6,700	6,700	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	35,171	2,224	2,224	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	1,485,675	5,029	5,029	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	269,838	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	0	106,956	852	852	194.23
194.24	07974 BOSCO BALL OUTPATIENT SURGERY	0	0	391,119	24,732	24,732	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	43	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	1,399,515	3,802	3,802	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	348,769	22,054	22,054	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,742,441		43,114,303	28,569,953	10,357,839	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.005659		0.126667	33.325036	12.745694	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0		794,361	14,357,627	1,473,827	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		0.002334	16.747260	1.813597	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMITTING					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,363,966				8.00	
9.00	00900	HOUSEKEEPING	28	654,802			9.00	
10.00	01000	DIETARY	0	11,061	192,576		10.00	
11.00	01100	CAFETERIA	0	13,668	0	151,518	11.00	
13.00	01300	NURSING ADMINISTRATION	12	13,701	0	7,273	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	21,216	0	0	14.00	
15.00	01500	PHARMACY	237	7,365	0	6,082	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00	
18.00	01080	PATIENT TRANSPORTATION	6,499	718	0	2,131	18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,619	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	41,833	0	744	22.00	
23.00	02300	PARAMED ED PRGM	7	195	0	318	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	685,171	169,990	158,020	39,262	34,428	30.00
31.00	03100	INTENSIVE CARE UNIT	112,910	27,662	11,202	10,204	9,050	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	7,091	10,189	63	2,943	2,536	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	45,456	9,997	12,175	2,379	2,069	41.00
43.00	04300	NURSERY	11,460	3,109	0	650	569	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103,786	37,892	0	9,347	2,679	50.00
51.00	05100	RECOVERY ROOM	34,990	8,229	0	2,191	2,081	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	51,855	12,847	0	2,901	2,441	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,325	61,336	0	11,895	1,872	54.00
57.00	05700	CT SCAN	0	0	0	429	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,229	13,599	0	2,796	1,387	59.00
60.00	06000	LABORATORY	0	17,744	0	4,312	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	305	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	181	4,396	0	4,994	284	65.00
65.01	06501	SLEEP LAB	137	0	0	771	3	65.01
66.00	06600	PHYSICAL THERAPY	6,534	3,432	0	5,441	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,404	0	1,080	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	575	0	737	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	13,845	18,437	0	2,377	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	119	0	0	1,392	0	73.01
74.00	07400	RENAL DIALYSIS	2,020	2,918	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,558	61	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	415	0	788	634	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	6,381	0	452	77	90.01
90.02	09002	PAIN CLINIC	0	22,443	0	701	270	90.02
90.03	09003	ONCOLOGY CLINIC	547	2,906	0	1,647	1,442	90.03
91.00	09100	EMERGENCY	175,644	33,751	0	12,664	9,965	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4	252	0	97	97	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	715	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,356,392	581,376	181,460	147,175	71,945	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	516	0	190.00
191.00	19100	RESEARCH	0	1,870	0	1,120	503	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	198	0194.01
194.02	07952	PAVILLION PHARMACY	123	2,540	0	974	0194.02
194.03	07953	VENDING	0	0	0	0	0194.03
194.04	07954	CARELINE	0	0	0	0	0194.04
194.05	07955	WELLNESS CENTER	7,362	5,073	0	0	0194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	9,439	0	0	0194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0194.07
194.08	07958	RENTAL PROPERTY	89	41,780	0	0	0194.08
194.09	07959	ADVERTISING	0	0	0	0	0194.09
194.10	07960	INTEGRAL TAC	0	0	9,436	0	0194.10
194.11	07961	IU HEALTH HOSPICE	0	3,041	0	0	0194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0194.12
194.13	07963	PEDIATRIC THERAPIES	0	0	0	0	0194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	0	0194.15
194.16	07966	JAY COUNTY HOSPITAL	0	5,029	0	752	0194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	0	20194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	852	0	54	0194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	1,680	0	0194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	3,802	0	729	0194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0194.32
194.33	07983	LAB CORP	0	0	0	0	0194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0194.34
194.35	07985	LEASED SPACE	0	0	0	0	0194.35
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,711,806	5,333,302	3,646,171	2,393,581	10,665,602
203.00		Unit cost multiplier (Wkst. B, Part I)	1.255021	8.144908	18.933673	15.797338	147.176712
204.00		Cost to be allocated (per Wkst. B, Part II)	3,546	438,774	395,422	483,653	528,046
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002600	0.670087	2.053330	3.192050	7.286609
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	14.00	15.00	16.00	18.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 01160 COMMUNICATIONS						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	31,940,741					14.00	
15.00 01500 PHARMACY	276,027	40,744,638				15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,898,319,861			16.00	
18.00 01080 PATIENT TRANSPORTATION	644	0	0	1,898,319,861		18.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,429	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	104	0	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	2,203,910	182,641	205,842,412	205,842,412	2,620	30.00	
31.00 03100 INTENSIVE CARE UNIT	967,500	62,531	63,848,782	63,848,782	585	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	161,025	10,099	15,470,534	15,470,534	34	35.00	
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - IRF	62,609	1,794	10,214,820	10,214,820	0	41.00	
43.00 04300 NURSERY	0	0	3,049,327	3,049,327	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,916,949	69,504	159,200,605	159,200,605	265	50.00	
51.00 05100 RECOVERY ROOM	130,310	26,717	21,868,641	21,868,641	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	299,456	16,648	26,200,945	26,200,945	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	783,888	29,448	246,299,807	246,299,807	140	54.00	
57.00 05700 CT SCAN	1,454	0	3,135,633	3,135,633	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	563,046	18,885	99,938,747	99,938,747	0	59.00	
60.00 06000 LABORATORY	0	0	84,771,790	84,771,790	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	7,945,912	7,945,912	0	63.00	
65.00 06500 RESPIRATORY THERAPY	759,065	7,023	28,875,744	28,875,744	128	65.00	
65.01 06501 SLEEP LAB	46,053	0	5,747,012	5,747,012	0	65.01	
66.00 06600 PHYSICAL THERAPY	52,136	0	19,293,321	19,293,321	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	7,112	0	7,124,866	7,124,866	0	67.00	
68.00 06800 SPEECH PATHOLOGY	708	0	4,001,003	4,001,003	0	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	31,120	0	52,857,178	52,857,178	197	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,046,559	0	85,014,053	85,014,053	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,305,027	0	101,759,409	101,759,409	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	40,111,520	354,998,924	354,998,924	0	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	2,055	0	7,226,550	7,226,550	0	73.01	
74.00 07400 RENAL DIALYSIS	23,398	10,932	3,997,884	3,997,884	0	74.00	
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	8,595	0	4,170,826	4,170,826	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	147,303	1,295	16,485,801	16,485,801	19	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 SUBSTANCE ABUSE CLINIC	4,211	0	293,425	293,425	0	90.01	
90.02 09002 PAIN CLINIC	32,593	433	6,526,106	6,526,106	79	90.02	
90.03 09003 ONCOLOGY CLINIC	100,704	74,170	37,483,021	37,483,021	43	90.03	
91.00 09100 EMERGENCY	990,315	120,075	214,448,979	214,448,979	310	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	7,512	721	227,804	227,804	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	31,931,388	40,744,436	1,898,319,861	1,898,319,861	4,420	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	18.00	21.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	579	0	0	0	0	0190.00
191.00 19100 RESEARCH	332	0	0	0	0	0191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	0194.01
194.02 07952 PAVILLION PHARMACY	537	0	0	0	0	0194.02
194.03 07953 VENDING	0	0	0	0	0	0194.03
194.04 07954 CARELINE	0	0	0	0	0	0194.04
194.05 07955 WELLNESS CENTER	1,209	0	0	0	0	0194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0194.07
194.08 07958 RENTAL PROPERTY	0	147	0	0	0	0194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0194.09
194.10 07960 INTEGRA LTAC	0	0	0	0	0	0194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	0194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0194.12
194.13 07963 PEDIATRIC THERAPIES	6,413	0	0	0	0	0194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	0194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	0194.22
194.23 07973 CANCER CENTER BOUTIQUE	21	55	0	0	0	0194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	131	0	0	0	0	0194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	131	0	0	0	0	0194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATIVE	0	0	0	0	0	0194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0194.32
194.33 07983 LAB CORP	0	0	0	0	0	0194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	11,511,666	8,960,546	0	1,001,739	5,737,312	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.360407	0.219920	0.000000	0.000528	1,295.396704	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	764,985	305,234	0	34,583	36,087	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.023950	0.007491	0.000000	0.000018	8.147889	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)	
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		22.00	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160 COMMUNICATIONS			5.01
5.02	00550 DATA PROCESSING			5.02
5.04	00570 ADMINITTING			5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
18.00	01080 PATIENT TRANSPORTATION			18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,429		22.00
23.00	02300 PARAMED PRGM		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	2,620	0	30.00
31.00	03100 INTENSIVE CARE UNIT	585	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	34	0	35.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
43.00	04300 NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	265	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	140	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	128	0	65.00
65.01	06501 SLEEP LAB	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	197	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	100	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03160 CARDIOPULMONARY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	19	0	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0	90.01
90.02	09002 PAIN CLINIC	79	0	90.02
90.03	09003 ONCOLOGY CLINIC	43	0	90.03
91.00	09100 EMERGENCY	310	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	4,420	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00	23.00	
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100 RESEARCH	9	0	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	194.02
194.03 07953 VENDING	0	0	194.03
194.04 07954 CARELINE	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	194.08
194.09 07959 ADVERTISING	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	194.32
194.33 07983 LAB CORP	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	194.34
194.35 07985 LEASED SPACE	0	0	194.35
200.00			200.00
201.00			201.00
202.00			202.00
	Cross Foot Adjustments		
	Negative Cost Centers		
	Cost to be allocated (per Wkst. B, Part I)	6,995,335	355,448
203.00	Unit cost multiplier (Wkst. B, Part I)	1,579.438925	3,554.480000
204.00	Cost to be allocated (per Wkst. B, Part II)	1,478,435	8,730
205.00	Unit cost multiplier (Wkst. B, Part II)	333.807857	87.300000
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
7/15/2021 12:59 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	67,078,274		67,078,274	0	67,078,274	30.00
31.00	03100	INTENSIVE CARE UNIT	16,336,968		16,336,968	0	16,336,968	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,911,677		4,911,677	0	4,911,677	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,269,569		4,269,569	0	4,269,569	41.00
43.00	04300	NURSERY	1,081,844		1,081,844	0	1,081,844	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,466,747		17,466,747	0	17,466,747	50.00
51.00	05100	RECOVERY ROOM	3,645,545		3,645,545	0	3,645,545	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,041,036		5,041,036	0	5,041,036	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,643,607		27,643,607	0	27,643,607	54.00
57.00	05700	CT SCAN	225,001		225,001	0	225,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,022,332		7,022,332	0	7,022,332	59.00
60.00	06000	LABORATORY	17,653,378		17,653,378	0	17,653,378	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,673,465		1,673,465	0	1,673,465	63.00
65.00	06500	RESPIRATORY THERAPY	6,395,208	0	6,395,208	0	6,395,208	65.00
65.01	06501	SLEEP LAB	828,212	0	828,212	0	828,212	65.01
66.00	06600	PHYSICAL THERAPY	7,613,157	0	7,613,157	0	7,613,157	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,618,939	0	1,618,939	0	1,618,939	67.00
68.00	06800	SPEECH PATHOLOGY	980,034	0	980,034	0	980,034	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,629,708		4,629,708	0	4,629,708	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,463,926		18,463,926	0	18,463,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,249,492		19,249,492	0	19,249,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,874,470		62,874,470	0	62,874,470	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	8,931,999		8,931,999	0	8,931,999	73.01
74.00	07400	RENAL DIALYSIS	1,915,290		1,915,290	0	1,915,290	74.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,407,011		1,407,011	0	1,407,011	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,070,155		2,070,155	0	2,070,155	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	862,297		862,297	0	862,297	90.01
90.02	09002	PAIN CLINIC	2,390,840		2,390,840	0	2,390,840	90.02
90.03	09003	ONCOLOGY CLINIC	3,526,606		3,526,606	0	3,526,606	90.03
91.00	09100	EMERGENCY	23,614,209		23,614,209	392,450	24,006,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,246,552		7,246,552	0	7,246,552	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	312,220		312,220	0	312,220	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	51,503		51,503	0	51,503	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	349,031,271	0	349,031,271	392,450	349,423,721	200.00
201.00		Less Observation Beds	7,246,552		7,246,552		7,246,552	201.00
202.00		Total (see instructions)	341,784,719	0	341,784,719	392,450	342,177,169	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
7/15/2021 12:59 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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	170,283,881		170,283,881		30.00
31.00	03100	INTENSIVE CARE UNIT	63,848,782		63,848,782		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,470,534		15,470,534		35.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	10,214,820		10,214,820		41.00
43.00	04300	NURSERY	3,049,327		3,049,327		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	87,857,056	71,343,549	159,200,605	0.109715	50.00
51.00	05100	RECOVERY ROOM	7,887,607	13,981,034	21,868,641	0.166702	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,511,534	3,689,411	26,200,945	0.192399	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,296,787	186,003,020	246,299,807	0.112236	54.00
57.00	05700	CT SCAN	1,643,931	1,491,702	3,135,633	0.071756	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,859,800	56,078,947	99,938,747	0.070266	59.00
60.00	06000	LABORATORY	44,333,162	40,438,628	84,771,790	0.208246	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,069,187	1,876,725	7,945,912	0.210607	63.00
65.00	06500	RESPIRATORY THERAPY	26,294,615	2,581,129	28,875,744	0.221473	65.00
65.01	06501	SLEEP LAB	5,520	5,741,492	5,747,012	0.144112	65.01
66.00	06600	PHYSICAL THERAPY	9,266,078	10,027,243	19,293,321	0.394601	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,036,802	88,064	7,124,866	0.227224	67.00
68.00	06800	SPEECH PATHOLOGY	3,713,588	287,415	4,001,003	0.244947	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	32,676,189	20,180,989	52,857,178	0.087589	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,746,328	47,267,725	85,014,053	0.217187	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	62,099,645	39,659,764	101,759,409	0.189167	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,315,588	243,683,336	354,998,924	0.177112	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	7,226,550	7,226,550	1.235998	73.01
74.00	07400	RENAL DIALYSIS	3,806,930	190,954	3,997,884	0.479076	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,004,003	3,166,823	4,170,826	0.337346	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	58,782	16,427,019	16,485,801	0.125572	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	296	293,129	293,425	2.938731	90.01
90.02	09002	PAIN CLINIC	11,223	6,514,883	6,526,106	0.366350	90.02
90.03	09003	ONCOLOGY CLINIC	374,827	37,108,194	37,483,021	0.094085	90.03
91.00	09100	EMERGENCY	70,367,313	144,081,666	214,448,979	0.110116	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,193,917	34,364,614	35,558,531	0.203792	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	18,244	209,560	227,804	1.370564	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	904,316,296	994,003,565	1,898,319,861		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	904,316,296	994,003,565	1,898,319,861		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part 1 Date/Time Prepared: 7/15/2021 12:59 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.109715		50.00
51.00	05100 RECOVERY ROOM	0.166702		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.192399		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.112236		54.00
57.00	05700 CT SCAN	0.071756		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070266		59.00
60.00	06000 LABORATORY	0.208246		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.210607		63.00
65.00	06500 RESPIRATORY THERAPY	0.221473		65.00
65.01	06501 SLEEP LAB	0.144112		65.01
66.00	06600 PHYSICAL THERAPY	0.394601		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227224		67.00
68.00	06800 SPEECH PATHOLOGY	0.244947		68.00
68.01	06801 AUDIOLOGY	0.000000		68.01
69.00	06900 ELECTROCARDIOLOGY	0.087589		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217187		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.189167		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.177112		73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.235998		73.01
74.00	07400 RENAL DIALYSIS	0.479076		74.00
76.00	03160 CARDIOPULMONARY	0.000000		76.00
76.97	07697 CARDIAC REHABILITATION	0.337346		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.125572		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	2.938731		90.01
90.02	09002 PAIN CLINIC	0.366350		90.02
90.03	09003 ONCOLOGY CLINIC	0.094085		90.03
91.00	09100 EMERGENCY	0.111946		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.203792		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1.370564		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
7/15/2021 12:59 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	67,078,274		67,078,274	0	67,078,274	30.00
31.00	03100	INTENSIVE CARE UNIT	16,336,968		16,336,968	0	16,336,968	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,911,677		4,911,677	0	4,911,677	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,269,569		4,269,569	0	4,269,569	41.00
43.00	04300	NURSERY	1,081,844		1,081,844	0	1,081,844	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	17,466,747		17,466,747	0	17,466,747	50.00
51.00	05100	RECOVERY ROOM	3,645,545		3,645,545	0	3,645,545	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,041,036		5,041,036	0	5,041,036	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,643,607		27,643,607	0	27,643,607	54.00
57.00	05700	CT SCAN	225,001		225,001	0	225,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,022,332		7,022,332	0	7,022,332	59.00
60.00	06000	LABORATORY	17,653,378		17,653,378	0	17,653,378	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,673,465		1,673,465	0	1,673,465	63.00
65.00	06500	RESPIRATORY THERAPY	6,395,208	0	6,395,208	0	6,395,208	65.00
65.01	06501	SLEEP LAB	828,212	0	828,212	0	828,212	65.01
66.00	06600	PHYSICAL THERAPY	7,613,157	0	7,613,157	0	7,613,157	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,618,939	0	1,618,939	0	1,618,939	67.00
68.00	06800	SPEECH PATHOLOGY	980,034	0	980,034	0	980,034	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,629,708		4,629,708	0	4,629,708	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,463,926		18,463,926	0	18,463,926	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	19,249,492		19,249,492	0	19,249,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,874,470		62,874,470	0	62,874,470	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	8,931,999		8,931,999	0	8,931,999	73.01
74.00	07400	RENAL DIALYSIS	1,915,290		1,915,290	0	1,915,290	74.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,407,011		1,407,011	0	1,407,011	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,070,155		2,070,155	0	2,070,155	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	862,297		862,297	0	862,297	90.01
90.02	09002	PAIN CLINIC	2,390,840		2,390,840	0	2,390,840	90.02
90.03	09003	ONCOLOGY CLINIC	3,526,606		3,526,606	0	3,526,606	90.03
91.00	09100	EMERGENCY	23,614,209		23,614,209	392,450	24,006,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,246,552		7,246,552	0	7,246,552	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	312,220		312,220	0	312,220	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	51,503		51,503	0	51,503	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	349,031,271	0	349,031,271	392,450	349,423,721	200.00
201.00		Less Observation Beds	7,246,552		7,246,552		7,246,552	201.00
202.00		Total (see instructions)	341,784,719	0	341,784,719	392,450	342,177,169	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
7/15/2021 12:59 pm

		Title XIX			Hospital	Cost		
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	170,283,881		170,283,881			30.00
31.00	03100	INTENSIVE CARE UNIT	63,848,782		63,848,782			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	15,470,534		15,470,534			35.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	10,214,820		10,214,820			41.00
43.00	04300	NURSERY	3,049,327		3,049,327			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	87,857,056	71,343,549	159,200,605	0.109715	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,887,607	13,981,034	21,868,641	0.166702	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,511,534	3,689,411	26,200,945	0.192399	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,296,787	186,003,020	246,299,807	0.112236	0.000000	54.00
57.00	05700	CT SCAN	1,643,931	1,491,702	3,135,633	0.071756	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	43,859,800	56,078,947	99,938,747	0.070266	0.000000	59.00
60.00	06000	LABORATORY	44,333,162	40,438,628	84,771,790	0.208246	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,069,187	1,876,725	7,945,912	0.210607	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	26,294,615	2,581,129	28,875,744	0.221473	0.000000	65.00
65.01	06501	SLEEP LAB	5,520	5,741,492	5,747,012	0.144112	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	9,266,078	10,027,243	19,293,321	0.394601	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,036,802	88,064	7,124,866	0.227224	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,713,588	287,415	4,001,003	0.244947	0.000000	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	32,676,189	20,180,989	52,857,178	0.087589	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,746,328	47,267,725	85,014,053	0.217187	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	62,099,645	39,659,764	101,759,409	0.189167	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,315,588	243,683,336	354,998,924	0.177112	0.000000	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	7,226,550	7,226,550	1.235998	0.000000	73.01
74.00	07400	RENAL DIALYSIS	3,806,930	190,954	3,997,884	0.479076	0.000000	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,004,003	3,166,823	4,170,826	0.337346	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	58,782	16,427,019	16,485,801	0.125572	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	296	293,129	293,425	2.938731	0.000000	90.01
90.02	09002	PAIN CLINIC	11,223	6,514,883	6,526,106	0.366350	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	374,827	37,108,194	37,483,021	0.094085	0.000000	90.03
91.00	09100	EMERGENCY	70,367,313	144,081,666	214,448,979	0.110116	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,193,917	34,364,614	35,558,531	0.203792	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	18,244	209,560	227,804	1.370564	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	904,316,296	994,003,565	1,898,319,861			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	904,316,296	994,003,565	1,898,319,861			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part 1
Date/Time Prepared:
7/15/2021 12:59 pm

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 1 Date/Time Prepared: 7/15/2021 12:59 pm
--	-----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,847,341	0	6,847,341	68,369	100.15	30.00	
31.00	INTENSIVE CARE UNIT	1,151,348		1,151,348	10,017	114.94	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
35.00	NEONATAL INTENSIVE CARE UNIT	399,815		399,815	3,353	119.24	35.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	408,080	0	408,080	4,489	90.91	41.00	
43.00	NURSERY	117,460		117,460	2,017	58.24	43.00	
200.00	Total (lines 30 through 199)	8,924,044		8,924,044	88,245		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	25,550	2,558,833					30.00
31.00	INTENSIVE CARE UNIT	4,261	489,759					31.00
32.00	CORONARY CARE UNIT	0	0					32.00
35.00	NEONATAL INTENSIVE CARE UNIT	0	0					35.00
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	2,829	257,184					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30 through 199)	32,640	3,305,776					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/15/2021 12:59 pm
--	-----------------------	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part I, 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	1,469,679	159,200,605	0.009232	36,601,531	337,905	50.00
51.00	05100 RECOVERY ROOM	322,460	21,868,641	0.014745	3,453,247	50,918	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	496,021	26,200,945	0.018931	68,590	1,298	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,334,918	246,299,807	0.009480	26,736,503	253,462	54.00
57.00	05700 CT SCAN	2,232	3,135,633	0.000712	766,646	546	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	530,494	99,938,747	0.005308	17,563,959	93,229	59.00
60.00	06000 LABORATORY	683,055	84,771,790	0.008058	17,327,111	139,622	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	4,070	7,945,912	0.000512	2,906,101	1,488	63.00
65.00	06500 RESPIRATORY THERAPY	207,083	28,875,744	0.007172	10,718,587	76,874	65.00
65.01	06501 SLEEP LAB	6,050	5,747,012	0.001053	5,520	6	65.01
66.00	06600 PHYSICAL THERAPY	575,081	19,293,321	0.029807	2,811,028	83,788	66.00
67.00	06700 OCCUPATIONAL THERAPY	92,080	7,124,866	0.012924	1,132,539	14,637	67.00
68.00	06800 SPEECH PATHOLOGY	25,194	4,001,003	0.006297	1,038,888	6,542	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	666,930	52,857,178	0.012618	15,367,818	193,911	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	301,020	85,014,053	0.003541	16,602,941	58,791	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	309,919	101,759,409	0.003046	28,394,979	86,491	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	439,404	354,998,924	0.001238	42,616,007	52,759	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	54,920	7,226,550	0.007600	0	0	73.01
74.00	07400 RENAL DIALYSIS	106,825	3,997,884	0.026720	2,090,090	55,847	74.00
76.00	03160 CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	9,518	4,170,826	0.002282	447,393	1,021	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,777	16,485,801	0.001867	40,221	75	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	226,961	293,425	0.773489	0	0	90.01
90.02	09002 PAIN CLINIC	794,620	6,526,106	0.121760	11,121	1,354	90.02
90.03	09003 ONCOLOGY CLINIC	130,716	37,483,021	0.003487	197,949	690	90.03
91.00	09100 EMERGENCY	1,383,763	214,448,979	0.006453	30,413,479	196,258	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	739,728	35,558,531	0.020803	420,195	8,741	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	10,694	227,804	0.046944	6,852	322	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	11,954,212	1,635,452,517		257,739,295	1,716,575	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 7/15/2021 12:59 pm
---	-----------------------	---	--

Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
		1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	200.00	
Cost Center Description		Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
		4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	68,369	0.00	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	10,017	0.00	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,353	0.00	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,489	0.00	41.00	
43.00	04300	NURSERY	0	0	2,017	0.00	43.00	
200.00		Total (lines 30 through 199)	0	0	88,245	0.00	200.00	
Cost Center Description		Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
		9.00						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0					30.00
31.00	03100	INTENSIVE CARE UNIT	0					31.00
32.00	03200	CORONARY CARE UNIT	0					32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0					35.00
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
200.00		Total (lines 30 through 199)	0					200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/15/2021 12:59 pm
--	-----------------------	---------------------------------------	--

Cost Center Description	Title XVIII					Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health				
	1.00	2A	2.00	3A	3.00				
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	355,448	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	355,448	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/15/2021 12:59 pm
--	-----------------------	---------------------------------------	--

Cost Center Description		Title XVIII		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	159,200,605	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	21,868,641	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	26,200,945	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	246,299,807	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	3,135,633	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	99,938,747	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	84,771,790	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7,945,912	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	28,875,744	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	5,747,012	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	19,293,321	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	7,124,866	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	4,001,003	0.000000	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	52,857,178	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	85,014,053	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	101,759,409	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	355,448	355,448	354,998,924	0.001001	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	7,226,550	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	3,997,884	0.000000	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,170,826	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	16,485,801	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	293,425	0.000000	90.01
90.02	09002	PAIN CLINIC	0	0	0	6,526,106	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	37,483,021	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	214,448,979	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	35,558,531	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	227,804	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	355,448	355,448	1,635,452,517		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/15/2021 12:59 pm
--	-----------------------	---------------------------------------	--

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	36,601,531	0	18,310,303	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	3,453,247	0	4,372,446	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	68,590	0	10,146	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	26,736,503	0	60,541,764	0	54.00
57.00	05700 CT SCAN	0.000000	766,646	0	392,857	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	17,563,959	0	20,486,276	0	59.00
60.00	06000 LABORATORY	0.000000	17,327,111	0	5,060,001	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	2,906,101	0	782,323	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	10,718,587	0	495,312	0	65.00
65.01	06501 SLEEP LAB	0.000000	5,520	0	1,316,679	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	2,811,028	0	219,135	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,132,539	0	610	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	1,038,888	0	14,645	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	15,367,818	0	5,665,077	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	16,602,941	0	17,239,657	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	28,394,979	0	14,223,909	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001001	42,616,007	42,659	97,240,880	97,338	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	2,090,090	0	103,360	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	447,393	0	1,273,510	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	40,221	0	6,493,831	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	11,554	0	90.01
90.02	09002 PAIN CLINIC	0.000000	11,121	0	2,204,540	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.000000	197,949	0	14,837,955	0	90.03
91.00	09100 EMERGENCY	0.000000	30,413,479	0	23,110,437	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	420,195	0	6,885,407	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	6,852	0	38,551	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		257,739,295	42,659	301,331,165	97,338	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/15/2021 12:59 pm
--	-----------------------	---	--

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
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.109715	18,310,303	0	0	2,008,915	50.00
51.00 05100 RECOVERY ROOM	0.166702	4,372,446	0	0	728,895	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.192399	10,146	0	0	1,952	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.112236	60,541,764	0	0	6,794,965	54.00
57.00 05700 CT SCAN	0.071756	392,857	0	0	28,190	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.070266	20,486,276	0	0	1,439,489	59.00
60.00 06000 LABORATORY	0.208246	5,060,001	0	0	1,053,725	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.210607	782,323	0	0	164,763	63.00
65.00 06500 RESPIRATORY THERAPY	0.221473	495,312	0	0	109,698	65.00
65.01 06501 SLEEP LAB	0.144112	1,316,679	0	0	189,749	65.01
66.00 06600 PHYSICAL THERAPY	0.394601	219,135	0	0	86,471	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.227224	610	0	0	139	67.00
68.00 06800 SPEECH PATHOLOGY	0.244947	14,645	0	0	3,587	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.087589	5,665,077	0	0	496,198	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217187	17,239,657	0	0	3,744,229	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.189167	14,223,909	0	0	2,690,694	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.177112	97,240,880	0	105,126	17,222,527	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.235998	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.479076	103,360	0	0	49,517	74.00
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.337346	1,273,510	0	0	429,614	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.125572	6,493,831	1,635	0	815,443	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	2.938731	11,554	0	0	33,954	90.01
90.02 09002 PAIN CLINIC	0.366350	2,204,540	0	0	807,633	90.02
90.03 09003 ONCOLOGY CLINIC	0.094085	14,837,955	0	0	1,396,029	90.03
91.00 09100 EMERGENCY	0.110116	23,110,437	0	0	2,544,829	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.203792	6,885,407	0	0	1,403,191	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	1.370564	38,551	0	0	52,837	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	301,331,165	1,635	105,126	44,297,233	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)	301,331,165	1,635	105,126	44,297,233	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/15/2021 12:59 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	18,619		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	205	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0		90.01
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	205	18,619		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	205	18,619		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part II Date/Time Prepared: 7/15/2021 12:59 pm
--	---	---	---

Cost Center Description		Capital Related Cost (from Wkst. B, Part I, 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	1,469,679	159,200,605	0.009232	96,295	889	50.00
51.00	05100 RECOVERY ROOM	322,460	21,868,641	0.014745	18,544	273	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	496,021	26,200,945	0.018931	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,334,918	246,299,807	0.009480	250,695	2,377	54.00
57.00	05700 CT SCAN	2,232	3,135,633	0.000712	14,380	10	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	530,494	99,938,747	0.005308	0	0	59.00
60.00	06000 LABORATORY	683,055	84,771,790	0.008058	416,885	3,359	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	4,070	7,945,912	0.000512	84,223	43	63.00
65.00	06500 RESPIRATORY THERAPY	207,083	28,875,744	0.007172	118,263	848	65.00
65.01	06501 SLEEP LAB	6,050	5,747,012	0.001053	0	0	65.01
66.00	06600 PHYSICAL THERAPY	575,081	19,293,321	0.029807	2,053,261	61,202	66.00
67.00	06700 OCCUPATIONAL THERAPY	92,080	7,124,866	0.012924	2,577,629	33,313	67.00
68.00	06800 SPEECH PATHOLOGY	25,194	4,001,003	0.006297	638,741	4,022	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	666,930	52,857,178	0.012618	44,212	558	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	301,020	85,014,053	0.003541	85,710	303	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	309,919	101,759,409	0.003046	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	439,404	354,998,924	0.001238	1,106,729	1,370	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	54,920	7,226,550	0.007600	0	0	73.01
74.00	07400 RENAL DIALYSIS	106,825	3,997,884	0.026720	126,567	3,382	74.00
76.00	03160 CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	9,518	4,170,826	0.002282	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,777	16,485,801	0.001867	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	226,961	293,425	0.773489	0	0	90.01
90.02	09002 PAIN CLINIC	794,620	6,526,106	0.121760	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	130,716	37,483,021	0.003487	0	0	90.03
91.00	09100 EMERGENCY	1,383,763	214,448,979	0.006453	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	35,558,531	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	10,694	227,804	0.046944	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	11,214,484	1,635,452,517		7,632,134	111,949	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/15/2021 12:59 pm
--	---	---	---

Cost Center Description		Title XVIII Subprovider - IRF 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	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	355,448	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	355,448	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part 1V Date/Time Prepared: 7/15/2021 12:59 pm
--	---	---	---

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
		4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	159,200,605	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	0	21,868,641	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	26,200,945	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	246,299,807	0.000000	54.00
57.00	05700 CT SCAN	0	0	0	3,135,633	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	99,938,747	0.000000	59.00
60.00	06000 LABORATORY	0	0	0	84,771,790	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	7,945,912	0.000000	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	28,875,744	0.000000	65.00
65.01	06501 SLEEP LAB	0	0	0	5,747,012	0.000000	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	19,293,321	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	7,124,866	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	4,001,003	0.000000	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	52,857,178	0.000000	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	85,014,053	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	101,759,409	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	355,448	355,448	354,998,924	0.001001	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	7,226,550	0.000000	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	3,997,884	0.000000	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	4,170,826	0.000000	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	16,485,801	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0.000000	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0	0	293,425	0.000000	90.01
90.02	09002 PAIN CLINIC	0	0	0	6,526,106	0.000000	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	37,483,021	0.000000	90.03
91.00	09100 EMERGENCY	0	0	0	214,448,979	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	35,558,531	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	227,804	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	355,448	355,448	1,635,452,517		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 7/15/2021 12:59 pm
--	---	---	---

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	96,295	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	18,544	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	250,695	0	0	0	54.00
57.00	05700 CT SCAN	0.000000	14,380	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	416,885	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	84,223	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	118,263	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	2,053,261	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,577,629	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	638,741	0	0	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	44,212	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	85,710	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001001	1,106,729	1,108	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	126,567	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PAIN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	0	0	89	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		7,632,134	1,108	89	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/15/2021 12:59 pm
--	---	---	--

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	0.109715	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.166702	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.192399	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.112236	0	0	0	0	54.00
57.00	05700 CT SCAN	0.071756	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070266	0	0	0	0	59.00
60.00	06000 LABORATORY	0.208246	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.210607	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.221473	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0.144112	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.394601	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227224	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.244947	0	0	0	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.087589	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217187	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.189167	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.177112	0	0	141	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.235998	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.479076	0	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.337346	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.125572	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	2.938731	0	0	0	0	90.01
90.02	09002 PAIN CLINIC	0.366350	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.094085	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.110116	89	0	0	10	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.203792	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1.370564	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		89	0	141	10	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)		89	0	141	10	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 7/15/2021 12:59 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	25		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0		90.01
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	25		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	0	25		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 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)			68,369 1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)			68,369 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)			60,983 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)			25,550 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			216.95 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			67,078,274 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			67,078,274 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			67,078,274 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)			981.12 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			25,067,616 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)			25,067,616 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,336,968	10,017	1,630.92	4,261	6,949,350	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	NEONATAL INTENSIVE CARE UNIT	4,911,677	3,353	1,464.86	0	0	
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					39,661,492	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					71,678,458	
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,048,592	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,759,234	
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,807,826	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					66,870,632	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	
55.00	Target amount per discharge					0.00	
56.00	Target amount (line 54 x line 55)					0	
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	
58.00	Bonus payment (see instructions)					0	
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	
62.00	Relief payment (see instructions)					0	
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00	
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00	
72.00	Program routine service cost (line 9 x line 71)					72.00	
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00	
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00	
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00	
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00	
77.00	Program capital-related costs (line 9 x line 76)					77.00	
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00	
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00	
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00	
81.00	Inpatient routine service cost per diem limitation					81.00	
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00	
83.00	Reasonable inpatient routine service costs (see instructions)					83.00	
84.00	Program inpatient ancillary services (see instructions)					84.00	
85.00	Utilization review - physician compensation (see instructions)					85.00	
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,386	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					981.12	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,246,552	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,847,341	67,078,274	0.102080	7,246,552	739,728	90.00
91.00	Nursing School cost	0	67,078,274	0.000000	7,246,552	0	91.00
92.00	Allied health cost	0	67,078,274	0.000000	7,246,552	0	92.00
93.00	All other Medical Education	0	67,078,274	0.000000	7,246,552	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 pm
Cost Center Description		Title XVIII	Subprovider - IRF	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,489 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,489 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,489 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			2,829 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			216.95 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,269,569 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,269,569 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27, minus line 36)			4,269,569 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)			951.12 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,690,718 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,690,718 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 pm		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
Title XVIII		Subprovider - IRF PPS				
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,005,083
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,695,801
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					257,184
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					113,057
52.00	Total Program excludable cost (sum of lines 50 and 51)					370,241
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,325,560
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	408,080	4,269,569	0.095579	0	0	90.00
91.00	Nursing School cost	0	4,269,569	0.000000	0	0	91.00
92.00	Allied health cost	0	4,269,569	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,269,569	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 pm
		Title XIX	Hospital	Cost
Cost Center Description				
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		68,369	1.00
2.00	Total inpatient days (including private room days, excluding swing-bed and newborn days)		68,369	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)		60,983	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)		1,992	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,017	15.00
16.00	Nursery days (title V or XIX only)		1,412	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		216.95	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		67,078,274	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		67,078,274	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		67,078,274	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)		981.12	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,954,391	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)		1,954,391	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 pm			
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	1,081,844	2,017	536.36	1,412	757,340	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,336,968	10,017	1,630.92	737	1,201,988	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,911,677	3,353	1,464.86	392	574,225	47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,884,720	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,372,664	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (From Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					7,386	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					981.12	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,246,552	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 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)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,847,341	67,078,274	0.102080	7,246,552	739,728	90.00
91.00	Nursing School cost	0	67,078,274	0.000000	7,246,552	0	91.00
92.00	Allied health cost	0	67,078,274	0.000000	7,246,552	0	92.00
93.00	All other Medical Education	0	67,078,274	0.000000	7,246,552	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 pm
Cost Center Description		Title XIX	Subprovider - IRF	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,489 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,489 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,489 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,017 15.00
16.00	Nursery days (title V or XIX only)			1,412 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			216.95 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,269,569 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,269,569 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27, minus line 36)			4,269,569 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)			951.12 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 pm		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
Title XIX		Subprovider - IRF				
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00	CORONARY CARE UNIT	0	0	0.00	0	0
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					0
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0
52.00	Total Program excludable cost (sum of lines 50 and 51)					0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					0
55.00	Target amount per discharge					0.00
56.00	Target amount (line 54 x line 55)					0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00	Bonus payment (see instructions)					0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00	Relief payment (see instructions)					0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)					0
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 7/15/2021 12:59 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)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	408,080	4,269,569	0.095579	0	0	90.00
91.00 Nursing School cost	0	4,269,569	0.000000	0	0	91.00
92.00 Allied health cost	0	4,269,569	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,269,569	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/15/2021 12:59 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		72,157,773		30.00
31.00	03100 INTENSIVE CARE UNIT		26,366,996		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.109715	36,601,531	4,015,737	50.00
51.00	05100 RECOVERY ROOM	0.166702	3,453,247	575,663	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.192399	68,590	13,197	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.112236	26,736,503	3,000,798	54.00
57.00	05700 CT SCAN	0.071756	766,646	55,011	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070266	17,563,959	1,234,149	59.00
60.00	06000 LABORATORY	0.208246	17,327,111	3,608,302	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.210607	2,906,101	612,045	63.00
65.00	06500 RESPIRATORY THERAPY	0.221473	10,718,587	2,373,878	65.00
65.01	06501 SLEEP LAB	0.144112	5,520	795	65.01
66.00	06600 PHYSICAL THERAPY	0.394601	2,811,028	1,109,234	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227224	1,132,539	257,340	67.00
68.00	06800 SPEECH PATHOLOGY	0.244947	1,038,888	254,472	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.087589	15,367,818	1,346,052	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217187	16,602,941	3,605,943	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.189167	28,394,979	5,371,393	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.177112	42,616,007	7,547,806	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.235998	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.479076	2,090,090	1,001,312	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.337346	447,393	150,926	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.125572	40,221	5,051	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	2.938731	0	0	90.01
90.02	09002 PAIN CLINIC	0.366350	11,121	4,074	90.02
90.03	09003 ONCOLOGY CLINIC	0.094085	197,949	18,624	90.03
91.00	09100 EMERGENCY	0.111946	30,413,479	3,404,667	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.203792	420,195	85,632	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1.370564	6,852	9,391	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		257,739,295	39,661,492	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)		257,739,295		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/15/2021 12:59 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		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		6,404,790		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.109715	96,295	10,565	50.00
51.00	05100 RECOVERY ROOM	0.166702	18,544	3,091	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.192399	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.112236	250,695	28,137	54.00
57.00	05700 CT SCAN	0.071756	14,380	1,032	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070266	0	0	59.00
60.00	06000 LABORATORY	0.208246	416,885	86,815	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.210607	84,223	17,738	63.00
65.00	06500 RESPIRATORY THERAPY	0.221473	118,263	26,192	65.00
65.01	06501 SLEEP LAB	0.144112	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.394601	2,053,261	810,219	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227224	2,577,629	585,699	67.00
68.00	06800 SPEECH PATHOLOGY	0.244947	638,741	156,458	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.087589	44,212	3,872	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217187	85,710	18,615	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.189167	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.177112	1,106,729	196,015	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.235998	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.479076	126,567	60,635	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.337346	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.125572	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	2.938731	0	0	90.01
90.02	09002 PAIN CLINIC	0.366350	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.094085	0	0	90.03
91.00	09100 EMERGENCY	0.111946	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.203792	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1.370564	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,632,134	2,005,083	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		7,632,134		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 7/15/2021 12:59 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		4,235,628		30.00
31.00	03100 INTENSIVE CARE UNIT		1,261,868		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		1,575,725		35.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		210,895		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.109715	1,195,006	131,110	50.00
51.00	05100 RECOVERY ROOM	0.166702	108,191	18,036	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.192399	754,552	145,175	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.112236	1,022,364	114,746	54.00
57.00	05700 CT SCAN	0.071756	22,200	1,593	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.070266	110,143	7,739	59.00
60.00	06000 LABORATORY	0.208246	1,058,742	220,479	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.210607	95,034	20,015	63.00
65.00	06500 RESPIRATORY THERAPY	0.221473	679,187	150,422	65.00
65.01	06501 SLEEP LAB	0.144112	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.394601	132,090	52,123	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.227224	70,855	16,100	67.00
68.00	06800 SPEECH PATHOLOGY	0.244947	105,543	25,852	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.087589	569,744	49,903	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.217187	511,581	111,109	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.189167	550,344	104,107	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.177112	2,860,390	506,609	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.235998	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.479076	62,083	29,742	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.337346	15,267	5,150	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.125572	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	2.938731	0	0	90.01
90.02	09002 PAIN CLINIC	0.366350	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.094085	8,673	816	90.03
91.00	09100 EMERGENCY	0.110116	1,504,102	165,626	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.203792	40,571	8,268	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	1.370564	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		11,476,662	1,884,720	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)		11,476,662		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/15/2021 12:59 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)		39,025,411	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		463,546	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)		1,071,740	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		166,429	2.04
3.00	Managed Care Simulated Payments		26,899,846	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		294.33	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		50.70	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		12.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		62.90	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		62.70	12.00
13.00	Total allowable FTE count for the prior year.		62.48	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		62.34	14.00
15.00	Sum of lines 12 through 14 divided by 3.		62.51	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		62.51	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.212381	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.214715	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.212381	21.00
22.00	IME payment adjustment (see instructions)		6,076,707	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,945,856	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.20	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)		0.20	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000680	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000182	27.00
28.00	IME add-on adjustment amount (see instructions)		10,099	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		4,896	28.01
29.00	Total IME payment (sum of lines 22 and 28)		6,086,806	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,950,752	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.10	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.92	31.00
32.00	Sum of lines 30 and 31		30.02	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.98	33.00
34.00	Disproportionate share adjustment (see instructions)		1,939,339	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/15/2021 12:59 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)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000376569	0.000362015	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,144,574	3,001,111	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,354,135	756,445	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,110,580		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding 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)	67,863,851		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)		70,814,603	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,035,849	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,502,258	52.00
53.00	Nursing and Allied Health Managed Care payment		21,539	53.00
54.00	Special add-on payments for new technologies		223,647	54.00
54.01	Isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		42,659	58.00
59.00	Total (sum of amounts on lines 49 through 58)		78,640,555	59.00
60.00	Primary payer payments		31,133	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		78,609,422	61.00
62.00	Deductibles billed to program beneficiaries		5,500,792	62.00
63.00	Coinsurance billed to program beneficiaries		325,457	63.00
64.00	Allowable bad debts (see instructions)		704,773	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		458,102	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		249,949	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		73,241,275	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)		-263,438	70.93
70.94	HRR adjustment amount (see instructions)		-44,002	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 7/15/2021 12:59 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)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		72,933,835	71.00
71.01	Sequestration adjustment (see instructions)		481,363	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			71.03
72.00	Interim payments		71,608,783	72.00
72.01	Interim payments-PARHM			72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		843,689	74.00
74.01	Balance due provider/program-PARHM (see instructions)			74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,870,468	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)			90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			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)			95.00
96.00	Time value of money for capital related expenses (see instructions)			96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/15/2021 12:59 pm

		Title XVIII		Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
	0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	39,025,411	0	39,025,411	39,025,411	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,463,546	0	16,463,546	16,463,546	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0	0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0	0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,071,740	0	1,071,740	1,071,740	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	166,429	0	166,429	166,429	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	26,899,846	0	18,830,677	8,069,169	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.212381	0.212381	0.212381	0.212381	5.00
6.00	IME payment adjustment (see instructions)	22.00	6,076,707	0	4,273,751	1,802,956	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,945,856	0	2,062,185	883,671	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000182	0.000182	0.000182	0.000182	7.00
8.00	IME adjustment (see instructions)	28.00	10,099	0	7,103	2,996	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	4,896	0	3,427	1,469	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,086,806	0	4,280,854	1,805,952	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,950,752	0	2,065,612	885,140	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1398	0.1398	0.1398	0.1398	10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,939,339	0	1,363,938	575,401	11.00
11.01	Uncompensated care payments	36.00	3,110,580	0	2,354,135	756,445	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	67,863,851	0	48,096,078	19,767,773	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	70,814,603	0	50,161,690	20,652,913	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,035,849	0	3,612,330	1,423,519	16.00
17.00	Special add-on payments for new technologies	54.00	223,647	0	0	223,647	17.00
17.01	Net organ acquisition cost						17.01

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
7/15/2021 12:59 pm

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)		
	0	1.00	2.00	3.00	4.00	5.00		
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	53,774,020	22,300,079	76,074,099	19.00
	W/S L, line	(Amounts from L)						
	0	1.00	2.00	3.00	4.00	5.00		
20.00	Capital DRG other than outlier	1.00	4,318,257	0	3,091,246	1,227,011	4,318,257	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	60,353	0	50,596	9,757	60,353	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0895	0.0895	0.0895	0.0895		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	386,484	0	276,667	109,817	386,484	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0627	0.0627	0.0627	0.0627		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	270,755	0	193,821	76,934	270,755	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,035,849	0	3,612,330	1,423,519	5,035,849	26.00
	W/S E, Part A line	(Amounts to E, Part A)						
	0	1.00	2.00	3.00	4.00	5.00		
27.00	Low volume adjustment factor			0.000000	0.000000			27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96		0			0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/15/2021 12:59 pm
---	-----------------------	---	--

		Title XVIII		Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	39,025,411	39,025,411		39,025,411	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	16,463,546		16,463,546	16,463,546	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00					2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	1,071,740	1,071,740		1,071,740	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	166,429		166,429	166,429	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	26,899,846	18,830,677	8,069,169	26,899,846	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.212381	0.212381	0.212381		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,076,707	4,273,751	1,802,956	6,076,707	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,945,856	2,062,185	883,671	2,945,856	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	IME payment adjustment factor (see instructions)	27.00	0.000182	0.000182	0.000182		7.00
8.00	IME adjustment (see instructions)	28.00	10,099	7,103	2,996	10,099	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	4,896	3,427	1,469	4,896	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	6,086,806	4,280,854	1,805,952	6,086,806	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,950,752	2,065,612	885,140	2,950,752	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1398	0.1398	0.1398		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,939,339	1,363,938	575,401	1,939,339	11.00
11.01	Uncompensated care payments	36.00	3,110,580	2,354,135	756,445	3,110,580	11.01
Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	67,863,851	48,096,078	19,767,773	67,863,851	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	70,814,603	50,161,690	20,652,913	70,814,603	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,035,849	3,612,330	1,423,519	5,035,849	16.00
17.00	Special add-on payments for new technologies	54.00	223,647	0	223,647	223,647	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			53,774,020	22,300,079	76,074,099	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Exhibit 5 Date/Time Prepared: 7/15/2021 12:59 pm
---	-----------------------	---	--

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	4,318,257	3,091,246	1,227,011	4,318,257	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	60,353	50,596	9,757	60,353	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0895	0.0895	0.0895		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	386,484	276,667	109,817	386,484	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0627	0.0627	0.0627		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	270,755	193,821	76,934	270,755	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,035,849	3,612,330	1,423,519	5,035,849	26.00
		Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
		0	1.00	2.00	3.00	4.00	
27.00							27.00
28.00	Low volume adjustment prior to October 1	70.96	0	0		0	28.00
29.00	Low volume adjustment on or after October 1	70.97	0		0	0	29.00
30.00	HVBP payment adjustment (see instructions)	70.93	-263,438	-178,597	-84,841	-263,438	30.00
30.01	HVBP payment adjustment for HSP bonus payment (see instructions)	70.90	0	0	0	0	30.01
31.00	HRR adjustment (see instructions)	70.94	-44,002	-27,315	-16,687	-44,002	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/15/2021 12:59 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		18,824	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		44,199,895	2.00
3.00	OPPS payments		39,735,915	3.00
4.00	Outlier payment (see instructions)		194,790	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		97,338	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		18,824	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		106,761	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)		106,761	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)		106,761	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		87,937	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)		18,824	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)		40,028,043	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,835,787	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)		33,211,080	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,451,949	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)		34,663,029	30.00
31.00	Primary payer payments		17,529	31.00
32.00	Subtotal (line 30 minus line 31)		34,645,500	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)		-62,884	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		-40,875	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-428,786	36.00
37.00	Subtotal (see instructions)		34,604,625	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-328	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)		34,604,953	40.00
40.01	Sequestration adjustment (see instructions)		228,393	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		35,230,310	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)		-853,750	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		9,736	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 7/15/2021 12:59 pm
		Component CCN: 15-T089	Title XVIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		25	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10	2.00
3.00	OPPS payments		37	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		25	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		141	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)		141	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)		141	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		116	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)		25	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)		37	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		62	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		62	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		62	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		62	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	39.50
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)		62	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		40.03	40.03
41.00	Interim payments		65	41.00
41.01	Interim payments-PARHM		41.01	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		42.01	42.01
43.00	Balance due provider/program (see instructions)		-3	43.00
43.01	Balance due provider/program-PARHM (see instructions)		43.01	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet E-1
Part I
Date/Time Prepared:
7/15/2021 12:59 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		71,608,783		35,159,110	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	09/02/2020	71,200	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		71,200	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)		71,608,783		35,230,310	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		843,689		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		853,750	6.02	
7.00	Total Medicare program liability (see instructions)		72,452,472		34,376,560	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
				0	1.00	2.00	
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

Period:
From 01/01/2020
To 12/31/2020

Worksheet E-1
Part I
Date/Time Prepared:
7/15/2021 12:59 pm

Title XVIII Subprovider - IRR 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		4,343,671		65	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,343,671		65	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		74,834		3	6.02
7.00	Total Medicare program liability (see instructions)		4,268,837		62	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 7/15/2021 12:59 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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2020 To 12/31/2020	Worksheet E-3 Part III Date/Time Prepared: 7/15/2021 12:59 pm
		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,076,771	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0169	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		103,142	3.00
4.00	Outlier Payments		159,239	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	5.01
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		12.265027	10.00
11.00	Teaching Adjustment Factor (see instructions)		0.000000	11.00
12.00	Teaching Adjustment (see instructions)		0	12.00
13.00	Total PPS Payment (see instructions)		4,339,152	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)		0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		0	15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)		0	16.00
17.00	Subtotal (see instructions)		4,339,152	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		4,339,152	19.00
20.00	Deductibles		16,896	20.00
21.00	Subtotal (line 19 minus line 20)		4,322,256	21.00
22.00	Coinurance		27,456	22.00
23.00	Subtotal (line 21 minus line 22)		4,294,800	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		1,986	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		1,291	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,296,091	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		1,108	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	31.50
31.99	Demonstration payment adjustment amount before sequestration		0	31.99
32.00	Total amount payable to the provider (see instructions)		4,297,199	32.00
32.01	Sequestration adjustment (see instructions)		28,362	32.01
32.02	Demonstration payment adjustment amount after sequestration		0	32.02
33.00	Interim payments		4,343,671	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)		-74,834	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		23,645	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4		159,239	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/15/2021 12:59 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.		57.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		12.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and plus applicable subscripts		69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)		63.19	6.00
7.00	Enter the lesser of line 5 or line 6		63.19	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	53.19	10.00	63.19	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	53.19	10.00	63.19	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	53.19	10.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	53.76	10.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	53.76	10.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	53.57	10.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	53.57	10.00		17.00
18.00	Per resident amount	106,140.69	100,505.93		18.00
19.00	Approved amount for resident costs	5,685,957	1,005,059	6,691,016	19.00

					1.00
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			4.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			104,570.91	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			6,691,016	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) (Title XIX - see S-2 Part IX, line 3, column 2)	02,	32,640	15,765	26.00
27.00	Total Inpatient Days (see instructions)		80,040	80,040	27.00
28.00	Ratio of inpatient days to total inpatient days		0.407796	0.196964	28.00
29.00	Program direct GME amount		2,728,570	1,317,889	4,046,459
29.01	Percent reduction for MA DGME			7.00	29.01
30.00	Reduction for direct GME payments for Medicare Advantage			92,252	92,252
31.00	Net Program direct GME amount			3,954,207	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 7/15/2021 12:59 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)		3,997,884	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		76,374,259	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)		31,133	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		76,343,126	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		44,316,092	42.00
43.00	Primary payer payments (see instructions)		17,529	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		44,298,563	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		120,641,689	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.632809	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.367191	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,954,207	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,502,258	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,451,949	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type provider CCN: 15-0089 Period: From 01/01/2020 To 12/31/2020 Worksheet G
 accounting records, complete the General Fund column only) Date/Time Prepared: 7/15/2021 12:59 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	325,087,965	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	51,289,647	0	0	0	4.00
5.00	Other receivable	-12,057,955	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	13,073,960	0	0	0	7.00
8.00	Prepaid expenses	1,773,171	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	379,166,788	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,072,523	0	0	0	12.00
13.00	Land improvements	3,429,715	0	0	0	13.00
14.00	Accumulated depreciation	-3,046,244	0	0	0	14.00
15.00	Buildings	364,668,716	0	0	0	15.00
16.00	Accumulated depreciation	-212,292,990	0	0	0	16.00
17.00	Leasehold improvements	429,120	0	0	0	17.00
18.00	Accumulated depreciation	-339,883	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	124,155,579	0	0	0	23.00
24.00	Accumulated depreciation	-86,739,241	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)	196,337,295	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	22,378,711	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,843,798	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	35,222,509	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	610,726,592	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,029,185	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,235,879	0	0	0	38.00
39.00	Payroll taxes payable	594,237	0	0	0	39.00
40.00	Notes and loans payable (short term)	177,586	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	55,919,210	0	0	0	42.00
43.00	Due to other funds	9,812,103	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	88,768,200	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	1,854,138	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,854,138	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	90,622,338	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	520,104,254	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	520,104,254	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	610,726,592	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-1

Date/Time Prepared:
7/15/2021 12:59 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		506,087,332		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		59,636,468		0		2.00
3.00	Total (sum of line 1 and line 2)		565,723,800				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)		565,723,800		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	UNRESTRICTED FUND BALANCE	34,076,172		0		0	13.00
14.00	RESTRICTED FUND BALANCE	11,543,370		0		0	14.00
15.00	ROUNDING	4		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)		45,619,546		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		520,104,254		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	UNRESTRICTED FUND BALANCE		0				13.00
14.00	RESTRICTED FUND BALANCE		0				14.00
15.00	ROUNDING		0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/15/2021 12:59 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	175,404,648		175,404,648	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	7,987,980		7,987,980	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	183,392,628		183,392,628	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	63,848,782		63,848,782	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	15,470,534		15,470,534	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	79,319,316		79,319,316	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	262,711,944		262,711,944	17.00
18.00	Ancillary services	569,638,533	771,431,519	1,341,070,052	18.00
19.00	Outpatient services	71,965,820	222,572,046	294,537,866	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PAVILLION PHARMACY AND PHYSICIAN	0	8,396,680	8,396,680	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	904,316,297	1,002,400,245	1,906,716,542	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		417,393,039		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)		417,393,039		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet G-3 Date/Time Prepared: 7/15/2021 12:59 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		1,906,716,542	1.00
2.00	Less contractual allowances and discounts on patients' accounts		1,467,721,224	2.00
3.00	Net patient revenues (line 1 minus line 2)		438,995,318	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		417,393,039	4.00
5.00	Net income from service to patients (line 3 minus line 4)		21,602,279	5.00
OTHER INCOME				
6.00	Contributions, donations, bequests, etc		0	6.00
7.00	Income from investments		0	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		0	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	MISCELLANEOUS INCOME		24,356,728	24.00
24.50	COVID-19 PHE Funding		13,677,461	24.50
25.00	Total other income (sum of lines 6-24)		38,034,189	25.00
26.00	Total (line 5 plus line 25)		59,636,468	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)		59,636,468	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0089	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 7/15/2021 12:59 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,318,257	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		60,353	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)		206.42	3.00
4.00	Number of interns & residents (see instructions)		62.71	4.00
5.00	Indirect medical education percentage (see instructions)		8.95	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)		386,484	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.10	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.92	8.00
9.00	Sum of lines 7 and 8		30.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.27	10.00
11.00	Disproportionate share adjustment (see instructions)		270,755	11.00
12.00	Total prospective capital payments (see instructions)		5,035,849	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