

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050
EXPIRES 03-31-2022

Table with 4 columns: HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY, Provider CCN: 15-0051, Period: From 01/01/2019 To 12/31/2019, Worksheet S Parts I-III Date/Time Prepared: 6/29/2020 8:56 am

PART I - COST REPORT STATUS

Provider use only: 1. [X] Electronically prepared cost report, 2. [] Manually prepared cost report, 3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report, 4. [F] Medicare Utilization. Enter "F" for full or "L" for low. Contractor use only: 5. [1] Cost Report Status, 6. Date Received, 7. Contractor No., 8. [N] Initial Report for this Provider CCN, 9. [N] Final Report for this Provider CCN, 10. NPR Date, 11. Contractor's Vendor Code, 12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH BLOOMINGTON HOSPITAL (15-0051) for the cost reporting period beginning 01/01/2019 and ending 12/31/2019 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

[X] 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) MICHAEL CRAIG
Officer or Administrator of Provider(s)

CHIEF FINANCIAL OFFICER
Title

(Dated when report is electronically signed.)
Date

Table with 7 columns: Cost Center Description, Title V, Title XVIII Part A, Title XVIII Part B, HIT, Title XIX, and a final column. Rows include PART III - SETTLEMENT SUMMARY, Hospital, Subprovider - IPF, Subprovider - IRF, SUBPROVIDER I, Swing Bed - SNF, Swing Bed - NF, HOME HEALTH AGENCY I, and Total.

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051			Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:56 am				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 601 WEST SECOND STREET			PO Box: 1149						1.00	
2.00	City: BLOOMINGTON			State: IN		Zip Code: 47402		County: MONROE		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	
				V	XVIII	XIX					
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	N	P	P	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2019	12/31/2019		20.00	
21.00	Type of Control (see instructions)						2		21.00		
							1.00	2.00	3.00		
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					Y	Y		22.01		
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.					N	N		22.02		
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	N		22.03		
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.										
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,621	666	2	58	11,957	50	24.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:56 am			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	61	2	0	0	303		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section 412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					N			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.								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.								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: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:56 am	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00		2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)					0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)					0.00	62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)					N	63.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0051

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

Worksheet S-2
Part I
Date/Time Prepared:
6/29/2020 8:56 am

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

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			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00	
			V 1.00	XIX 2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.00	
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00	
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00	
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:56 am
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	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:	392,550	0	0
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	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	5.00	122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	15H059	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part I Date/Time Prepared: 6/29/2020 8:56 am		
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: 46202-3082		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
						1.00	145.00	
						Y		
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.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
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	Part A	Part B	Title V	Title XIX	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	N	N	N	N	158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC	N	N	N	N	161.00		
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.								
						1.00	165.00	
						N		
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)								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
							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.								
						1.00	167.00	
						Y		
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)								
						1.00	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)								
						1.00	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)								
						1.00	169.00	
						9.99		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	170.00	
						1.00	171.00	
						Y		
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						1.00	171.00	
							1,194	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:56 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		03/20/2020		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.				Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.				N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				N		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/01/2020	Y	04/01/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:56 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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.				35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				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.				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.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				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.	INDIANA UNIVERSITY 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: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet S-2 Part II Date/Time Prepared: 6/29/2020 8:56 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR		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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:56 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	214	78,110	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)		214	78,110	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	14	5,110	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	18	6,570	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		262	95,630	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	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	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						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)		278				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)		12	4,380			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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:56 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
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)	16,995	1,212	43,602			1.00
2.00 HMO and other (see instructions)	6,931	11,447				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	403	305				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,995	1,212	43,602			7.00
8.00 INTENSIVE CARE UNIT	1,431	917	3,798			8.00
9.00 CORONARY CARE UNIT	2,528	0	3,605			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	283	3,139			12.00
13.00 NURSERY		1,445	3,025			13.00
14.00 Total (see instructions)	20,954	3,857	57,169	0.00	1,739.95	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	1,789	61	3,083	0.00	0.00	17.00
18.00 SUBPROVIDER		0	0	0.00	0.00	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	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			30			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)				0.00	1,739.95	27.00
28.00 Observation Bed Days		108	4,420			28.00
29.00 Ambulance Trips	8,057					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	50	1,416			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: 15-0051

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

Worksheet S-3
Part I
Date/Time Prepared:
6/29/2020 8:56 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,429	407	12,232	1.00
2.00 HMO and other (see instructions)			1,285	2,306		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				23		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	4,429	407	12,232	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0	129	1	230	17.00
18.00 SUBPROVIDER	0.00	0		0	0	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	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						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: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:56 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	111,131,595	-618,723	110,512,872	3,619,089.74	30.54
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		396,750	0	396,750	6,678.75	59.40
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		1,558,226	0	1,558,226	13,820.10	112.75
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		11,709,943	1,243,900	12,953,843	500,443.87	25.88
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,539,426	0	5,539,426	72,305.00	76.61
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,618,711	0	1,618,711	11,159.56	145.05
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		34,047,267	0	34,047,267	907,090.93	37.53
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)		29,846,700	0	29,846,700		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		4,412,951	0	4,412,951		
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		95,607	0	95,607		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		279,724	0	279,724		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		12,925,923	0	12,925,923		
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: 15-0051

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

Worksheet S-3
Part II
Date/Time Prepared:
6/29/2020 8:56 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	1,155,581	-65,738	1,089,843	8,525.80	127.83	26.00
27.00	Administrative & General	6,624,654	-537,658	6,086,996	108,027.60	56.35	27.00
28.00	Administrative & General under contract (see inst.)	2,891,442	0	2,891,442	11,910.00	242.77	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,095,495	-11,311	2,084,184	79,605.26	26.18	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,777,165	-8,119	1,769,046	123,053.51	14.38	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,204,112	-862,827	1,341,285	75,617.37	17.74	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	835,906	835,906	53,617.34	15.59	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	6,646,441	-105,502	6,540,939	196,037.57	33.37	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	5,507,601	-497,322	5,010,279	126,109.37	39.73	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	580,459	-4,598	575,861	29,919.67	19.25	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0051

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

Worksheet S-3
Part III
Date/Time Prepared:
6/29/2020 8:56 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	112,464,811	-618,723	111,846,088	3,617,179.64	30.92	1.00
2.00	Excluded area salaries (see instructions)	11,709,943	1,243,900	12,953,843	500,443.87	25.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	100,754,868	-1,862,623	98,892,245	3,116,735.77	31.73	3.00
4.00	Subtotal other wages & related costs (see inst.)	41,205,404	0	41,205,404	990,555.49	41.60	4.00
5.00	Subtotal wage-related costs (see inst.)	42,868,230	0	42,868,230	0.00	43.35	5.00
6.00	Total (sum of lines 3 thru 5)	184,828,502	-1,862,623	182,965,879	4,107,291.26	44.55	6.00
7.00	Total overhead cost (see instructions)	29,482,950	-1,257,169	28,225,781	812,423.49	34.74	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part IV Date/Time Prepared: 6/29/2020 8:56 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		4,071,938	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)		6,172,233	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)		14,605,498	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		485,416	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		48,770	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)		755,332	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		615,983	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		7,839,943	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		20,562	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		19,308	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		34,634,983	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: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet S-3 Part V Date/Time Prepared: 6/29/2020 8:56 am
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,539,426	34,634,983	1.00
2.00	Hospital	5,539,426	34,634,983	2.00
3.00	Subprovider - IPF			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	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			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: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet S-10 Date/Time Prepared: 6/29/2020 8:56 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.173988	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		46,792,816	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		296,890,768	6.00	
7.00	Medicaid cost (line 1 times line 6)		51,655,431	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)		4,862,615	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)		158	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		108,242	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		18,833	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)		18,675	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,881,290	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)	30,238,468	714,096	30,952,564	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	5,261,131	714,096	5,975,227	21.00
22.00	Payments received from patients for amounts previously written off as charity care	49,653	0	49,653	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,211,478	714,096	5,925,574	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)		20,734,107	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		970,660	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,493,324	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		19,240,783	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,870,329	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		9,795,903	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,677,193	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet A Date/Time Prepared: 6/29/2020 8:56 am	
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0	8,633,198	8,633,198	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	6,709,527	6,709,527	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,155,581	992,348	2,147,929	19,026,968	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,624,654	76,602,576	83,227,230	-991,403	5.00
7.00	00700	OPERATION OF PLANT	2,095,495	17,857,234	19,952,729	-6,775,814	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	157,355	157,355	-9,207	8.00
9.00	00900	HOUSEKEEPING	1,777,165	1,971,056	3,748,221	-679,353	9.00
10.00	01000	DIETARY	2,204,112	2,133,033	4,337,145	-2,124,115	10.00
11.00	01100	CAFETERIA	0	0	0	1,561,990	11.00
13.00	01300	NURSING ADMINISTRATION	6,646,441	3,099,834	9,746,275	-1,500,338	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	283,476	283,476	11,683,272	14.00
15.00	01500	PHARMACY	5,507,601	30,234,564	35,742,165	-29,544,367	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	109,656	109,656	-1,727	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	580,459	646,108	1,226,567	-556,216	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	142,916	56,405	199,321	156,899	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,202,115	13,224,055	35,426,170	-7,228,784	30.00
31.00	03100	INTENSIVE CARE UNIT	3,024,767	1,544,829	4,569,596	-1,163,065	31.00
32.00	03200	CORONARY CARE UNIT	2,309,404	958,429	3,267,833	-739,626	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,644,666	1,301,028	2,945,694	-570,717	35.00
41.00	04100	SUBPROVIDER - I RF	1,029,342	386,291	1,415,633	-287,438	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	731,623	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,560,267	27,349,221	32,909,488	-23,522,196	50.00
50.01	05001	CV SURGERY	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,106,378	1,190,320	4,296,698	-808,892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,917,033	1,414,151	4,331,184	-1,119,370	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,185,209	3,011,833	6,197,042	-2,632,172	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,422,367	3,212,802	5,635,169	-2,254,018	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	691,882	855,124	1,547,006	-732,506	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	435,523	816,368	1,251,891	-787,921	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,202,416	9,426,327	10,628,743	-9,001,759	59.00
60.00	06000	LABORATORY	0	15,563,272	15,563,272	-66,623	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,302,329	1,249,337	3,551,666	-1,047,908	65.00
66.00	06600	PHYSICAL THERAPY	6,383,316	2,618,231	9,001,547	-1,654,425	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	761,453	922,417	1,683,870	-799,591	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	168,544	1,262,697	1,431,241	-178,958	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,599,791	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	16,813,013	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	29,589,303	73.00
73.01	07302	OP PHARMACY	27,227	72,398	99,625	-15,716	73.01
74.00	07400	RENAL DIALYSIS	0	1,319,400	1,319,400	-29,418	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	591,257	161,795	753,052	-107,284	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,440,620	448,977	1,889,597	-422,418	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	3,476,206	2,019,862	5,496,068	-1,279,786	90.01
90.02	09002	WOUND CARE CENTER	477,081	405,424	882,505	-299,911	90.02
90.03	09003	PAIN CLINIC	180,583	245,356	425,939	-167,858	90.03
90.05	09005	OP PSYCH CLINIC	3,469,890	1,094,086	4,563,976	-412,137	90.05
91.00	09100	EMERGENCY	4,849,611	5,879,458	10,729,069	-2,306,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	8,422,324	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	5,268,606	3,493,659	8,762,265	-2,049,498	95.00
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	1,079,509	1,079,509	-1,079,509	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A

Date/Time Prepared:
6/29/2020 8:56 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	105,862,516	236,670,301	342,532,817	-443,205	342,089,612	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	125,497	199,307	324,804	-21,897	302,907	190.00
190.01	19001 PROMPTCARE	1,540,264	1,343,533	2,883,797	-732,136	2,151,661	190.01
190.02	19002 RENTAL PROPERTIES	0	44,142	44,142	-38,269	5,873	190.02
190.03	19003 OLCOTT	284,146	181,085	465,231	-89,785	375,446	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005 FOUNDATION	0	4,805	4,805	-1,684	3,121	190.05
190.06	19006 MARKETING	0	0	0	0	0	190.06
190.07	19007 HME STORE	0	2,308	2,308	-2,050	258	190.07
190.08	19008 UNUSED SPACE	0	0	0	54,423	54,423	190.08
190.09	19009 CLINICAL TRIALS	152,096	46,894	198,990	-37,280	161,710	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	3,152,059	2,768,186	5,920,245	-828,499	5,091,746	190.11
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	15,017	15,473	30,490	-5,189	25,301	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	0	0	0	697,081	697,081	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	0	0	0	1,316,555	1,316,555	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953 IU HEALTH SIP	0	0	0	131,935	131,935	194.03
194.04	07954 HOME CARE	0	35	35	0	35	194.04
194.05	07955 HOSPICE	0	18	18	0	18	194.05
200.00	TOTAL (SUM OF LINES 118 through 199)	111,131,595	241,276,087	352,407,682	0	352,407,682	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
6/29/2020 8:56 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-7,868,320	764,878	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	10,052,898	16,762,425	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,780,627	25,955,524	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-18,775,876	63,459,951	5.00
7.00	00700	OPERATION OF PLANT	-60,493	13,116,422	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	148,148	8.00
9.00	00900	HOUSEKEEPING	-38,000	3,030,868	9.00
10.00	01000	DIETARY	-242,131	1,970,899	10.00
11.00	01100	CAFETERIA	-1,078,534	483,456	11.00
13.00	01300	NURSING ADMINISTRATION	-79,248	8,166,689	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,966,748	14.00
15.00	01500	PHARMACY	-11,588	6,186,210	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	107,929	16.00
18.00	01850	SOCIAL SERVICES	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	0	670,351	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	32,817	389,037	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,081,135	23,116,251	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,406,531	31.00
32.00	03200	CORONARY CARE UNIT	-500	2,527,707	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-250,342	2,124,635	35.00
41.00	04100	SUBPROVIDER - I RF	0	1,128,195	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	731,623	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-1,354,201	8,033,091	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	-3,543	3,484,263	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,211,814	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-348	3,564,522	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-448,781	2,932,370	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	814,500	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	463,970	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,626,984	59.00
60.00	06000	LABORATORY	-396,253	15,100,396	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-1,844	2,501,914	65.00
66.00	06600	PHYSICAL THERAPY	-436,497	6,910,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-15,424	868,855	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-326,205	926,078	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,599,791	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,813,013	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	29,589,303	73.00
73.01	07302	OP PHARMACY	-400	83,509	73.01
74.00	07400	RENAL DIALYSIS	0	1,289,982	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	-12	645,756	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-32,779	1,434,400	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	-384,050	3,832,232	90.01
90.02	09002	WOUND CARE CENTER	0	582,594	90.02
90.03	09003	PAIN CLINIC	-244	257,837	90.03
90.05	09005	OP PSYCH CLINIC	-2,052,353	2,099,486	90.05
91.00	09100	EMERGENCY	-1,879,159	6,543,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	-292,174	6,420,593	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-26,244,092	315,845,520	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0051

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

Worksheet A
Date/Time Prepared:
6/29/2020 8:56 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	302,907	190.00
190.01	19001	PROMPTCARE	-25,025	2,126,636	190.01
190.02	19002	RENTAL PROPERTIES	0	5,873	190.02
190.03	19003	OLCOTT	0	375,446	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	3,121	190.05
190.06	19006	MARKETING	0	0	190.06
190.07	19007	HME STORE	0	258	190.07
190.08	19008	UNUSED SPACE	0	54,423	190.08
190.09	19009	CLINICAL TRIALS	0	161,710	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	5,091,746	190.11
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	25,301	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	697,081	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	1,316,555	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953	IU HEALTH SIP	0	131,935	194.03
194.04	07954	HOME CARE	0	35	194.04
194.05	07955	HOSPICE	0	18	194.05
200.00		TOTAL (SUM OF LINES 118 through 199)	-26,269,117	326,138,565	200.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
6/29/2020 8:56 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	19,244,770	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
0			0	19,244,770	
B - CAPITAL RELATED					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,563,191	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,353,747	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	612,586	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

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
6/29/2020 8:56 am

						Increases			
Cost Center		Line #	Salary	Other					
2.00		3.00	4.00	5.00					
32.00		0.00	0	0	0				32.00
33.00		0.00	0	0	0				33.00
34.00		0.00	0	0	0				34.00
35.00		0.00	0	0	0				35.00
36.00		0.00	0	0	0				36.00
37.00		0.00	0	0	0				37.00
38.00		0.00	0	0	0				38.00
39.00		0.00	0	0	0				39.00
40.00		0.00	0	0	0				40.00
41.00		0.00	0	0	0				41.00
42.00		0.00	0	0	0				42.00
43.00		0.00	0	0	0				43.00
0			0	13,529,524					
C - BILLABLE MEDICAL SUPPLIES									
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,599,791					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
0			0	9,599,791					
D - NONBILLABLE MEDICAL SUPPLIES									
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,943,196					1.00
2.00	OPERATION OF PLANT	7.00	0	3,794					2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	12					3.00
4.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	0	70					4.00
5.00	HME STORE	190.07	0	4					5.00
6.00	CLINICAL TRIALS	190.09	0	14					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

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
6/29/2020 8:56 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
0			0	11,947,090		
E - IMPLANTS SUPPLIES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	16,813,013		1.00
2.00	NURSING ADMINISTRATION	13.00	0	34		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
0			0	16,813,047		
F - LEASE EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,180,239		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	287,687		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	1,467,926		
G - BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	29,589,303		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

RECLASSIFICATIONS

Provider CCN: 15-0051

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

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	0		0	29,589,303	
H - NON-BILLABLE DRUGS					
1.00	NURSING ADMINISTRATION	13.00	0	811	1.00
2.00	PHARMACY	15.00	0	869,250	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
	0		0	870,061	
J - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,079,509	1.00
	0		0	1,079,509	
K - PHARMACY RESIDENCY					
1.00	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	170,611	13,052	1.00
2.00		0.00	0	0	2.00
	0		170,611	13,052	
L - PSYCH ADMIN					
1.00	OP PSYCH CLINIC	90.05	232,463	30,019	1.00
	0		232,463	30,019	
M - SOFTWARE LICENSE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	71,733	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	0		0	71,733	
N - CAFETERIA					
1.00	CAFETERIA	11.00	835,906	726,084	1.00
	0		835,906	726,084	
O - SHORT TERM DISABILITY/FLMA					
1.00	ADMINISTRATIVE & GENERAL	5.00		19,083	1.00
2.00	OPERATION OF PLANT	7.00		11,311	2.00
3.00	HOUSEKEEPING	9.00		8,119	3.00
4.00	DIETARY	10.00		15,985	4.00
5.00	NURSING ADMINISTRATION	13.00		41,027	5.00
6.00	PHARMACY	15.00		20,726	6.00
7.00	CENTRAL STERILIZATION	18.01		4,598	7.00
8.00	ADULTS & PEDIATRICS	30.00		85,349	8.00
9.00	INTENSIVE CARE UNIT	31.00		24,930	9.00
10.00	CORONARY CARE UNIT	32.00		20,155	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00		4,354	11.00
12.00	SUBPROVIDER - IRF	41.00		1,325	12.00
13.00	OPERATING ROOM	50.00		28,843	13.00
14.00	RECOVERY ROOM	51.00		36,521	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00		21,967	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00		26,775	16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00		19,592	17.00
18.00	CT SCAN	57.00		4,162	18.00

RECLASSIFICATIONS

Provider CCN: 15-0051

Period:
From 01/01/2019
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
19.00	CARDIAC CATHETERIZATION	59.00		6,862	19.00
20.00	RESPIRATORY THERAPY	65.00		367	20.00
21.00	PHYSICAL THERAPY	66.00		49,360	21.00
22.00	ELECTROCARDIOLOGY	69.00		594	22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00		2,321	23.00
24.00	CARDIAC REHABILITATION	76.97		3,937	24.00
25.00	CLINIC	90.00		19,454	25.00
26.00	OP ONCOLOGY INFUSION CENTER	90.01		26,114	26.00
27.00	WOUND CARE CENTER	90.02		3,402	27.00
28.00	PAIN CLINIC	90.03		293	28.00
29.00	OP PSYCH CLINIC	90.05		334	29.00
30.00	EMERGENCY	91.00		44,346	30.00
31.00	AMBULANCE SERVICES	95.00		48,567	31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00		2,201	32.00
33.00	PROMPTCARE	190.01		7,267	33.00
34.00	OLCOTT	190.03		7,148	34.00
35.00	COMMUNITY HEALTH SERVICES	190.11		1,334	35.00
	0		0	618,723	
P - UTILITIES EXPENSE					
1.00	OPERATION OF PLANT	7.00	0	321,915	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
	0		0	321,915	
Q - BCC DEPRECIATION					
1.00	RENTAL PROPERTIES	190.02	0	3,902	1.00
2.00	FOUNDATION	190.05	0	3,121	2.00
3.00	UNUSED SPACE	190.08	0	54,423	3.00
	TOTALS		0	61,446	
R - OCCUPATIONAL HEALTH ADMIN					
1.00	ADMINISTRATIVE & GENERAL	5.00	209,926	0	1.00
	0		209,926	0	
S - NURSERY					
1.00	NURSERY	43.00	641,908	89,715	1.00
2.00		0.00	0	0	2.00
	0		641,908	89,715	
T - BEDFORD ALLOCATION					
1.00	IU HEALTH BEDFORD HOSPITAL	194.01	883,599	432,956	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
	0		883,599	432,956	

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
U - PAOLI ALLOCATION					
1.00	IU HEALTH PAOLI HOSPITAL	194.00	467,458	229,623	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
	0		467,458	229,623	
V - LIBERTY BUILDING DEPRECIATION					
1.00	IU HEALTH SIP	194.03	0	131,935	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	131,935	
500.00	Grand Total: Increases		3,441,871	106,868,222	500.00

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	643,544	0		1.00
2.00	OPERATION OF PLANT	7.00	0	454,079	0		2.00
3.00	HOUSEKEEPING	9.00	0	577,694	0		3.00
4.00	DIETARY	10.00	0	493,293	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,089,454	0		5.00
6.00	PHARMACY	15.00	0	845,409	0		6.00
7.00	CENTRAL STERILIZATION	18.01	0	154,388	0		7.00
8.00	PARAMEDICAL PRGM-PHARMACY RESIDENCY	23.00	0	26,834	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	3,771,873	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	554,217	0		10.00
11.00	CORONARY CARE UNIT	32.00	0	368,696	0		11.00
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	344,217	0		12.00
13.00	SUBPROVIDER - IRF	41.00	0	219,138	0		13.00
14.00	OPERATING ROOM	50.00	0	948,058	0		14.00
15.00	RECOVERY ROOM	51.00	0	520,489	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	444,721	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	649,561	0		17.00
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	410,853	0		18.00
19.00	CT SCAN	57.00	0	122,668	0		19.00
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	95,067	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	190,798	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	385,736	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	953,901	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	135,404	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	30,222	0		25.00
26.00	OP PHARMACY	73.01	0	4,363	0		26.00
27.00	CARDIAC REHABILITATION	76.97	0	98,263	0		27.00
28.00	CLINIC	90.00	0	256,389	0		28.00
29.00	OP ONCOLOGY INFUSION CENTER	90.01	0	563,129	0		29.00
30.00	WOUND CARE CENTER	90.02	0	100,259	0		30.00
31.00	PAIN CLINIC	90.03	0	39,897	0		31.00
32.00	OP PSYCH CLINIC	90.05	0	591,147	0		32.00
33.00	EMERGENCY	91.00	0	846,351	0		33.00
34.00	AMBULANCE SERVICES	95.00	0	1,199,581	0		34.00
35.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	19,907	0		35.00
36.00	PROMPTCARE	190.01	0	270,493	0		36.00
37.00	OLCOTT	190.03	0	73,259	0		37.00
38.00	CLINICAL TRIALS	190.09	0	37,294	0		38.00
39.00	COMMUNITY HEALTH SERVICES	190.11	0	709,443	0		39.00
40.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,681	0		40.00
	0			19,244,770			
B - CAPITAL RELATED							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,099	9		1.00
2.00	OPERATION OF PLANT	7.00	0	6,500,927	9		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	9,219	0		3.00
4.00	HOUSEKEEPING	9.00	0	7,489	0		4.00
5.00	DIETARY	10.00	0	37,885	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	220,285	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	559	0		7.00
8.00	PHARMACY	15.00	0	135,143	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,696	0		9.00
10.00	CENTRAL STERILIZATION	18.01	0	78,858	0		10.00
11.00	ADULTS & PEDIATRICS	30.00	0	161,741	0		11.00
12.00	INTENSIVE CARE UNIT	31.00	0	64,505	0		12.00
13.00	CORONARY CARE UNIT	32.00	0	70,683	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	56,178	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	221	0		15.00
16.00	OPERATING ROOM	50.00	0	1,327,722	0		16.00
17.00	RECOVERY ROOM	51.00	0	13,918	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	116,986	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	848,898	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,165,556	0		20.00
21.00	CT SCAN	57.00	0	336,945	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	617,428	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	245,490	0		23.00
24.00	LABORATORY	60.00	0	42,559	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	175,680	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	25,092	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	273,471	0		27.00

RECLASSIFICATIONS

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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	71,014	0	28.00	
29.00	OP PHARMACY	73.01	0	9,200	0	29.00	
30.00	CARDIAC REHABILITATION	76.97	0	4,073	0	30.00	
31.00	CLINIC	90.00	0	18,584	0	31.00	
32.00	OP ONCOLOGY INFUSION CENTER	90.01	0	195,457	0	32.00	
33.00	WOUND CARE CENTER	90.02	0	28,357	0	33.00	
34.00	PAIN CLINIC	90.03	0	8,448	0	34.00	
35.00	OP PSYCH CLINIC	90.05	0	383	0	35.00	
36.00	EMERGENCY	91.00	0	297,813	0	36.00	
37.00	AMBULANCE SERVICES	95.00	0	330,108	0	37.00	
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,990	0	38.00	
39.00	PROMPTCARE	190.01	0	15,976	0	39.00	
40.00	RENTAL PROPERTIES	190.02	0	8,130	0	40.00	
41.00	OLCOTT	190.03	0	114	0	41.00	
42.00	HME STORE	190.07	0	2,054	0	42.00	
43.00	COMMUNITY HEALTH SERVICES	190.11	0	590	0	43.00	
0				13,529,524			
C - BILLABLE MEDICAL SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00		1,971	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00		708	0	2.00	
3.00	PHARMACY	15.00		8,008	0	3.00	
4.00	CENTRAL STERILIZATION	18.01		3,000	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00		212,961	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00		48,875	0	6.00	
7.00	CORONARY CARE UNIT	32.00		12,814	0	7.00	
8.00	NEONATAL INTENSIVE CARE UNIT	35.00		7,143	0	8.00	
9.00	SUBPROVIDER - IRF	41.00		2,800	0	9.00	
10.00	OPERATING ROOM	50.00		4,430,643	0	10.00	
11.00	RECOVERY ROOM	51.00		7,779	0	11.00	
12.00	DELIVERY ROOM & LABOR ROOM	52.00		176,067	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00		640,483	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00		5,734	0	14.00	
15.00	CT SCAN	57.00		10,923	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		758	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00		3,621,840	0	17.00	
18.00	RESPIRATORY THERAPY	65.00		16,224	0	18.00	
19.00	PHYSICAL THERAPY	66.00		17,247	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00		54	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00		1,145	0	21.00	
22.00	OP PHARMACY	73.01		180	0	22.00	
23.00	RENAL DIALYSIS	74.00		8,383	0	23.00	
24.00	CARDIAC REHABILITATION	76.97		278	0	24.00	
25.00	CLINIC	90.00		354	0	25.00	
26.00	OP ONCOLOGY INFUSION CENTER	90.01		185,345	0	26.00	
27.00	WOUND CARE CENTER	90.02		17,119	0	27.00	
28.00	PAIN CLINIC	90.03		13,979	0	28.00	
29.00	EMERGENCY	91.00		86,622	0	29.00	
30.00	AMBULANCE SERVICES	95.00		46,035	0	30.00	
31.00	PROMPTCARE	190.01		14,299	0	31.00	
32.00	COMMUNITY HEALTH SERVICES	190.11		20	0	32.00	
0				9,599,791			
D - NONBILLABLE MEDICAL SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9,350	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	4,472	0	2.00	
3.00	HOUSEKEEPING	9.00	0	93,804	0	3.00	
4.00	DIETARY	10.00	0	17,666	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	49,457	0	5.00	
6.00	PHARMACY	15.00	0	254,501	0	6.00	
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	31	0	7.00	
8.00	CENTRAL STERILIZATION	18.01	0	318,476	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	1,888,919	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	414,082	0	10.00	
11.00	CORONARY CARE UNIT	32.00	0	254,094	0	11.00	
12.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	155,171	0	12.00	
13.00	SUBPROVIDER - IRF	41.00	0	63,889	0	13.00	
14.00	OPERATING ROOM	50.00	0	4,934,076	0	14.00	
15.00	RECOVERY ROOM	51.00	0	223,259	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	305,656	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	156,011	0	17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	482,739	0	18.00	
19.00	CT SCAN	57.00	0	131,933	0	19.00	

RECLASSIFICATIONS

Provider CCN: 15-0051

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	11,639	0	20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	61,161	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	459,004	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	22,175	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	26,786	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	76,449	0	25.00
26.00	OP PHARMACY	73.01	0	1,973	0	26.00
27.00	RENAL DIALYSIS	74.00	0	14,460	0	27.00
28.00	CARDIAC REHABILITATION	76.97	0	4,634	0	28.00
29.00	CLINIC	90.00	0	818	0	29.00
30.00	OP ONCOLOGY INFUSION CENTER	90.01	0	198,721	0	30.00
31.00	WOUND CARE CENTER	90.02	0	72,514	0	31.00
32.00	PAIN CLINIC	90.03	0	36,375	0	32.00
33.00	OP PSYCH CLINIC	90.05	0	1,430	0	33.00
34.00	EMERGENCY	91.00	0	880,069	0	34.00
35.00	AMBULANCE SERVICES	95.00	0	193,942	0	35.00
36.00	PROMPTCARE	190.01	0	111,484	0	36.00
37.00	OLCOTT	190.03	0	1,412	0	37.00
38.00	COMMUNITY HEALTH SERVICES	190.11	0	14,248	0	38.00
39.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	210	0	39.00
	O		0	11,947,090		
E - IMPLANTS SUPPLIES						
1.00	CENTRAL STERILIZATION	18.01	0	1,493	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,186	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	713	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	303	0	4.00
5.00	SUBPROVIDER - IRF	41.00	0	190	0	5.00
6.00	OPERATING ROOM	50.00	0	11,745,636	0	6.00
7.00	RECOVERY ROOM	51.00	0	144	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	249,477	0	8.00
9.00	CT SCAN	57.00	0	1,253	0	9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	4,805,492	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	166	0	11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	128	0	12.00
13.00	OP ONCOLOGY INFUSION CENTER	90.01	0	4,709	0	13.00
14.00	WOUND CARE CENTER	90.02	0	7	0	14.00
15.00	EMERGENCY	91.00	0	1,150	0	15.00
	O		0	16,813,047		
F - LEASE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	21,876	10	1.00
2.00	OPERATION OF PLANT	7.00	0	146,517	10	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	256,292	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,596	0	4.00
5.00	LABORATORY	60.00	0	21,824	0	5.00
6.00	RESPIRATORY THERAPY	65.00	0	1,950	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	471,023	0	7.00
8.00	OP ONCOLOGY INFUSION CENTER	90.01	0	74,217	0	8.00
9.00	WOUND CARE CENTER	90.02	0	71,012	0	9.00
10.00	PAIN CLINIC	90.03	0	48,030	0	10.00
11.00	OP PSYCH CLINIC	90.05	0	81,648	0	11.00
12.00	AMBULANCE SERVICES	95.00	0	161,290	0	12.00
13.00	PROMPTCARE	190.01	0	33,111	0	13.00
14.00	COMMUNITY HEALTH SERVICES	190.11	0	71,540	0	14.00
	O		0	1,467,926		
G - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	94,672	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	2	0	2.00
3.00	PHARMACY	15.00	0	28,562,697	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	48	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	22	0	5.00
6.00	OPERATING ROOM	50.00	0	79,421	0	6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	124	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,012	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,664	0	9.00
10.00	CT SCAN	57.00	0	122,092	0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	61,551	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	64,702	0	12.00
13.00	LABORATORY	60.00	0	2,240	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	72	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	360,598	0	15.00
16.00	RENAL DIALYSIS	74.00	0	83	0	16.00
17.00	CARDIAC REHABILITATION	76.97	0	36	0	17.00

RECLASSIFICATIONS

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
18.00	CLINIC	90.00	0	33,947	0	18.00
19.00	OP ONCOLOGY INFUSION CENTER	90.01	0	1,591	0	19.00
20.00	WOUND CARE CENTER	90.02	0	10,643	0	20.00
21.00	PAIN CLINIC	90.03	0	14,793	0	21.00
22.00	EMERGENCY	91.00	0	1,357	0	22.00
23.00	AMBULANCE SERVICES	95.00	0	58,036	0	23.00
24.00	PROMPTCARE	190.01	0	76,540	0	24.00
25.00	COMMUNITY HEALTH SERVICES	190.11	0	3,296	0	25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	64	0	26.00
			0	29,589,303		
H - NON-BILLABLE DRUGS						
1.00	CENTRAL SERVICES & SUPPLY	14.00		2,365	0	1.00
2.00	CENTRAL STERILIZATION	18.01		1	0	2.00
3.00	ADULTS & PEDIATRICS	30.00		248,451	0	3.00
4.00	INTENSIVE CARE UNIT	31.00		80,640	0	4.00
5.00	CORONARY CARE UNIT	32.00		33,031	0	5.00
6.00	NEONATAL INTENSIVE CARE UNIT	35.00		8,003	0	6.00
7.00	SUBPROVIDER - IRF	41.00		1,200	0	7.00
8.00	OPERATING ROOM	50.00		56,557	0	8.00
9.00	RECOVERY ROOM	51.00		43,295	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00		24,178	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00		44,211	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00		3,167	0	12.00
13.00	CT SCAN	57.00		6,660	0	13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		1,451	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00		12,159	0	15.00
16.00	RESPIRATORY THERAPY	65.00		7,461	0	16.00
17.00	ELECTROCARDIOLOGY	69.00		3,273	0	17.00
18.00	RENAL DIALYSIS	74.00		6,492	0	18.00
19.00	CLINIC	90.00		15,570	0	19.00
20.00	OP ONCOLOGY INFUSION CENTER	90.01		53,846	0	20.00
21.00	PAIN CLINIC	90.03		638	0	21.00
22.00	EMERGENCY	91.00		193,362	0	22.00
23.00	AMBULANCE SERVICES	95.00		23,452	0	23.00
24.00	PROMPTCARE	190.01		302	0	24.00
25.00	COMMUNITY HEALTH SERVICES	190.11		296	0	25.00
			0	870,061		
J - INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	1,079,509	11	1.00
			0	1,079,509		
K - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	156,990	12,010	0	1.00
2.00	CLINIC	90.00	13,621	1,042	0	2.00
			170,611	13,052		
L - PSYCH ADMIN						
1.00	ADULTS & PEDIATRICS	30.00	232,463	30,019	0	1.00
			232,463	30,019		
M - SOFTWARE LICENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,774	14	1.00
2.00	NURSING ADMINISTRATION	13.00	0	49,493	0	2.00
3.00	PHARMACY	15.00	0	266	0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	275	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	1,650	0	5.00
6.00	AMBULANCE SERVICES	95.00	0	1,000	0	6.00
7.00	OLCOTT	190.03	0	15,000	0	7.00
8.00	COMMUNITY HEALTH SERVICES	190.11	0	275	0	8.00
			0	71,733		
N - CAFETERIA						
1.00	DIETARY	10.00	835,906	726,084	0	1.00
			835,906	726,084		
O - SHORT TERM DISABILITY/FLMA						
1.00	ADMINISTRATIVE & GENERAL	5.00	19,083	0	0	1.00
2.00	OPERATION OF PLANT	7.00	11,311	0	0	2.00
3.00	HOUSEKEEPING	9.00	8,119	0	0	3.00
4.00	DIETARY	10.00	15,985	0	0	4.00
5.00	NURSING ADMINISTRATION	13.00	41,027	0	0	5.00
6.00	PHARMACY	15.00	20,726	0	0	6.00
7.00	CENTRAL STERILIZATION	18.01	4,598	0	0	7.00
8.00	ADULTS & PEDIATRICS	30.00	85,349	0	0	8.00
9.00	INTENSIVE CARE UNIT	31.00	24,930	0	0	9.00
10.00	CORONARY CARE UNIT	32.00	20,155	0	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	4,354	0	0	11.00
12.00	SUBPROVIDER - IRF	41.00	1,325	0	0	12.00

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
13.00	OPERATING ROOM	50.00	28,843	0	0		13.00
14.00	RECOVERY ROOM	51.00	36,521	0	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	21,967	0	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	26,775	0	0		16.00
17.00	RADIOLOGY-THERAPEUTIC	55.00	19,592	0	0		17.00
18.00	CT SCAN	57.00	4,162	0	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	6,862	0	0		19.00
20.00	RESPIRATORY THERAPY	65.00	367	0	0		20.00
21.00	PHYSICAL THERAPY	66.00	49,360	0	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	594	0	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	2,321	0	0		23.00
24.00	CARDIAC REHABILITATION	76.97	3,937	0	0		24.00
25.00	CLINIC	90.00	19,454	0	0		25.00
26.00	OP ONCOLOGY INFUSION CENTER	90.01	26,114	0	0		26.00
27.00	WOUND CARE CENTER	90.02	3,402	0	0		27.00
28.00	PAIN CLINIC	90.03	293	0	0		28.00
29.00	OP PSYCH CLINIC	90.05	334	0	0		29.00
30.00	EMERGENCY	91.00	44,346	0	0		30.00
31.00	AMBULANCE SERVICES	95.00	48,567	0	0		31.00
32.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	2,201	0	0		32.00
33.00	PROMPTCARE	190.01	7,267	0	0		33.00
34.00	OLCOTT	190.03	7,148	0	0		34.00
35.00	COMMUNITY HEALTH SERVICES	190.11	1,334	0	0		35.00
			618,723	0			
P - UTILITIES EXPENSE							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	858	0		2.00
3.00	HOUSEKEEPING	9.00	0	366	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	90	0		4.00
5.00	PHARMACY	15.00	0	14	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	127	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	11	0		7.00
8.00	CORONARY CARE UNIT	32.00	0	5	0		8.00
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	5	0		9.00
10.00	OPERATING ROOM	50.00	0	83	0		10.00
11.00	RECOVERY ROOM	51.00	0	8	0		11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,923	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	166,030	0		14.00
15.00	CT SCAN	57.00	0	32	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	27	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	117	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	37	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	26,730	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	5	0		20.00
21.00	OP ONCOLOGY INFUSION CENTER	90.01	0	2,771	0		21.00
22.00	PAIN CLINIC	90.03	0	5,698	0		22.00
23.00	OP PSYCH CLINIC	90.05	0	11	0		23.00
24.00	EMERGENCY	91.00	0	21	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	36,054	0		25.00
26.00	PROMPTCARE	190.01	0	5	0		26.00
27.00	RENTAL PROPERTIES	190.02	0	34,041	0		27.00
28.00	FOUNDATION	190.05	0	4,805	0		28.00
29.00	COMMUNITY HEALTH SERVICES	190.11	0	28,791	0		29.00
30.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	234	0		30.00
			0	321,915			
Q - BCC DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	61,446	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	61,446			
R - OCCUPATIONAL HEALTH ADMIN							
1.00	PROMPTCARE	190.01	209,926	0	0		1.00
			209,926	0			
S - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	614,016	65,980	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	27,892	23,735	0		2.00
			641,908	89,715			
T - BEDFORD ALLOCATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	42,056	29,389	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	474,967	265,790	0		2.00
3.00	DIETARY	10.00	10,936	2,345	0		3.00

RECLASSIFICATIONS

Provider CCN: 15-0051

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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	NURSING ADMINISTRATION	13.00	43,768	17,284	0		4.00
5.00	PHARMACY	15.00	242,804	89,849	0		5.00
6.00	PHYSICAL THERAPY	66.00	32,525	8,202	0		6.00
7.00	CLINIC	90.00	36,543	20,097	0		7.00
	0		883,599	432,956			
U - PAOLI ALLOCATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	23,682	16,549	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	253,534	145,100	0		2.00
3.00	NURSING ADMINISTRATION	13.00	20,707	8,672	0		3.00
4.00	PHARMACY	15.00	76,802	29,124	0		4.00
5.00	PHYSICAL THERAPY	66.00	76,311	21,147	0		5.00
6.00	CLINIC	90.00	16,422	9,031	0		6.00
	0		467,458	229,623			
V - LIBERTY BUILDING DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	128,295	9		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,640	9		2.00
	TOTALS		0	131,935			
500.00	Grand Total: Decreases		4,060,594	106,249,499			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

Period:
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Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,741,447	0	0	0	0	1.00
2.00	Land Improvements	2,058,207	0	0	0	0	2.00
3.00	Buildings and Fixtures	150,733,671	0	0	0	0	3.00
4.00	Building Improvements	11,327,645	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	138,770,538	4,504,965	0	4,504,965	11,657,226	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	322,631,508	4,504,965	0	4,504,965	11,657,226	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	322,631,508	4,504,965	0	4,504,965	11,657,226	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	19,741,447	0				1.00
2.00	Land Improvements	2,058,207	0				2.00
3.00	Buildings and Fixtures	150,733,671	0				3.00
4.00	Building Improvements	11,327,645	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	131,618,277	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	315,479,247	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	315,479,247	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

Period:
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To 12/31/2019

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0051

Period:
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Worksheet A-7
Part III
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	183,860,970	0	183,860,970	0.582799	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	131,618,277	0	131,618,277	0.417201	0	2.00
3.00	Total (sum of lines 1-2)	315,479,247	0	315,479,247	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	7,838,618	1,180,239	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	16,403,005	287,687	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,241,623	1,467,926	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-8,253,979	0	0	0	764,878	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	71,733	16,762,425	2.00
3.00	Total (sum of lines 1-2)	-8,253,979	0	0	71,733	17,527,303	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
6/29/2020 8:56 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-8,630,627	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			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	-17,565,784				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	44,136,664				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests		0			0.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts		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	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** 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	-6,932	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0051

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

Worksheet A-8

Date/Time Prepared:
6/29/2020 8:56 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
33.01	MI SCCELLANEOUS INCOME	B	-222,111	ADMINISTRATIVE & GENERAL	5.00	0 33.01
33.02	MI SCCELLANEOUS INCOME	B	-58,928	OPERATION OF PLANT	7.00	0 33.02
33.03	MI SCCELLANEOUS INCOME	B	-38,000	HOUSEKEEPING	9.00	0 33.03
33.04	MI SCCELLANEOUS INCOME	B	-241,636	DIETARY	10.00	0 33.04
33.05	MI SCCELLANEOUS INCOME	B	-79,353	NURSING ADMINISTRATION	13.00	0 33.05
33.06	MI SCCELLANEOUS INCOME	B	-10,693	PHARMACY	15.00	0 33.06
33.07	MI SCCELLANEOUS INCOME	B	-18,459	ADULTS & PEDIATRICS	30.00	0 33.07
33.08	MI SCCELLANEOUS INCOME	B	-150	OPERATING ROOM	50.00	0 33.08
33.09	MI SCCELLANEOUS INCOME	B	-396,253	LABORATORY	60.00	0 33.09
33.10	MI SCCELLANEOUS INCOME	B	-199,946	PHYSICAL THERAPY	66.00	0 33.10
33.11	MI SCCELLANEOUS INCOME	B	-45,000	ELECTROENCEPHALOGRAPHY	70.00	0 33.11
33.12	MI SCCELLANEOUS INCOME	B	-12	CARDIAC REHABILITATION	76.97	0 33.12
33.13	MI SCCELLANEOUS INCOME	B	-32,779	CLINIC	90.00	0 33.13
33.14	MI SCCELLANEOUS INCOME	B	-384,050	OPONCOLOGY INFUSION CENTER	90.01	0 33.14
33.15	MI SCCELLANEOUS INCOME	B	-244	PAIN CLINIC	90.03	0 33.15
33.16	MI SCCELLANEOUS INCOME	B	-1,302,844	OP PSYCH CLINIC	90.05	0 33.16
33.17	MI SCCELLANEOUS INCOME	B	-285,535	AMBULANCE SERVICES	95.00	0 33.17
33.18	MI SCCELLANEOUS INCOME	B	-25,025	PROMPTCARE	190.01	0 33.18
33.19	ACCRUED PTO	A	-723,462	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.19
33.20	ACCRUED PTO	A	105	NURSING ADMINISTRATION	13.00	0 33.20
33.21	ACCRUED PTO	A	-6,366	ADULTS & PEDIATRICS	30.00	0 33.21
33.22	UNNECESSARY BORROWING	A	-698,550	CAP REL COSTS-BLDG & FIXT	1.00	11 33.22
33.23	TELEPHONE EXPENSE	A	-495	DIETARY	10.00	0 33.23
33.24	TELEPHONE EXPENSE	A	-895	PHARMACY	15.00	0 33.24
33.25	TELEPHONE EXPENSE	A	-2,723	ADULTS & PEDIATRICS	30.00	0 33.25
33.26	TELEPHONE EXPENSE	A	-500	CORONARY CARE UNIT	32.00	0 33.26
33.27	TELEPHONE EXPENSE	A	-3,543	RECOVERY ROOM	51.00	0 33.27
33.28	TELEPHONE EXPENSE	A	-1,844	RESPIRATORY THERAPY	65.00	0 33.28
33.29	TELEPHONE EXPENSE	A	-50	PHYSICAL THERAPY	66.00	0 33.29
33.30	TELEPHONE EXPENSE	A	-400	OP PHARMACY	73.01	0 33.30
33.31	TELEPHONE EXPENSE	A	-148	EMERGENCY	91.00	0 33.31
33.32	BENEFIT EXPENSE	A	-19,305,373	EMPLOYEE BENEFITS DEPARTMENT	4.00	9 33.32
33.33	CONTRIBUTION EXPENSE	A	-5,000	ADMINISTRATIVE & GENERAL	5.00	0 33.33
33.34	PHYSICIAN RECRUITMENT	A	-18,219	ADMINISTRATIVE & GENERAL	5.00	0 33.34
33.35	PHYSICIAN RECRUITMENT	A	-348	RADIOLOGY-DIAGNOSTIC	54.00	0 33.35
33.36	HAF FEES	A	-14,488,042	ADMINISTRATIVE & GENERAL	5.00	0 33.36
33.37	CAFETERIA REVENUE	B	-1,078,534	CAFETERIA	11.00	0 33.37
33.38	WEGMI LLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-BLDG & FIXT	1.00	11 33.38
33.39	1983 CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-BLDG & FIXT	1.00	11 33.39
33.40	OTHER CARRYFORWARD ADJUSTMENTS	A	104,578	CAP REL COSTS-BLDG & FIXT	1.00	9 33.40
33.41	PENALTY TAX	A	-50	ADMINISTRATIVE & GENERAL	5.00	0 33.41
33.42	PENALTY TAX	A	-1,565	OPERATION OF PLANT	7.00	0 33.42
33.43	START UP COSTS	A	-4,365,008	ADMINISTRATIVE & GENERAL	5.00	0 33.43
33.44	UNWONTED SITUATIONS	A	-3,600	ADMINISTRATIVE & GENERAL	5.00	0 33.44
33.45	NONALLOWABLE MARKETING	A	-282,395	ADMINISTRATIVE & GENERAL	5.00	0 33.45
33.46	NONALLOWABLE MARKETING	A	-840	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	0 33.46
33.47	NONALLOWABLE MARKETING	A	-36	ADULTS & PEDIATRICS	30.00	0 33.47
33.48	NONALLOWABLE MARKETING	A	-788	OPERATING ROOM	50.00	0 33.48
33.49	NONALLOWABLE MARKETING	A	-36	OP PSYCH CLINIC	90.05	0 33.49
33.50	NONALLOWABLE MARKETING	A	-6,639	AMBULANCE SERVICES	95.00	0 33.50
33.51	SIP PHARMACY RESIDENCY	A	33,657	PARAMED ED PRGM-PHARMACY RESIDENCY	23.00	0 33.51
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,269,117			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: 15-0051

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

Worksheet A-8-1

Date/Time Prepared: 6/29/2020 8:56 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HO ALLOCATION	2,440,099	1,079,509	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HO ALLOCATION	10,052,898	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HO ALLOCATION	24,866,531	50,137	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	HO ALLOCATION	56,354,034	52,311,436	4.00
4.01	91.00	EMERGENCY	SIP ER	6,279,464	2,415,280	4.01
4.02	5.00	ADMINISTRATIVE & GENERAL	SHARED EMPLOYEES	818,419	818,419	4.02
4.03	30.00	ADULTS & PEDIATRICS	SHARED EMPLOYEES	4,408,438	4,408,438	4.03
4.04	35.00	NEONATAL INTENSIVE CARE UNIT	SHARED EMPLOYEES	549,724	549,724	4.04
4.05	50.00	OPERATING ROOM	SHARED EMPLOYEES	1,797,320	1,797,320	4.05
4.06	51.00	RECOVERY ROOM	SHARED EMPLOYEES	54,660	54,660	4.06
4.07	55.00	RADIOLOGY-THERAPEUTIC	SHARED EMPLOYEES	521,917	521,917	4.07
4.08	57.00	CT SCAN	SHARED EMPLOYEES	17,500	17,500	4.08
4.09	60.00	LABORATORY	SHARED EMPLOYEES	14,520,554	14,520,554	4.09
4.10	66.00	PHYSICAL THERAPY	SHARED EMPLOYEES	-97,926	-97,926	4.10
4.11	70.00	ELECTROENCEPHALOGRAPHY	SHARED EMPLOYEES	1,018,056	1,018,056	4.11
4.12	90.01	OP ONCOLOGY INFUSION CENTER	SHARED EMPLOYEES	480,973	480,973	4.12
4.13	90.05	OP PSYCH CLINIC	SHARED EMPLOYEES	50,585	50,585	4.13
4.14	91.00	EMERGENCY	SHARED EMPLOYEES	53,863	53,863	4.14
4.16	95.00	AMBULANCE SERVICES	SHARED EMPLOYEES	131,290	131,290	4.16
4.17	190.01	PROMPTCARE	SHARED EMPLOYEES	411,479	411,479	4.17
4.18	190.09	CLINICAL TRIALS	SHARED EMPLOYEES	-5,950	-5,950	4.18
4.19	190.11	COMMUNITY HEALTH SERVICES	SHARED EMPLOYEES	29,028	29,028	4.19
4.20	192.00	PHYSICIANS' PRIVATE OFFICES	SHARED EMPLOYEES	9,113	9,113	4.20
5.00	0			124,762,069	80,625,405	5.00

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

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

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

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

6.00	C		0.00	IU HEALTH SIP	0.00	6.00
7.00	C		0.00	IU HEALTH PAOLI	0.00	7.00
8.00	B	IU HEALTH	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: 15-0051

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

Worksheet A-8-1

Date/Time Prepared:
6/29/2020 8:56 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	1,360,590	9	1.00
2.00	10,052,898	9	2.00
3.00	24,816,394	0	3.00
4.00	4,042,598	0	4.00
4.01	3,864,184	0	4.01
4.02	0	0	4.02
4.03	0	0	4.03
4.04	0	0	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
4.16	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
5.00	44,136,664		5.00

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

Related Organization(s) and/or Home Office	Type of Business
	6.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

6.00	PHYSICIAN GROUP	6.00
7.00	HOSPITAL	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: 15-0051

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

Worksheet A-8-2

Date/Time Prepared:
6/29/2020 8:56 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	3,434,049	3,434,049	0	211,500	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	5,131,688	5,053,551	78,137	211,500	970	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	540,301	250,342	289,959	169,700	4,441	3.00
4.00	50.00	OPERATING ROOM	1,353,263	1,353,263	0	246,400	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	448,781	448,781	0	271,900	0	5.00
6.00	66.00	PHYSICAL THERAPY	269,650	180,885	88,765	211,500	326	6.00
7.00	69.00	ELECTROCARDIOLOGY	58,861	15,424	43,437	181,300	730	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	281,205	281,205	0	271,900	0	8.00
9.00	90.05	OP PSYCH CLINIC	1,024,649	749,473	275,176	181,300	4,979	9.00
10.00	91.00	EMERGENCY	5,743,195	5,743,195	0	211,500	0	10.00
200.00			18,285,642	17,510,168	775,474		11,446	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	98,632	4,932	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	362,326	18,116	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	5.00
6.00	66.00	PHYSICAL THERAPY	33,149	1,657	0	0	0	6.00
7.00	69.00	ELECTROCARDIOLOGY	63,629	3,181	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	8.00
9.00	90.05	OP PSYCH CLINIC	433,987	21,699	0	0	0	9.00
10.00	91.00	EMERGENCY	0	0	0	0	0	10.00
200.00			991,723	49,585	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	3,434,049		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	98,632	0	5,053,551		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	362,326	0	250,342		3.00
4.00	50.00	OPERATING ROOM	0	0	0	1,353,263		4.00
5.00	55.00	RADIOLOGY-THERAPEUTIC	0	0	0	448,781		5.00
6.00	66.00	PHYSICAL THERAPY	0	33,149	55,616	236,501		6.00
7.00	69.00	ELECTROCARDIOLOGY	0	63,629	0	15,424		7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	281,205		8.00
9.00	90.05	OP PSYCH CLINIC	0	433,987	0	749,473		9.00
10.00	91.00	EMERGENCY	0	0	0	5,743,195		10.00
200.00			0	991,723	55,616	17,565,784		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
Date/Time Prepared:
6/29/2020 8:56 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	764,878	764,878			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	16,762,425		16,762,425		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	25,955,524	5,982	137,853	26,099,359	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	63,459,951	146,298	3,371,386	1,451,858	5.00
7.00 00700	OPERATION OF PLANT	13,116,422	122,213	2,816,328	497,115	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	148,148	1,370	31,573	0	8.00
9.00 00900	HOUSEKEEPING	3,030,868	2,966	68,339	421,949	9.00
10.00 01000	DIETARY	1,970,899	6,881	158,568	319,921	10.00
11.00 01100	CAFETERIA	483,456	5,117	117,922	199,379	11.00
13.00 01300	NURSING ADMINISTRATION	8,166,689	14,220	327,700	1,560,132	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,966,748	4,621	106,496	0	14.00
15.00 01500	PHARMACY	6,186,210	3,853	88,799	1,195,042	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	107,929	2,870	66,144	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	670,351	2,645	60,950	137,353	18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	389,037	933	21,499	74,782	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	23,116,251	98,484	2,269,521	5,073,344	30.00
31.00 03100	INTENSIVE CARE UNIT	3,406,531	8,739	201,390	715,515	31.00
32.00 03200	CORONARY CARE UNIT	2,527,707	11,450	263,869	546,027	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,124,635	5,804	133,757	391,244	35.00
41.00 04100	SUBPROVIDER - I R F	1,128,195	10,342	238,333	245,201	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	731,623	4,033	92,934	153,107	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,033,091	41,770	962,561	1,319,344	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	3,484,263	2,947	67,907	732,216	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,211,814	28,407	654,616	683,873	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,564,522	16,561	381,634	753,343	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	2,932,370	19,454	448,307	573,105	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	814,500	1,147	26,438	164,034	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	463,970	1,651	38,040	103,880	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,626,984	5,509	126,957	285,161	59.00
60.00 06000	LABORATORY	15,100,396	14,861	342,457	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,501,914	1,123	25,870	549,059	65.00
66.00 06600	PHYSICAL THERAPY	6,910,625	8,194	188,828	1,484,803	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	868,855	2,086	48,074	181,479	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	926,078	3,682	84,840	39,647	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,599,791	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	16,813,013	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	29,589,303	0	0	0	73.00
73.01 07302	OP PHARMACY	83,509	0	0	6,494	73.01
74.00 07400	RENAL DIALYSIS	1,289,982	670	15,443	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	645,756	3,197	73,669	140,086	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,434,400	17,887	412,207	323,092	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	3,832,232	16,219	373,756	822,909	90.01
90.02 09002	WOUND CARE CENTER	582,594	3,972	91,523	112,981	90.02
90.03 09003	PAIN CLINIC	257,837	2,551	58,794	43,002	90.03
90.05 09005	OP PSYCH CLINIC	2,099,486	10,313	237,647	882,998	90.05
91.00 09100	EMERGENCY	6,543,165	22,518	518,919	1,146,142	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	6,420,593	12,036	277,372	1,245,073	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	315,845,520	695,576	16,029,220	24,574,690	313,518,344	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	302,907	802	18,481	29,408	351,598	190.00
190.01 19001 PROMPTCARE	2,126,636	5,473	126,133	315,576	2,573,818	190.01
190.02 19002 RENTAL PROPERTIES	5,873	15,101	0	0	20,974	190.02
190.03 19003 OLCOTT	375,446	2,339	0	66,069	443,854	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	3,121	1,021	0	0	4,142	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	258	0	0	0	258	190.07
190.08 19008 UNUSED SPACE	54,423	0	0	0	54,423	190.08
190.09 19009 CLINICAL TRIALS	161,710	425	0	36,278	198,413	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	5,091,746	12,096	0	751,505	5,855,347	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	25,301	0	0	3,582	28,883	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	697,081	8,872	204,448	111,497	1,021,898	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	1,316,555	16,670	384,143	210,754	1,928,122	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	131,935	383	0	0	132,318	194.03
194.04 07954 HOME CARE	35	2,041	0	0	2,076	194.04
194.05 07955 HOSPICE	18	4,079	0	0	4,097	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	326,138,565	764,878	16,762,425	26,099,359	326,138,565	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/29/2020 8:56 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	68,429,493				5.00
7.00	00700	OPERATION OF PLANT	4,395,073	20,947,151			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	48,085	58,524	287,700		8.00
9.00	00900	HOUSEKEEPING	935,760	126,674	25	4,586,581	9.00
10.00	01000	DIETARY	652,213	293,926	25	8,772	3,411,205
11.00	01100	CAFETERIA	213,984	218,582	0	7,937	0
13.00	01300	NURSING ADMINISTRATION	2,673,553	607,432	20	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,207,035	197,404	0	0	0
15.00	01500	PHARMACY	1,984,546	164,600	653	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	46,984	122,605	0	16,709	0
18.00	01850	SOCIAL SERVICES	0	0	0	0	0
18.01	01851	CENTRAL STERILIZATION	231,356	112,978	1,008	0	0
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	129,114	39,851	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,113,962	4,206,832	90,243	2,146,670	2,749,877
31.00	03100	INTENSIVE CARE UNIT	1,150,322	373,301	12,282	167,089	239,531
32.00	03200	CORONARY CARE UNIT	889,274	489,113	9,219	0	227,359
35.00	02060	NEONATAL INTENSIVE CARE UNIT	705,099	247,935	1,958	0	0
41.00	04100	SUBPROVIDER - I RF	430,709	441,778	7,038	133,671	194,438
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	260,670	172,265	3,068	78,114	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,750,032	1,784,224	28,021	434,430	0
50.01	05001	CV SURGERY	0	0	0	0	0
51.00	05100	RECOVERY ROOM	1,138,416	125,875	24,831	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,215,785	1,213,410	14,283	264,835	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,252,255	707,405	21,799	133,671	0
55.00	05500	RADIOLOGY-THERAPEUTIC	1,055,013	830,991	301	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	267,155	49,006	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	161,320	70,512	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	542,906	235,329	5,471	0	0
60.00	06000	LABORATORY	4,104,487	634,786	50	66,835	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	817,292	47,952	0	0	0
66.00	06600	PHYSICAL THERAPY	2,281,553	350,015	37	41,772	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	292,214	89,111	3,865	133,671	0
70.00	07000	ELECTROENCEPHALOGRAPHY	279,934	157,262	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,549,033	0	0	100,253	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,464,359	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	7,856,848	0	0	50,127	0
73.01	07302	OP PHARMACY	23,898	0	0	0	0
74.00	07400	RENAL DIALYSIS	346,807	28,626	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	229,075	136,555	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	580,870	764,076	0	0	0
90.01	09001	OP ONCOLOGY INFUSION CENTER	1,339,630	692,801	1,277	41,772	0
90.02	09002	WOUND CARE CENTER	210,053	169,649	0	33,418	0
90.03	09003	PAIN CLINIC	96,171	108,982	0	0	0
90.05	09005	OP PSYCH CLINIC	857,780	440,507	0	0	0
91.00	09100	EMERGENCY	2,185,509	961,879	46,724	685,063	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	2,112,311	514,143	15,502	0	0
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	65,078,445	17,986,896	287,700	4,544,809	3,411,205
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93,360	34,257	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	683,426	233,804	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	5,569	645,067	0	0	0	190.02
190.03	19003	OLCOTT	117,857	99,901	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,100	43,593	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	69	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	14,451	0	0	41,772	0	190.08
190.09	19009	CLINICAL TRIALS	52,685	18,164	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	1,554,770	516,686	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,669	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	271,345	378,968	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	511,974	712,055	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	35,134	16,347	0	0	0	194.03
194.04	07954	HOME CARE	551	87,186	0	0	0	194.04
194.05	07955	HOSPICE	1,088	174,227	0	0	0	194.05
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)	68,429,493	20,947,151	287,700	4,586,581	3,411,205	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet B Part I Date/Time Prepared: 6/29/2020 8:56 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,246,377					11.00
13.00	01300	NURSING ADMINISTRATION	73,708	13,423,454				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	15,482,304			14.00
15.00	01500	PHARMACY	47,416	0	109,036	9,780,155		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	12	0	363,253	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	11,250	0	131,446	0	0	18.01
23.00	02301	PARAMED ED PRGM-PHARMACY RESIDENCY	3,285	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	285,819	5,665,763	744,742	79,506	35,874	30.00
31.00	03100	INTENSIVE CARE UNIT	37,444	744,100	167,720	25,895	4,356	31.00
32.00	03200	CORONARY CARE UNIT	30,746	630,062	103,247	10,607	4,010	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19,789	421,621	64,646	2,570	2,955	35.00
41.00	04100	SUBPROVIDER - I RF	14,497	300,083	25,539	385	1,373	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	7,942	185,737	22,422	349	877	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	60,193	879,531	2,154,816	18,161	45,070	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	36,745	798,661	93,467	13,903	6,856	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,177	604,456	134,718	7,689	7,509	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,361	150,661	71,875	14,197	9,988	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	25,925	75,401	189,918	1,017	21,107	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	7,698	0	54,018	2,139	5,588	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,540	0	5,267	466	2,109	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,811	200,905	200,985	3,904	14,682	59.00
60.00	06000	LABORATORY	54,251	0	0	0	24,065	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	25,715	0	186,525	2,396	2,778	65.00
66.00	06600	PHYSICAL THERAPY	63,355	106	9,421	0	6,235	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10,120	33,291	11,984	1,051	4,986	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,554	0	31,055	0	2,531	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,750,907	0	18,185	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	6,569,323	0	27,222	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,501,525	50,489	73.00
73.01	07302	OP PHARMACY	162	0	771	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	6,061	2,085	958	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	6,910	68,894	2,154	0	792	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,549	130,182	1,659	5,000	582	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	38,669	708,408	85,957	17,291	6,870	90.01
90.02	09002	WOUND CARE CENTER	5,550	129,804	31,141	0	1,590	90.02
90.03	09003	PAIN CLINIC	2,239	38,971	14,975	205	619	90.03
90.05	09005	OP PSYCH CLINIC	34,642	90,982	854	0	906	90.05
91.00	09100	EMERGENCY	66,938	1,359,776	371,401	62,091	41,336	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	85,792	0	81,635	7,531	10,755	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,161,792	13,217,395	15,429,697	9,779,963	363,253	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,468	0	0	0	190.00
190.01	19001	PROMPTCARE	16,296	46,630	45,374	97	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	190.02
190.03	19003	OLCOTT	3,581	985	620	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	2,075	13,366	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	47,637	145,078	6,531	95	190.11
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	82	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	3,865	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	7,663	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	194.05
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,246,377	13,423,454	15,482,304	9,780,155	363,253

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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

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Part I
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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCI AL SERVI CES	CENTRAL STERIL I ZATI ON	PARAMED ED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
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 01850	SOCI AL SERVI CES	0			18.00
18.01 01851	CENTRAL STERIL I ZATI ON	0	1,359,337		18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	658,501	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	54,676,888
31.00 03100	INTENSIVE CARE UNIT	0	0	0	7,254,215
32.00 03200	CORONARY CARE UNIT	0	0	0	5,742,690
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	4,122,013
41.00 04100	SUBPROVIDER - IRF	0	0	0	3,171,582
42.00 04200	SUBPROVIDER	0	0	0	0
43.00 04300	NURSERY	0	819	0	1,713,960
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	1,245,845	0	19,757,089
50.01 05001	CV SURGERY	0	0	0	0
51.00 05100	RECOVERY ROOM	0	0	0	6,526,087
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	84,742	0	8,159,314
53.00 05300	ANESTHESIOLOGY	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	3,780	0	7,119,052
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	6,172,909
56.00 05600	RADIOISOTOPE	0	0	0	0
57.00 05700	CT SCAN	0	0	0	1,391,723
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	851,755
59.00 05900	CARDIAC CATHETERIZATION	0	14,806	0	3,276,410
60.00 06000	LABORATORY	0	0	0	20,342,188
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	0	0	4,160,624
66.00 06600	PHYSICAL THERAPY	0	0	0	11,344,944
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	1,680,787
70.00 07000	ELECTROENCEPHALOGRAPHY	0	2,835	0	1,530,418
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	16,018,169
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,873,917
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	658,501	47,706,793
73.01 07302	OP PHARMACY	0	0	0	114,834
74.00 07400	RENAL DIALYSIS	0	0	0	1,690,632
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	0	0	0	1,307,088
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	3,684,504
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	0	7,977,791
90.02 09002	WOUND CARE CENTER	0	3,465	0	1,375,740
90.03 09003	PAIN CLINIC	0	315	0	624,661
90.05 09005	OP PSYCH CLINIC	0	0	0	4,656,115
91.00 09100	EMERGENCY	0	945	0	14,012,406
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0
95.00 09500	AMBULANCE SERVICES	0	0	0	10,782,743
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0051

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Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY				
		18.00	18.01	23.00				
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	1,357,552	658,501	306,820,041	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	482,683	0	190.00
190.01	19001	PROMPTCARE	0	0	0	3,599,445	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	671,610	0	190.02
190.03	19003	OLCOTT	0	0	0	666,798	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	48,835	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	1,470	0	1,797	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	110,646	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	0	284,703	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	315	0	8,126,459	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	36,634	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	0	1,676,076	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	0	3,159,814	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	183,799	0	194.03
194.04	07954	HOME CARE	0	0	0	89,813	0	194.04
194.05	07955	HOSPICE	0	0	0	179,412	0	194.05
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	1,359,337	658,501	326,138,565	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part I Date/Time Prepared: 6/29/2020 8:56 am
Cost Center Description		Total			
		26.00			
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
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	01850	SOCIAL SERVICES			18.00
18.01	01851	CENTRAL STERILIZATION			18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	54,676,888		30.00
31.00	03100	INTENSIVE CARE UNIT	7,254,215		31.00
32.00	03200	CORONARY CARE UNIT	5,742,690		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,122,013		35.00
41.00	04100	SUBPROVIDER - IRF	3,171,582		41.00
42.00	04200	SUBPROVIDER	0		42.00
43.00	04300	NURSERY	1,713,960		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	19,757,089		50.00
50.01	05001	CV SURGERY	0		50.01
51.00	05100	RECOVERY ROOM	6,526,087		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,159,314		52.00
53.00	05300	ANESTHESIOLOGY	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,119,052		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,172,909		55.00
56.00	05600	RADIOISOTOPE	0		56.00
57.00	05700	CT SCAN	1,391,723		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	851,755		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,276,410		59.00
60.00	06000	LABORATORY	20,342,188		60.00
64.00	06400	INTRAVENOUS THERAPY	0		64.00
65.00	06500	RESPIRATORY THERAPY	4,160,624		65.00
66.00	06600	PHYSICAL THERAPY	11,344,944		66.00
67.00	06700	OCCUPATIONAL THERAPY	0		67.00
68.00	06800	SPEECH PATHOLOGY	0		68.00
69.00	06900	ELECTROCARDIOLOGY	1,680,787		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,530,418		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,018,169		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,873,917		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,706,793		73.00
73.01	07302	OP PHARMACY	114,834		73.01
74.00	07400	RENAL DIALYSIS	1,690,632		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		75.01
76.97	07697	CARDIAC REHABILITATION	1,307,088		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	3,684,504		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	7,977,791		90.01
90.02	09002	WOUND CARE CENTER	1,375,740		90.02
90.03	09003	PAIN CLINIC	624,661		90.03
90.05	09005	OP PSYCH CLINIC	4,656,115		90.05
91.00	09100	EMERGENCY	14,012,406		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
95.00	09500	AMBULANCE SERVICES	10,782,743		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00	10100	HOME HEALTH AGENCY	0		101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		115.00
116.00	11600	HOSPICE	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	306,820,041		118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	482,683		190.00
190.01	19001	PROMPTCARE	3,599,445		190.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	671,610	190.02
190.03	19003 OLCOTT	666,798	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	48,835	190.05
190.06	19006 MARKETING	0	190.06
190.07	19007 HME STORE	1,797	190.07
190.08	19008 UNUSED SPACE	110,646	190.08
190.09	19009 CLINICAL TRIALS	284,703	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	8,126,459	190.11
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	36,634	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	1,676,076	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	3,159,814	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	183,799	194.03
194.04	07954 HOME CARE	89,813	194.04
194.05	07955 HOSPICE	179,412	194.05
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	326,138,565	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	5,982	137,853	143,835	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	146,298	3,371,386	3,517,684	5.00
7.00 00700	OPERATION OF PLANT	0	122,213	2,816,328	2,938,541	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	1,370	31,573	32,943	8.00
9.00 00900	HOUSEKEEPING	0	2,966	68,339	71,305	9.00
10.00 01000	DIETARY	0	6,881	158,568	165,449	10.00
11.00 01100	CAFETERIA	0	5,117	117,922	123,039	11.00
13.00 01300	NURSING ADMINISTRATION	0	14,220	327,700	341,920	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	4,621	106,496	111,117	14.00
15.00 01500	PHARMACY	0	3,853	88,799	92,652	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	2,870	66,144	69,014	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	0	2,645	60,950	63,595	18.01
23.00 02301	PARAMED PRGM-PHARMACY RESIDENCY	0	933	21,499	22,432	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	98,484	2,269,521	2,368,005	30.00
31.00 03100	INTENSIVE CARE UNIT	0	8,739	201,390	210,129	31.00
32.00 03200	CORONARY CARE UNIT	0	11,450	263,869	275,319	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	5,804	133,757	139,561	35.00
41.00 04100	SUBPROVIDER - I RF	0	10,342	238,333	248,675	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	4,033	92,934	96,967	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	41,770	962,561	1,004,331	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	2,947	67,907	70,854	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	28,407	654,616	683,023	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	16,561	381,634	398,195	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	19,454	448,307	467,761	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	1,147	26,438	27,585	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,651	38,040	39,691	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	5,509	126,957	132,466	59.00
60.00 06000	LABORATORY	0	14,861	342,457	357,318	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	1,123	25,870	26,993	65.00
66.00 06600	PHYSICAL THERAPY	0	8,194	188,828	197,022	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	2,086	48,074	50,160	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,682	84,840	88,522	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07302	OP PHARMACY	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0	670	15,443	16,113	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	0	3,197	73,669	76,866	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	17,887	412,207	430,094	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	16,219	373,756	389,975	90.01
90.02 09002	WOUND CARE CENTER	0	3,972	91,523	95,495	90.02
90.03 09003	PAIN CLINIC	0	2,551	58,794	61,345	90.03
90.05 09005	OP PSYCH CLINIC	0	10,313	237,647	247,960	90.05
91.00 09100	EMERGENCY	0	22,518	518,919	541,437	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	12,036	277,372	289,408	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00 11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	695,576	16,029,220	16,724,796	135,435	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	802	18,481	19,283	162	190.00
190.01 19001 PROMPTCARE	0	5,473	126,133	131,606	1,739	190.01
190.02 19002 RENTAL PROPERTIES	0	15,101	0	15,101	0	190.02
190.03 19003 OLCOTT	0	2,339	0	2,339	364	190.03
190.04 19004 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 19005 FOUNDATION	0	1,021	0	1,021	0	190.05
190.06 19006 MARKETING	0	0	0	0	0	190.06
190.07 19007 HME STORE	0	0	0	0	0	190.07
190.08 19008 UNUSED SPACE	0	0	0	0	0	190.08
190.09 19009 CLINICAL TRIALS	0	425	0	425	200	190.09
190.10 19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11 19011 COMMUNITY HEALTH SERVICES	0	12,096	0	12,096	4,140	190.11
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	20	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 IU HEALTH PAOLI HOSPITAL	0	8,872	204,448	213,320	614	194.00
194.01 07951 IU HEALTH BEDFORD HOSPITAL	0	16,670	384,143	400,813	1,161	194.01
194.02 07952 IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03 07953 IU HEALTH SIP	0	383	0	383	0	194.03
194.04 07954 HOME CARE	0	2,041	0	2,041	0	194.04
194.05 07955 HOSPICE	0	4,079	0	4,079	0	194.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	0	764,878	16,762,425	17,527,303	143,835	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:56 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,525,682					5.00
7.00	00700	OPERATION OF PLANT	226,449	3,167,729				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,478	8,850	44,271			8.00
9.00	00900	HOUSEKEEPING	48,214	19,156		141,004		9.00
10.00	01000	DIETARY	33,604	44,449		270	245,538	10.00
11.00	01100	CAFETERIA	11,025	33,055		244		11.00
13.00	01300	NURSING ADMINISTRATION	137,750	91,859		0		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	165,237	29,852		0		14.00
15.00	01500	PHARMACY	102,250	24,892	100	0		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,421	18,541		514		16.00
18.00	01850	SOCIAL SERVICES	0	0		0		18.00
18.01	01851	CENTRAL STERILIZATION	11,920	17,085	155	0		18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	6,652	6,026	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	418,024	636,179	13,887	65,995	197,936	30.00
31.00	03100	INTENSIVE CARE UNIT	59,268	56,452	1,890	5,137	17,241	31.00
32.00	03200	CORONARY CARE UNIT	45,818	73,966	1,419	0	16,365	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	36,329	37,494	301	0	0	35.00
41.00	04100	SUBPROVIDER - IIRF	22,192	66,808	1,083	4,109	13,996	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	13,431	26,051	472	2,401	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	141,691	269,819	4,312	13,356	0	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	58,655	19,035	3,821	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	62,641	183,498	2,198	8,142	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,520	106,977	3,354	4,109	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	54,358	125,666	46	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	13,765	7,411	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,312	10,663	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,972	35,588	842	0	0	59.00
60.00	06000	LABORATORY	211,477	95,995	8	2,055	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	42,110	7,252	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	117,553	52,931	6	1,284	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	15,056	13,476	595	4,109	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,423	23,782	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	131,335	0	0	3,082	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	230,019	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	404,811	0	0	1,541	0	73.00
73.01	07302	OP PHARMACY	1,231	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	17,869	4,329	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	11,803	20,651	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,928	115,547	0	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	69,022	104,769	196	1,284	0	90.01
90.02	09002	WOUND CARE CENTER	10,823	25,655	0	1,027	0	90.02
90.03	09003	PAIN CLINIC	4,955	16,481	0	0	0	90.03
90.05	09005	OP PSYCH CLINIC	44,196	66,616	0	0	0	90.05
91.00	09100	EMERGENCY	112,605	145,460	7,190	21,061	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	108,833	77,751	2,385	0	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,353,025	2,720,067	44,271	139,720	245,538	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,810	5,180	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
190.01	19001	PROMPTCARE	35,212	35,357	0	0	0	190.01
190.02	19002	RENTAL PROPERTIES	287	97,550	0	0	0	190.02
190.03	19003	OLCOTT	6,072	15,107	0	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	57	6,592	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	4	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	745	0	0	1,284	0	190.08
190.09	19009	CLINICAL TRIALS	2,714	2,747	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	80,107	78,136	0	0	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	395	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	13,981	57,309	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	26,379	107,680	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	1,810	2,472	0	0	0	194.03
194.04	07954	HOME CARE	28	13,185	0	0	0	194.04
194.05	07955	HOSPICE	56	26,347	0	0	0	194.05
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)	3,525,682	3,167,729	44,271	141,004	245,538	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	168,461					11.00
13.00	01300	9,962	590,089				13.00
14.00	01400	0	0	306,206			14.00
15.00	01500	6,409	0	2,157	235,044		15.00
16.00	01600	0	0	0	0	90,490	16.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	1,521	0	2,600	0	0	18.01
23.00	02301	444	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	38,629	249,063	14,730	1,911	8,881	30.00
31.00	03100	5,061	32,710	3,317	622	1,078	31.00
32.00	03200	4,156	27,697	2,042	255	993	32.00
35.00	02060	2,675	18,534	1,279	62	732	35.00
41.00	04100	1,959	13,191	505	9	340	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,073	8,165	443	8	217	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	8,136	38,664	42,619	436	11,158	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	4,966	35,109	1,849	334	1,697	51.00
52.00	05200	4,484	26,572	2,665	185	1,859	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	5,050	6,623	1,422	341	2,473	54.00
55.00	05500	3,504	3,315	3,756	24	5,225	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	1,040	0	1,068	51	1,383	57.00
58.00	05800	614	0	104	11	522	58.00
59.00	05900	1,732	8,832	3,975	94	3,635	59.00
60.00	06000	7,333	0	0	0	5,958	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	3,476	0	3,689	58	688	65.00
66.00	06600	8,563	5	186	0	1,544	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	1,368	1,463	237	25	1,234	69.00
70.00	07000	345	0	614	0	626	70.00
71.00	07100	0	0	74,187	0	4,502	71.00
72.00	07200	0	0	129,921	0	6,739	72.00
73.00	07300	0	0	0	228,350	13,060	73.00
73.01	07302	22	0	15	0	0	73.01
74.00	07400	0	0	120	50	237	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	03550	0	0	0	0	0	75.01
76.97	07697	934	3,029	43	0	196	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,966	5,723	33	120	144	90.00
90.01	09001	5,227	31,141	1,700	416	1,701	90.01
90.02	09002	750	5,706	616	0	394	90.02
90.03	09003	303	1,713	296	5	153	90.03
90.05	09005	4,682	4,000	17	0	224	90.05
91.00	09100	9,047	59,775	7,346	1,492	10,234	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	11,596	0	1,615	181	2,663	95.00
100.00	10000	0	0	0	0	0	100.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		157,027	581,030	305,166	235,040	90,490	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051			Period: From 01/01/2019 To 12/31/2019		Worksheet B Part II Date/Time Prepared: 6/29/2020 8:56 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	469	0	0	0	0	190.00
190.01	19001	PROMPTCARE	2,203	2,050	897	2	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03	19003	OLCOTT	484	43	12	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	0	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	0	190.08
190.09	19009	CLINICAL TRIALS	281	588	0	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	6,439	6,378	129	2	0	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	522	0	0	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	1,036	0	0	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	0	0	0	194.03
194.04	07954	HOME CARE	0	0	0	0	0	194.04
194.05	07955	HOSPICE	0	0	0	0	0	194.05
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)	168,461	590,089	306,206	235,044	90,490	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
Part II
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Cost Center Description	OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SOCI AL SERVI CES	CENTRAL STERIL I ZATI ON	PARAMED ED PRGM-PHARMACY RESIDENCY		
	18.00	18.01	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
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 01850	SOCI AL SERVI CES	0			18.00
18.01 01851	CENTRAL STERIL I ZATI ON	0	97,633		18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	35,966	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	4,041,243	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	396,847	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	451,038	0 32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	0	239,122	0 35.00
41.00 04100	SUBPROVIDER - IRF	0	0	374,218	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0 42.00
43.00 04300	NURSERY	0	59	150,130	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	89,479	1,631,269	0 50.00
50.01 05001	CV SURGERY	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	0	200,354	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,087	985,121	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	272	597,486	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	666,812	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	53,207	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	60,489	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	1,063	217,770	0 59.00
60.00 06000	LABORATORY	0	0	680,144	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	87,291	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	387,274	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	88,723	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	204	128,734	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	213,106	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	366,679	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	647,762	0 73.00
73.01 07302	OP PHARMACY	0	0	1,304	0 73.01
74.00 07400	RENAL DIALYSIS	0	0	38,718	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0 75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0 75.01
76.97 07697	CARDIAC REHABILITATION	0	0	114,294	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	585,335	0 90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	0	0	609,964	0 90.01
90.02 09002	WOUND CARE CENTER	0	249	141,337	0 90.02
90.03 09003	PAIN CLINIC	0	23	85,511	0 90.03
90.05 09005	OP PSYCH CLINIC	0	0	372,559	0 90.05
91.00 09100	EMERGENCY	0	68	922,029	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0 94.00
95.00 09500	AMBULANCE SERVICES	0	0	501,291	0 95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0 100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00
114.00 11400	UTILIZATION REVIEW-SNF				114.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
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Cost Center Description		OTHER GENERAL SERVICE			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SOCIAL SERVICES	CENTRAL STERILIZATION	PARAMED PRGM-PHARMACY RESIDENCY			
		18.00	18.01	23.00			
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	97,504	0	16,037,161	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		29,904	190.00
190.01	19001	PROMPTCARE	0	0		209,066	190.01
190.02	19002	RENTAL PROPERTIES	0	0		112,938	190.02
190.03	19003	OLCOTT	0	0		24,421	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0		0	190.04
190.05	19005	FOUNDATION	0	0		7,670	190.05
190.06	19006	MARKETING	0	0		0	190.06
190.07	19007	HME STORE	0	106		110	190.07
190.08	19008	UNUSED SPACE	0	0		2,029	190.08
190.09	19009	CLINICAL TRIALS	0	0		6,955	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0		0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	0	23		187,450	190.11
191.00	19100	RESEARCH	0	0		0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		417	192.00
193.00	19300	NONPAID WORKERS	0	0		0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0		285,746	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0		537,069	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0		0	194.02
194.03	07953	IU HEALTH SIP	0	0		4,665	194.03
194.04	07954	HOME CARE	0	0		15,254	194.04
194.05	07955	HOSPICE	0	0		30,482	194.05
200.00		Cross Foot Adjustments			35,966	35,966	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	97,633	35,966	17,527,303	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet B Part II Date/Time Prepared: 6/29/2020 8:56 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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	01850	SOCIAL SERVICES		18.00
18.01	01851	CENTRAL STERILIZATION		18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	4,041,243	30.00
31.00	03100	INTENSIVE CARE UNIT	396,847	31.00
32.00	03200	CORONARY CARE UNIT	451,038	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	239,122	35.00
41.00	04100	SUBPROVIDER - IRF	374,218	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	150,130	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,631,269	50.00
50.01	05001	CV SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	200,354	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	985,121	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	597,486	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	666,812	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	53,207	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	60,489	58.00
59.00	05900	CARDIAC CATHETERIZATION	217,770	59.00
60.00	06000	LABORATORY	680,144	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	87,291	65.00
66.00	06600	PHYSICAL THERAPY	387,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	88,723	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,734	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	213,106	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	366,679	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	647,762	73.00
73.01	07302	OP PHARMACY	1,304	73.01
74.00	07400	RENAL DIALYSIS	38,718	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75.01
76.97	07697	CARDIAC REHABILITATION	114,294	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	585,335	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	609,964	90.01
90.02	09002	WOUND CARE CENTER	141,337	90.02
90.03	09003	PAIN CLINIC	85,511	90.03
90.05	09005	OP PSYCH CLINIC	372,559	90.05
91.00	09100	EMERGENCY	922,029	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	501,291	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	16,037,161	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,904	190.00
190.01	19001	PROMPTCARE	209,066	190.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0051

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

Worksheet B
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Cost Center Description		Total	
		26.00	
190.02	19002 RENTAL PROPERTIES	112,938	190.02
190.03	19003 OLCOTT	24,421	190.03
190.04	19004 PHYSICIAN RECRUITMENT	0	190.04
190.05	19005 FOUNDATION	7,670	190.05
190.06	19006 MARKETING	0	190.06
190.07	19007 HME STORE	110	190.07
190.08	19008 UNUSED SPACE	2,029	190.08
190.09	19009 CLINICAL TRIALS	6,955	190.09
190.10	19010 MORGAN OP BEHAVIORAL HEALTH CLINIC	0	190.10
190.11	19011 COMMUNITY HEALTH SERVICES	187,450	190.11
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	417	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 IU HEALTH PAOLI HOSPITAL	285,746	194.00
194.01	07951 IU HEALTH BEDFORD HOSPITAL	537,069	194.01
194.02	07952 IU HEALTH MORGAN HOSPITAL	0	194.02
194.03	07953 IU HEALTH SIP	4,665	194.03
194.04	07954 HOME CARE	15,254	194.04
194.05	07955 HOSPICE	30,482	194.05
200.00	Cross Foot Adjustments	35,966	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	17,527,303	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	899,384				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		855,308			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,034	7,034	109,423,029		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	172,026	172,026	6,086,996	-68,429,493	5.00
7.00 00700	OPERATION OF PLANT	143,704	143,704	2,084,184	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,611	1,611	0	0	8.00
9.00 00900	HOUSEKEEPING	3,487	3,487	1,769,046	0	9.00
10.00 01000	DIETARY	8,091	8,091	1,341,285	0	10.00
11.00 01100	CAFETERIA	6,017	6,017	835,906	0	11.00
13.00 01300	NURSING ADMINISTRATION	16,721	16,721	6,540,939	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,434	5,434	0	0	14.00
15.00 01500	PHARMACY	4,531	4,531	5,010,279	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,375	3,375	0	0	16.00
18.00 01850	SOCIAL SERVICES	0	0	0	0	18.00
18.01 01851	CENTRAL STERILIZATION	3,110	3,110	575,861	0	18.01
23.00 02301	PARAMED ED PRGM-PHARMACY RESIDENCY	1,097	1,097	313,527	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	115,803	115,803	21,270,287	0	30.00
31.00 03100	INTENSIVE CARE UNIT	10,276	10,276	2,999,837	0	31.00
32.00 03200	CORONARY CARE UNIT	13,464	13,464	2,289,249	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	6,825	6,825	1,640,312	0	35.00
41.00 04100	SUBPROVIDER - I RF	12,161	12,161	1,028,017	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	4,742	4,742	641,908	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	49,115	49,115	5,531,424	0	50.00
50.01 05001	CV SURGERY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	3,465	3,465	3,069,857	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	33,402	33,402	2,867,174	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,473	19,473	3,158,434	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	22,875	22,875	2,402,775	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	1,349	1,349	687,720	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	1,941	435,523	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,478	6,478	1,195,554	0	59.00
60.00 06000	LABORATORY	17,474	17,474	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,320	1,320	2,301,962	0	65.00
66.00 06600	PHYSICAL THERAPY	9,635	9,635	6,225,120	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	2,453	2,453	760,859	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	4,329	4,329	166,223	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
73.01 07302	OP PHARMACY	0	0	27,227	0	73.01
74.00 07400	RENAL DIALYSIS	788	788	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01
76.97 07697	CARDIAC REHABILITATION	3,759	3,759	587,320	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	21,033	21,033	1,354,580	0	90.00
90.01 09001	OP ONCOLOGY INFUSION CENTER	19,071	19,071	3,450,092	0	90.01
90.02 09002	WOUND CARE CENTER	4,670	4,670	473,679	0	90.02
90.03 09003	PAIN CLINIC	3,000	3,000	180,290	0	90.03
90.05 09005	OP PSYCH CLINIC	12,126	12,126	3,702,019	0	90.05
91.00 09100	EMERGENCY	26,478	26,478	4,805,265	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	14,153	14,153	5,220,039	0	95.00
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
114.00 11400	UTILIZATION REVIEW-SNF					114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	817,896	817,896	103,030,769	-68,429,493	245,088,851	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	943	123,296	0	351,598	190.00
190.01	19001	PROMPTCARE	6,436	6,436	1,323,071	0	2,573,818	190.01
190.02	19002	RENTAL PROPERTIES	17,757	0	0	0	20,974	190.02
190.03	19003	OLCOTT	2,750	0	276,998	0	443,854	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,200	0	0	0	4,142	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	258	190.07
190.08	19008	UNUSED SPACE	0	0	0	0	54,423	190.08
190.09	19009	CLINICAL TRIALS	500	0	152,096	0	198,413	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	14,223	0	3,150,725	0	5,855,347	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	15,017	0	28,883	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	10,432	10,432	467,458	0	1,021,898	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	19,601	19,601	883,599	0	1,928,122	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	450	0	0	0	132,318	194.03
194.04	07954	HOME CARE	2,400	0	0	0	2,076	194.04
194.05	07955	HOSPICE	4,796	0	0	0	4,097	194.05
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)	764,878	16,762,425	26,099,359		68,429,493	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.850447	19.598116	0.238518		0.265530	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			143,835		3,525,682	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001314		0.013681	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: 15-0051

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:56 am

Cost Center Description		OPERATION OF PLANT (SQARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	576,620				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,611	1,353,188			8.00	
9.00	00900	HOUSEKEEPING	3,487	117	10,980		9.00	
10.00	01000	DIETARY	8,091	119	21	54,088	10.00	
11.00	01100	CAFETERIA	6,017	0	19	0	3,314,930	11.00
13.00	01300	NURSING ADMINISTRATION	16,721	93	0	0	196,038	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,434	0	0	0	0	14.00
15.00	01500	PHARMACY	4,531	3,070	0	0	126,109	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,375	0	40	0	0	16.00
18.00	01850	SOCIAL SERVICES	0	0	0	0	0	18.00
18.01	01851	CENTRAL STERILIZATION	3,110	4,740	0	0	29,920	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	1,097	0	0	0	8,737	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	115,803	424,450	5,139	43,602	760,182	30.00
31.00	03100	INTENSIVE CARE UNIT	10,276	57,768	400	3,798	99,587	31.00
32.00	03200	CORONARY CARE UNIT	13,464	43,361	0	3,605	81,773	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	6,825	9,210	0	0	52,632	35.00
41.00	04100	SUBPROVIDER - IIRF	12,161	33,105	320	3,083	38,558	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,742	14,430	187	0	21,123	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	49,115	131,796	1,040	0	160,093	50.00
50.01	05001	CV SURGERY	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,465	116,791	0	0	97,728	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,402	67,180	634	0	88,238	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,473	102,533	320	0	99,366	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	22,875	1,418	0	0	68,951	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	1,349	0	0	0	20,474	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,941	0	0	0	12,074	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,478	25,733	0	0	34,073	59.00
60.00	06000	LABORATORY	17,474	237	160	0	144,288	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,320	0	0	0	68,392	65.00
66.00	06600	PHYSICAL THERAPY	9,635	172	100	0	168,502	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,453	18,181	320	0	26,917	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,329	0	0	0	6,793	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	240	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	120	0	0	73.00
73.01	07302	OP PHARMACY	0	0	0	0	432	73.01
74.00	07400	RENAL DIALYSIS	788	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	3,759	0	0	0	18,377	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	21,033	0	0	0	38,694	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	19,071	6,004	100	0	102,846	90.01
90.02	09002	WOUND CARE CENTER	4,670	0	80	0	14,762	90.02
90.03	09003	PAIN CLINIC	3,000	0	0	0	5,955	90.03
90.05	09005	OP PSYCH CLINIC	12,126	0	0	0	92,136	90.05
91.00	09100	EMERGENCY	26,478	219,767	1,640	0	178,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	14,153	72,913	0	0	228,176	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	495,132	1,353,188	10,880	54,088	3,089,958	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)		
		7.00	8.00	9.00	10.00	11.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	0	0	0	9,225	190.00
190.01	19001	PROMPTCARE	6,436	0	0	0	43,342	190.01
190.02	19002	RENTAL PROPERTIES	17,757	0	0	0	0	190.02
190.03	19003	OLCOTT	2,750	0	0	0	9,525	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	19005	FOUNDATION	1,200	0	0	0	0	190.05
190.06	19006	MARKETING	0	0	0	0	0	190.06
190.07	19007	HME STORE	0	0	0	0	0	190.07
190.08	19008	UNUSED SPACE	0	0	100	0	0	190.08
190.09	19009	CLINICAL TRIALS	500	0	0	0	5,520	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	0	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	14,223	0	0	0	126,698	190.11
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	10,432	0	0	0	10,280	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	19,601	0	0	0	20,382	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	0	0	0	194.02
194.03	07953	IU HEALTH SIP	450	0	0	0	0	194.03
194.04	07954	HOME CARE	2,400	0	0	0	0	194.04
194.05	07955	HOSPICE	4,796	0	0	0	0	194.05
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)	20,947,151	287,700	4,586,581	3,411,205	1,246,377	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	36.327479	0.212609	417.721403	63.067686	0.375989	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,167,729	44,271	141,004	245,538	168,461	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	5.493616	0.032716	12.841894	4.539602	0.050819	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: 15-0051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
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	1,526,587					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	39,624,226				14.00
15.00 01500 PHARMACY	0	279,058	30,456,995			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	31	0	1,763,459,842		16.00
18.00 01850 SOCIAL SERVICES	0	0	0	0	0	18.00
18.01 01851 CENTRAL STERILIZATION	0	336,414	1	0	0	18.01
23.00 02301 PARAMED ED PRGM-PHARMACY RESIDENCY	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	644,341	1,906,037	247,593	174,146,407	0	30.00
31.00 03100 INTENSIVE CARE UNIT	84,623	429,249	80,640	21,143,724	0	31.00
32.00 03200 CORONARY CARE UNIT	71,654	264,243	33,031	19,463,811	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	47,949	165,451	8,003	14,343,759	0	35.00
41.00 04100 SUBPROVIDER - IRF	34,127	65,363	1,200	6,666,705	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	21,123	57,386	1,087	4,255,008	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	100,025	5,514,874	56,557	218,787,385	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	90,828	239,212	43,295	33,282,990	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	68,742	344,788	23,946	36,449,736	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	17,134	183,951	44,211	48,485,347	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	8,575	486,062	3,167	102,460,394	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	138,250	6,660	27,124,672	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,479	1,451	10,238,031	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	22,848	514,386	12,159	71,271,504	0	59.00
60.00 06000 LABORATORY	0	0	0	116,822,802	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	477,377	7,461	13,486,657	0	65.00
66.00 06600 PHYSICAL THERAPY	12	24,111	0	30,268,169	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,786	30,671	3,273	24,203,388	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	79,481	0	12,284,137	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,599,791	0	88,275,917	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	16,813,013	0	132,146,163	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	29,589,302	245,190,649	0	73.00
73.01 07302 OP PHARMACY	0	1,973	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	15,511	6,492	4,651,447	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	7,835	5,512	0	3,843,815	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	14,805	4,246	15,570	2,823,831	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	80,564	219,992	53,846	33,351,109	0	90.01
90.02 09002 WOUND CARE CENTER	14,762	79,699	0	7,718,975	0	90.02
90.03 09003 PAIN CLINIC	4,432	38,325	638	3,003,422	0	90.03
90.05 09005 OP PSYCH CLINIC	10,347	2,186	0	4,398,493	0	90.05
91.00 09100 EMERGENCY	154,641	950,536	193,362	200,661,722	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	208,930	23,452	52,209,673	0	95.00
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE SOCIAL SERVICES (TIME SPENT)	
		13.00	14.00	15.00	16.00	18.00	
115.00	11500	0	0	0	0	0	115.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,503,153	39,489,588	30,456,397	1,763,459,842	0	118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	0	0	190.00
190.01	19001	5,303	116,127	302	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.03	19003	112	1,587	0	0	0	190.03
190.04	19004	0	0	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	0	0	0	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	1,520	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.11	19011	16,499	16,714	296	0	0	190.11
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	210	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
200.00							200.00
201.00							201.00
202.00		13,423,454	15,482,304	9,780,155	363,253	0	202.00
203.00		8.793114	0.390728	0.321114	0.000206	0.000000	203.00
204.00		590,089	306,206	235,044	90,490	0	204.00
205.00		0.386541	0.007728	0.007717	0.000051	0.000000	205.00
206.00							206.00
207.00							207.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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Cost Center Description		OTHER GENERAL SERVICE CENTRAL STERILIZATION (TIME SPENT)	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)	
		18.01	23.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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	01850	SOCIAL SERVICES		18.00
18.01	01851	CENTRAL STERILIZATION	64,725	18.01
23.00	02301	PARAMED PRGM-PHARMACY RESIDENCY	0	23.00
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
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	39	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	59,321	50.00
50.01	05001	CV SURGERY	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,035	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	180	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	705	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	135	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
73.01	07302	OP PHARMACY	0	73.01
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	90.01
90.02	09002	WOUND CARE CENTER	165	90.02
90.03	09003	PAIN CLINIC	15	90.03
90.05	09005	OP PSYCH CLINIC	0	90.05
91.00	09100	EMERGENCY	45	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0051

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

Worksheet B-1

Date/Time Prepared:
6/29/2020 8:56 am

Cost Center Description		OTHER GENERAL SERVICE	PARAMED PRGM-PHARMACY RESIDENCY (TIME SPENT)		
		CENTRAL STERILIZATION (TIME SPENT)			
		18.01			
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	64,640	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	PROMPTCARE	0	0	190.01
190.02	19002	RENTAL PROPERTIES	0	0	190.02
190.03	19003	OLCOTT	0	0	190.03
190.04	19004	PHYSICIAN RECRUITMENT	0	0	190.04
190.05	19005	FOUNDATION	0	0	190.05
190.06	19006	MARKETING	0	0	190.06
190.07	19007	HME STORE	70	0	190.07
190.08	19008	UNUSED SPACE	0	0	190.08
190.09	19009	CLINICAL TRIALS	0	0	190.09
190.10	19010	MORGAN OP BEHAVIORAL HEALTH CLINIC	0	0	190.10
190.11	19011	COMMUNITY HEALTH SERVICES	15	0	190.11
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	IU HEALTH PAOLI HOSPITAL	0	0	194.00
194.01	07951	IU HEALTH BEDFORD HOSPITAL	0	0	194.01
194.02	07952	IU HEALTH MORGAN HOSPITAL	0	0	194.02
194.03	07953	IU HEALTH SIP	0	0	194.03
194.04	07954	HOME CARE	0	0	194.04
194.05	07955	HOSPICE	0	0	194.05
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)	1,359,337	658,501	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	21.001730	6,585.010000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	97,633	35,966	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.508428	359.660000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:56 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	54,676,888	54,676,888	0	54,676,888	30.00	
31.00	03100 INTENSIVE CARE UNIT	7,254,215	7,254,215	0	7,254,215	31.00	
32.00	03200 CORONARY CARE UNIT	5,742,690	5,742,690	0	5,742,690	32.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,122,013	4,122,013	0	4,122,013	35.00	
41.00	04100 SUBPROVIDER - IRF	3,171,582	3,171,582	0	3,171,582	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	1,713,960	1,713,960	0	1,713,960	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,757,089	19,757,089	0	19,757,089	50.00	
50.01	05001 CV SURGERY	0	0	0	0	50.01	
51.00	05100 RECOVERY ROOM	6,526,087	6,526,087	0	6,526,087	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,159,314	8,159,314	0	8,159,314	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,119,052	7,119,052	0	7,119,052	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	6,172,909	6,172,909	0	6,172,909	55.00	
56.00	05600 RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700 CT SCAN	1,391,723	1,391,723	0	1,391,723	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	851,755	851,755	0	851,755	58.00	
59.00	05900 CARDIAC CATHETERIZATION	3,276,410	3,276,410	0	3,276,410	59.00	
60.00	06000 LABORATORY	20,342,188	20,342,188	0	20,342,188	60.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	4,160,624	4,160,624	0	4,160,624	65.00	
66.00	06600 PHYSICAL THERAPY	11,344,944	11,344,944	55,616	11,400,560	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	1,680,787	1,680,787	0	1,680,787	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	1,530,418	1,530,418	0	1,530,418	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,018,169	16,018,169	0	16,018,169	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,873,917	27,873,917	0	27,873,917	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	47,706,793	47,706,793	0	47,706,793	73.00	
73.01	07302 OP PHARMACY	114,834	114,834	0	114,834	73.01	
74.00	07400 RENAL DIALYSIS	1,690,632	1,690,632	0	1,690,632	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	75.01	
76.97	07697 CARDIAC REHABILITATION	1,307,088	1,307,088	0	1,307,088	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,684,504	3,684,504	0	3,684,504	90.00	
90.01	09001 OP ONCOLOGY INFUSION CENTER	7,977,791	7,977,791	0	7,977,791	90.01	
90.02	09002 WOUND CARE CENTER	1,375,740	1,375,740	0	1,375,740	90.02	
90.03	09003 PAIN CLINIC	624,661	624,661	0	624,661	90.03	
90.05	09005 OP PSYCH CLINIC	4,656,115	4,656,115	0	4,656,115	90.05	
91.00	09100 EMERGENCY	14,012,406	14,012,406	0	14,012,406	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,032,524	5,032,524	0	5,032,524	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES	10,782,743	10,782,743	0	10,782,743	95.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00	
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	11600 HOSPICE	0	0	0	0	116.00	
200.00	Subtotal (see instructions)	311,852,565	311,852,565	55,616	311,908,181	200.00	
201.00	Less Observation Beds	5,032,524	5,032,524	0	5,032,524	201.00	
202.00	Total (see instructions)	306,820,041	306,820,041	55,616	306,875,657	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet C Part I Date/Time Prepared: 6/29/2020 8:56 am		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	137,501,476		137,501,476				30.00
31.00	03100	INTENSIVE CARE UNIT	21,143,724		21,143,724				31.00
32.00	03200	CORONARY CARE UNIT	19,463,811		19,463,811				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,343,759		14,343,759				35.00
41.00	04100	SUBPROVIDER - IRF	6,666,705		6,666,705				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	4,255,008		4,255,008				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	89,470,162	129,317,223	218,787,385	0.090303	0.000000		50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	7,312,308	25,970,682	33,282,990	0.196079	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,403,978	3,045,758	36,449,736	0.223851	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,788,958	29,696,389	48,485,347	0.146829	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,898,897	97,561,497	102,460,394	0.060247	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
57.00	05700	CT SCAN	9,725,284	17,399,388	27,124,672	0.051308	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,809,825	7,428,206	10,238,031	0.083195	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	27,214,940	44,056,564	71,271,504	0.045971	0.000000		59.00
60.00	06000	LABORATORY	44,003,024	72,819,778	116,822,802	0.174129	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	11,138,124	2,348,533	13,486,657	0.308499	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	14,037,984	16,230,185	30,268,169	0.374814	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	12,706,520	11,496,868	24,203,388	0.069444	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,430,920	9,853,217	12,284,137	0.124585	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,804,839	57,471,078	88,275,917	0.181456	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,835,032	44,311,131	132,146,163	0.210932	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,055,170	177,135,479	245,190,649	0.194570	0.000000		73.00
73.01	07302	OP PHARMACY	0	0	0	0.000000	0.000000		73.01
74.00	07400	RENAL DIALYSIS	3,859,453	791,994	4,651,447	0.363464	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	394,960	3,448,855	3,843,815	0.340050	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	35,644	2,788,187	2,823,831	1.304789	0.000000		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	2,172,235	31,178,874	33,351,109	0.239206	0.000000		90.01
90.02	09002	WOUND CARE CENTER	39,286	7,679,689	7,718,975	0.178228	0.000000		90.02
90.03	09003	PAIN CLINIC	6,311	2,997,111	3,003,422	0.207983	0.000000		90.03
90.05	09005	OP PSYCH CLINIC	8,702	4,389,791	4,398,493	1.058571	0.000000		90.05
91.00	09100	EMERGENCY	44,345,598	156,316,124	200,661,722	0.069831	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	897,946	35,746,985	36,644,931	0.137332	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	157,303	52,052,370	52,209,673	0.206528	0.000000		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00
200.00		Subtotal (see instructions)	719,927,886	1,043,531,956	1,763,459,842				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	719,927,886	1,043,531,956	1,763,459,842				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:56 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital 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
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090303		50.00
50.01	05001	CV SURGERY	0.000000		50.01
51.00	05100	RECOVERY ROOM	0.196079		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.223851		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146829		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.060247		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.051308		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083195		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045971		59.00
60.00	06000	LABORATORY	0.174129		60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.308499		65.00
66.00	06600	PHYSICAL THERAPY	0.376652		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.069444		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.124585		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181456		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210932		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194570		73.00
73.01	07302	OP PHARMACY	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.363464		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697	CARDIAC REHABILITATION	0.340050		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.304789		90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.239206		90.01
90.02	09002	WOUND CARE CENTER	0.178228		90.02
90.03	09003	PAIN CLINIC	0.207983		90.03
90.05	09005	OP PSYCH CLINIC	1.058571		90.05
91.00	09100	EMERGENCY	0.069831		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.137332		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.206528		95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:56 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		54,676,888	0	54,676,888	30.00	
31.00	03100 INTENSIVE CARE UNIT		7,254,215	0	7,254,215	31.00	
32.00	03200 CORONARY CARE UNIT		5,742,690	0	5,742,690	32.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT		4,122,013	0	4,122,013	35.00	
41.00	04100 SUBPROVIDER - IRF		3,171,582	0	3,171,582	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		1,713,960	0	1,713,960	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		19,757,089	0	19,757,089	50.00	
50.01	05001 CV SURGERY		0	0	0	50.01	
51.00	05100 RECOVERY ROOM		6,526,087	0	6,526,087	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM		8,159,314	0	8,159,314	52.00	
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		7,119,052	0	7,119,052	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC		6,172,909	0	6,172,909	55.00	
56.00	05600 RADIOISOTOPE		0	0	0	56.00	
57.00	05700 CT SCAN		1,391,723	0	1,391,723	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		851,755	0	851,755	58.00	
59.00	05900 CARDIAC CATHETERIZATION		3,276,410	0	3,276,410	59.00	
60.00	06000 LABORATORY		20,342,188	0	20,342,188	60.00	
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	4,160,624	0	4,160,624	65.00	
66.00	06600 PHYSICAL THERAPY	0	11,344,944	55,616	11,400,560	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY		1,680,787	0	1,680,787	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		1,530,418	0	1,530,418	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,018,169	0	16,018,169	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		27,873,917	0	27,873,917	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		47,706,793	0	47,706,793	73.00	
73.01	07302 OP PHARMACY		114,834	0	114,834	73.01	
74.00	07400 RENAL DIALYSIS		1,690,632	0	1,690,632	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	75.01	
76.97	07697 CARDIAC REHABILITATION		1,307,088	0	1,307,088	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC		3,684,504	0	3,684,504	90.00	
90.01	09001 OP ONCOLOGY INFUSION CENTER		7,977,791	0	7,977,791	90.01	
90.02	09002 WOUND CARE CENTER		1,375,740	0	1,375,740	90.02	
90.03	09003 PAIN CLINIC		624,661	0	624,661	90.03	
90.05	09005 OP PSYCH CLINIC		4,656,115	0	4,656,115	90.05	
91.00	09100 EMERGENCY		14,012,406	0	14,012,406	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,032,524	0	5,032,524	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES		10,782,743	0	10,782,743	95.00	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
114.00	11400 UTILIZATION REVIEW-SNF					114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00	
116.00	11600 HOSPICE		0	0	0	116.00	
200.00	Subtotal (see instructions)		311,852,565	55,616	311,908,181	200.00	
201.00	Less Observation Beds		5,032,524		5,032,524	201.00	
202.00	Total (see instructions)		306,820,041	55,616	306,875,657	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0051

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

Worksheet C
Part I
Date/Time Prepared:
6/29/2020 8:56 am

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	137,501,476		137,501,476		30.00
31.00	03100	INTENSIVE CARE UNIT	21,143,724		21,143,724		31.00
32.00	03200	CORONARY CARE UNIT	19,463,811		19,463,811		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	14,343,759		14,343,759		35.00
41.00	04100	SUBPROVIDER - IRF	6,666,705		6,666,705		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	4,255,008		4,255,008		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	89,470,162	129,317,223	218,787,385	0.090303	50.00
50.01	05001	CV SURGERY	0	0	0	0.000000	50.01
51.00	05100	RECOVERY ROOM	7,312,308	25,970,682	33,282,990	0.196079	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,403,978	3,045,758	36,449,736	0.223851	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,788,958	29,696,389	48,485,347	0.146829	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,898,897	97,561,497	102,460,394	0.060247	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	9,725,284	17,399,388	27,124,672	0.051308	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,809,825	7,428,206	10,238,031	0.083195	58.00
59.00	05900	CARDIAC CATHETERIZATION	27,214,940	44,056,564	71,271,504	0.045971	59.00
60.00	06000	LABORATORY	44,003,024	72,819,778	116,822,802	0.174129	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,138,124	2,348,533	13,486,657	0.308499	65.00
66.00	06600	PHYSICAL THERAPY	14,037,984	16,230,185	30,268,169	0.374814	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,706,520	11,496,868	24,203,388	0.069444	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,430,920	9,853,217	12,284,137	0.124585	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,804,839	57,471,078	88,275,917	0.181456	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	87,835,032	44,311,131	132,146,163	0.210932	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	68,055,170	177,135,479	245,190,649	0.194570	73.00
73.01	07302	OP PHARMACY	0	0	0	0.000000	73.01
74.00	07400	RENAL DIALYSIS	3,859,453	791,994	4,651,447	0.363464	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	394,960	3,448,855	3,843,815	0.340050	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	35,644	2,788,187	2,823,831	1.304789	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	2,172,235	31,178,874	33,351,109	0.239206	90.01
90.02	09002	WOUND CARE CENTER	39,286	7,679,689	7,718,975	0.178228	90.02
90.03	09003	PAIN CLINIC	6,311	2,997,111	3,003,422	0.207983	90.03
90.05	09005	OP PSYCH CLINIC	8,702	4,389,791	4,398,493	1.058571	90.05
91.00	09100	EMERGENCY	44,345,598	156,316,124	200,661,722	0.069831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	897,946	35,746,985	36,644,931	0.137332	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	157,303	52,052,370	52,209,673	0.206528	95.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	719,927,886	1,043,531,956	1,763,459,842		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	719,927,886	1,043,531,956	1,763,459,842		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet C Part I Date/Time Prepared: 6/29/2020 8:56 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.090303		50.00
50.01	05001 CV SURGERY	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.196079		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.223851		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146829		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.060247		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.051308		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083195		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.045971		59.00
60.00	06000 LABORATORY	0.174129		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.308499		65.00
66.00	06600 PHYSICAL THERAPY	0.376652		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.069444		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.124585		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181456		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.210932		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194570		73.00
73.01	07302 OP PHARMACY	0.000000		73.01
74.00	07400 RENAL DIALYSIS	0.363464		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		75.01
76.97	07697 CARDIAC REHABILITATION	0.340050		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	1.304789		90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.239206		90.01
90.02	09002 WOUND CARE CENTER	0.178228		90.02
90.03	09003 PAIN CLINIC	0.207983		90.03
90.05	09005 OP PSYCH CLINIC	1.058571		90.05
91.00	09100 EMERGENCY	0.069831		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.137332		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.206528		95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 6/29/2020 8:56 am

Cost Center Description			Title XIX			Hospital		PPS	
			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	19,757,089	1,631,269	18,125,820	0	0	50.00	
50.01	05001	CV SURGERY	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	6,526,087	200,354	6,325,733	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,159,314	985,121	7,174,193	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,119,052	597,486	6,521,566	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	6,172,909	666,812	5,506,097	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	1,391,723	53,207	1,338,516	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	851,755	60,489	791,266	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	3,276,410	217,770	3,058,640	0	0	59.00	
60.00	06000	LABORATORY	20,342,188	680,144	19,662,044	0	0	60.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	4,160,624	87,291	4,073,333	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	11,344,944	387,274	10,957,670	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	1,680,787	88,723	1,592,064	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	1,530,418	128,734	1,401,684	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,018,169	213,106	15,805,063	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	27,873,917	366,679	27,507,238	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	47,706,793	647,762	47,059,031	0	0	73.00	
73.01	07302	OP PHARMACY	114,834	1,304	113,530	0	0	73.01	
74.00	07400	RENAL DIALYSIS	1,690,632	38,718	1,651,914	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01	
76.97	07697	CARDIAC REHABILITATION	1,307,088	114,294	1,192,794	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	3,684,504	585,335	3,099,169	0	0	90.00	
90.01	09001	OP ONCOLOGY INFUSION CENTER	7,977,791	609,964	7,367,827	0	0	90.01	
90.02	09002	WOUND CARE CENTER	1,375,740	141,337	1,234,403	0	0	90.02	
90.03	09003	PAIN CLINIC	624,661	85,511	539,150	0	0	90.03	
90.05	09005	OP PSYCH CLINIC	4,656,115	372,559	4,283,556	0	0	90.05	
91.00	09100	EMERGENCY	14,012,406	922,029	13,090,377	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,032,524	371,959	4,660,565	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	10,782,743	501,291	10,281,452	0	0	95.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00	
200.00		Subtotal (sum of lines 50 thru 199)	235,171,217	10,756,522	224,414,695	0	0	200.00	
201.00		Less Observation Beds	5,032,524	371,959	4,660,565	0	0	201.00	
202.00		Total (line 200 minus line 201)	230,138,693	10,384,563	219,754,130	0	0	202.00	

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

Provider CCN: 15-0051

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

Worksheet C Part II Date/Time Prepared: 6/29/2020 8:56 am

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	19,757,089	218,787,385	0.090303		50.00
50.01	05001 CV SURGERY	0	0	0.000000		50.01
51.00	05100 RECOVERY ROOM	6,526,087	33,282,990	0.196079		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8,159,314	36,449,736	0.223851		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,119,052	48,485,347	0.146829		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	6,172,909	102,460,394	0.060247		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	1,391,723	27,124,672	0.051308		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	851,755	10,238,031	0.083195		58.00
59.00	05900 CARDIAC CATHETERIZATION	3,276,410	71,271,504	0.045971		59.00
60.00	06000 LABORATORY	20,342,188	116,822,802	0.174129		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	4,160,624	13,486,657	0.308499		65.00
66.00	06600 PHYSICAL THERAPY	11,344,944	30,268,169	0.374814		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	1,680,787	24,203,388	0.069444		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,530,418	12,284,137	0.124585		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,018,169	88,275,917	0.181456		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	27,873,917	132,146,163	0.210932		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	47,706,793	245,190,649	0.194570		73.00
73.01	07302 OP PHARMACY	114,834	0	0.000000		73.01
74.00	07400 RENAL DIALYSIS	1,690,632	4,651,447	0.363464		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000		75.01
76.97	07697 CARDIAC REHABILITATION	1,307,088	3,843,815	0.340050		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,684,504	2,823,831	1.304789		90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	7,977,791	33,351,109	0.239206		90.01
90.02	09002 WOUND CARE CENTER	1,375,740	7,718,975	0.178228		90.02
90.03	09003 PAIN CLINIC	624,661	3,003,422	0.207983		90.03
90.05	09005 OP PSYCH CLINIC	4,656,115	4,398,493	1.058571		90.05
91.00	09100 EMERGENCY	14,012,406	200,661,722	0.069831		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,032,524	36,644,931	0.137332		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	10,782,743	52,209,673	0.206528		95.00
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	235,171,217	1,560,085,359			200.00
201.00	Less Observation Beds	5,032,524	0			201.00
202.00	Total (line 200 minus line 201)	230,138,693	1,560,085,359			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	4,041,243	0	4,041,243	48,022	84.15	30.00
31.00	INTENSIVE CARE UNIT	396,847		396,847	3,798	104.49	31.00
32.00	CORONARY CARE UNIT	451,038		451,038	3,605	125.11	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	239,122		239,122	3,139	76.18	35.00
41.00	SUBPROVIDER - IRF	374,218	0	374,218	3,083	121.38	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	150,130		150,130	3,025	49.63	43.00
200.00	Total (lines 30 through 199)	5,652,598		5,652,598	64,672		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	16,995	1,430,129				
31.00	INTENSIVE CARE UNIT	1,431	149,525				
32.00	CORONARY CARE UNIT	2,528	316,278				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
41.00	SUBPROVIDER - IRF	1,789	217,149				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	22,743	2,113,081				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 6/29/2020 8:56 am	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,631,269	218,787,385	0.007456	37,921,840	282,745	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	200,354	33,282,990	0.006020	3,064,685	18,449	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	985,121	36,449,736	0.027027	147,575	3,989	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	597,486	48,485,347	0.012323	8,612,155	106,128	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	666,812	102,460,394	0.006508	2,314,501	15,063	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	53,207	27,124,672	0.001962	4,428,388	8,688	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	60,489	10,238,031	0.005908	1,069,499	6,319	58.00
59.00	05900	CARDIAC CATHETERIZATION	217,770	71,271,504	0.003055	10,054,124	30,715	59.00
60.00	06000	LABORATORY	680,144	116,822,802	0.005822	17,514,304	101,968	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	87,291	13,486,657	0.006472	4,766,612	30,850	65.00
66.00	06600	PHYSICAL THERAPY	387,274	30,268,169	0.012795	3,843,675	49,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	88,723	24,203,388	0.003666	6,213,531	22,779	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,734	12,284,137	0.010480	1,026,092	10,753	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	213,106	88,275,917	0.002414	12,921,822	31,193	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	366,679	132,146,163	0.002775	39,360,896	109,226	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	647,762	245,190,649	0.002642	27,588,541	72,889	73.00
73.01	07302	OP PHARMACY	1,304	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	38,718	4,651,447	0.008324	2,167,045	18,038	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	114,294	3,843,815	0.029735	173,579	5,161	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	585,335	2,823,831	0.207284	26,645	5,523	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	609,964	33,351,109	0.018289	943,923	17,263	90.01
90.02	09002	WOUND CARE CENTER	141,337	7,718,975	0.018310	20,131	369	90.02
90.03	09003	PAIN CLINIC	85,511	3,003,422	0.028471	75	2	90.03
90.05	09005	OP PSYCH CLINIC	372,559	4,398,493	0.084702	4,925	417	90.05
91.00	09100	EMERGENCY	922,029	200,661,722	0.004595	19,487,574	89,545	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	371,959	36,644,931	0.010150	383,105	3,889	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	10,255,231	1,507,875,686		204,055,242	1,041,141	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	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	48,022	0.00	16,995	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	3,798	0.00	1,431	31.00
32.00	03200	CORONARY CARE UNIT	0	0	3,605	0.00	2,528	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,139	0.00	0	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,083	0.00	1,789	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	0	3,025	0.00	0	43.00
200.00		Total (lines 30 through 199)	0	0	64,672	0.00	22,743	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
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
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: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
50.01 05001 CV SURGERY	0	0	0	0	0	0	50.01	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	658,501	73.00	
73.01 07302 OP PHARMACY	0	0	0	0	0	0	73.01	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	0	90.01	
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	0	90.02	
90.03 09003 PAIN CLINIC	0	0	0	0	0	0	90.03	
90.05 09005 OP PSYCH CLINIC	0	0	0	0	0	0	90.05	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
200.00 Total (Lines 50 through 199)	0	0	0	0	0	658,501	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	218,787,385	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	33,282,990	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	36,449,736	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	48,485,347	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	102,460,394	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	27,124,672	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,238,031	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	71,271,504	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	116,822,802	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	13,486,657	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	30,268,169	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	24,203,388	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,284,137	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,275,917	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	132,146,163	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	658,501	658,501	245,190,649	0.002686	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,651,447	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,843,815	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,823,831	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	33,351,109	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	7,718,975	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	3,003,422	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	4,398,493	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	200,661,722	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	36,644,931	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	658,501	658,501	1,507,875,686		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	37,921,840	0	31,448,325	0	50.00	
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01	
51.00	05100 RECOVERY ROOM	0.000000	3,064,685	0	6,576,661	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	147,575	0	17,541	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	8,612,155	0	8,421,143	0	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	2,314,501	0	42,757,527	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00	
57.00	05700 CT SCAN	0.000000	4,428,388	0	5,177,404	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,069,499	0	1,739,147	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	10,054,124	0	15,953,347	0	59.00	
60.00	06000 LABORATORY	0.000000	17,514,304	0	8,542,594	0	60.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	4,766,612	0	674,821	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	3,843,675	0	109,951	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	6,213,531	0	3,836,265	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	1,026,092	0	2,820,792	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	12,921,822	0	19,219,429	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	39,360,896	0	16,776,744	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002686	27,588,541	74,103	73,414,618	197,192	73.00	
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	2,167,045	0	285,004	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01	
76.97	07697 CARDIAC REHABILITATION	0.000000	173,579	0	1,334,035	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	26,645	0	1,142,981	0	90.00	
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	943,923	0	12,856,323	0	90.01	
90.02	09002 WOUND CARE CENTER	0.000000	20,131	0	1,634,113	0	90.02	
90.03	09003 PAIN CLINIC	0.000000	75	0	748,797	0	90.03	
90.05	09005 OP PSYCH CLINIC	0.000000	4,925	0	501,012	0	90.05	
91.00	09100 EMERGENCY	0.000000	19,487,574	0	32,497,106	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	383,105	0	14,414,509	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		204,055,242	74,103	302,900,189	197,192	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.090303	31,448,325	0	0	2,839,878
50.01 05001 CV SURGERY	0.000000	0	0	0	0
51.00 05100 RECOVERY ROOM	0.196079	6,576,661	1	0	1,289,545
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.223851	17,541	0	0	3,927
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.146829	8,421,143	1	0	1,236,468
55.00 05500 RADIOLOGY-THERAPEUTIC	0.060247	42,757,527	0	0	2,576,013
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.051308	5,177,404	0	0	265,642
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083195	1,739,147	0	0	144,688
59.00 05900 CARDIAC CATHETERIZATION	0.045971	15,953,347	0	0	733,391
60.00 06000 LABORATORY	0.174129	8,542,594	10,841	0	1,487,513
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.308499	674,821	0	0	208,182
66.00 06600 PHYSICAL THERAPY	0.374814	109,951	0	0	41,211
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.069444	3,836,265	0	0	266,406
70.00 07000 ELECTROENCEPHALOGRAPHY	0.124585	2,820,792	0	0	351,428
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181456	19,219,429	0	0	3,487,481
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.210932	16,776,744	0	0	3,538,752
73.00 07300 DRUGS CHARGED TO PATIENTS	0.194570	73,414,618	0	121,174	14,284,282
73.01 07302 OP PHARMACY	0.000000	0	0	0	0
74.00 07400 RENAL DIALYSIS	0.363464	285,004	29	0	103,589
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.340050	1,334,035	0	0	453,639
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1.304789	1,142,981	3	45	1,491,349
90.01 09001 OP ONCOLOGY INFUSION CENTER	0.239206	12,856,323	224	8	3,075,310
90.02 09002 WOUND CARE CENTER	0.178228	1,634,113	4,877	0	291,245
90.03 09003 PAIN CLINIC	0.207983	748,797	0	0	155,737
90.05 09005 OP PSYCH CLINIC	1.058571	501,012	0	0	530,357
91.00 09100 EMERGENCY	0.069831	32,497,106	10	27	2,269,305
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.137332	14,414,509	1	0	1,979,573
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		
95.00 09500 AMBULANCE SERVICES	0.206528		0		
200.00		Subtotal (see instructions)	302,900,189	15,987	121,254
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0
202.00		Net Charges (line 200 - line 201)	302,900,189	15,987	121,254

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 CV SURGERY	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	1,888	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	23,577	73.00
73.01	07302 OP PHARMACY	0	0	73.01
74.00	07400 RENAL DIALYSIS	11	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	4	59	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	54	2	90.01
90.02	09002 WOUND CARE CENTER	869	0	90.02
90.03	09003 PAIN CLINIC	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	90.05
91.00	09100 EMERGENCY	1	2	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	2,827	23,640	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	2,827	23,640	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 6/29/2020 8:56 am		
Title XVIII				Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,631,269	218,787,385	0.007456	37,484	279	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	200,354	33,282,990	0.006020	12,034	72	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	985,121	36,449,736	0.027027	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	597,486	48,485,347	0.012323	40,495	499	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	666,812	102,460,394	0.006508	4,287	28	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	53,207	27,124,672	0.001962	40,604	80	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	60,489	10,238,031	0.005908	4,475	26	58.00
59.00	05900	CARDIAC CATHETERIZATION	217,770	71,271,504	0.003055	0	0	59.00
60.00	06000	LABORATORY	680,144	116,822,802	0.005822	314,848	1,833	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	87,291	13,486,657	0.006472	35,856	232	65.00
66.00	06600	PHYSICAL THERAPY	387,274	30,268,169	0.012795	3,644,903	46,637	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	88,723	24,203,388	0.003666	25,722	94	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,734	12,284,137	0.010480	6,747	71	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	213,106	88,275,917	0.002414	65,919	159	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	366,679	132,146,163	0.002775	3,685	10	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	647,762	245,190,649	0.002642	627,111	1,657	73.00
73.01	07302	OP PHARMACY	1,304	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	38,718	4,651,447	0.008324	147,448	1,227	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	114,294	3,843,815	0.029735	46,803	1,392	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	585,335	2,823,831	0.207284	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	609,964	33,351,109	0.018289	0	0	90.01
90.02	09002	WOUND CARE CENTER	141,337	7,718,975	0.018310	0	0	90.02
90.03	09003	PAIN CLINIC	85,511	3,003,422	0.028471	0	0	90.03
90.05	09005	OP PSYCH CLINIC	372,559	4,398,493	0.084702	0	0	90.05
91.00	09100	EMERGENCY	922,029	200,661,722	0.004595	33,140	152	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	36,644,931	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	9,883,272	1,507,875,686		5,091,561	54,448	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CV SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	658,501	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	658,501	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
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Title XVIII		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	218,787,385	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	33,282,990	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	36,449,736	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	48,485,347	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	102,460,394	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	27,124,672	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,238,031	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	71,271,504	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	116,822,802	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	13,486,657	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	30,268,169	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	24,203,388	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,284,137	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,275,917	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	132,146,163	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	658,501	658,501	245,190,649	0.002686	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,651,447	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,843,815	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,823,831	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	33,351,109	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	7,718,975	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	3,003,422	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	4,398,493	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	200,661,722	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	36,644,931	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	658,501	658,501	1,507,875,686	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	37,484	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	12,034	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	40,495	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	4,287	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	40,604	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	4,475	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	314,848	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	35,856	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	3,644,903	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	25,722	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	6,747	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	65,919	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	3,685	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002686	627,111	1,684	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	147,448	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	46,803	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	33,140	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		5,091,561	1,684	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:56 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.090303	0	0	0	0	50.00
50.01 05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.196079	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.223851	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.146829	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.060247	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.051308	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083195	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.045971	0	0	0	0	59.00
60.00 06000 LABORATORY	0.174129	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.308499	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.374814	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.069444	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.124585	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181456	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.210932	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.194570	0	0	116	0	73.00
73.01 07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.363464	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0.340050	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	1.304789	0	0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0.239206	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0.178228	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0.207983	0	0	0	0	90.03
90.05 09005 OP PSYCH CLINIC	1.058571	0	0	0	0	90.05
91.00 09100 EMERGENCY	0.069831	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.137332	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.206528	0	0	0	0	95.00
200.00	Subtotal (see instructions)	0	0	116	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)	0	0	116	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part V Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
50.01	05001	CV SURGERY	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23	73.00
73.01	07302	OP PHARMACY	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0	0	90.01
90.02	09002	WOUND CARE CENTER	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	90.03
90.05	09005	OP PSYCH CLINIC	0	0	90.05
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	23	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 - line 201)	0	23	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part I Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description		Title XIX			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,041,243	0	4,041,243	48,022	84.15	30.00
31.00	INTENSIVE CARE UNIT	396,847		396,847	3,798	104.49	31.00
32.00	CORONARY CARE UNIT	451,038		451,038	3,605	125.11	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	239,122		239,122	3,139	76.18	35.00
41.00	SUBPROVIDER - IRF	374,218	0	374,218	3,083	121.38	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	150,130		150,130	3,025	49.63	43.00
200.00	Total (lines 30 through 199)	5,652,598		5,652,598	64,672		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	1,212	101,990				30.00
31.00	INTENSIVE CARE UNIT	917	95,817				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
35.00	NEONATAL INTENSIVE CARE UNIT	283	21,559				35.00
41.00	SUBPROVIDER - IRF	61	7,404				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	1,445	71,715				43.00
200.00	Total (lines 30 through 199)	3,918	298,485				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 6/29/2020 8:56 am	
Cost Center Description			Title XIX		Hospital		PPS	
			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,631,269	218,787,385	0.007456	926,313	6,907	50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	200,354	33,282,990	0.006020	82,277	495	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	985,121	36,449,736	0.027027	827,535	22,366	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	597,486	48,485,347	0.012323	426,596	5,257	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	666,812	102,460,394	0.006508	81,806	532	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	53,207	27,124,672	0.001962	195,765	384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	60,489	10,238,031	0.005908	75,075	444	58.00
59.00	05900	CARDIAC CATHETERIZATION	217,770	71,271,504	0.003055	330,347	1,009	59.00
60.00	06000	LABORATORY	680,144	116,822,802	0.005822	1,411,929	8,220	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	87,291	13,486,657	0.006472	497,816	3,222	65.00
66.00	06600	PHYSICAL THERAPY	387,274	30,268,169	0.012795	134,315	1,719	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	88,723	24,203,388	0.003666	200,857	736	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,734	12,284,137	0.010480	119,612	1,254	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	213,106	88,275,917	0.002414	601,008	1,451	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	366,679	132,146,163	0.002775	1,403,973	3,896	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	647,762	245,190,649	0.002642	2,333,984	6,166	73.00
73.01	07302	OP PHARMACY	1,304	0	0.000000	0	0	73.01
74.00	07400	RENAL DIALYSIS	38,718	4,651,447	0.008324	125,328	1,043	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	114,294	3,843,815	0.029735	7,349	219	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	585,335	2,823,831	0.207284	0	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	609,964	33,351,109	0.018289	61,704	1,129	90.01
90.02	09002	WOUND CARE CENTER	141,337	7,718,975	0.018310	0	0	90.02
90.03	09003	PAIN CLINIC	85,511	3,003,422	0.028471	0	0	90.03
90.05	09005	OP PSYCH CLINIC	372,559	4,398,493	0.084702	516	44	90.05
91.00	09100	EMERGENCY	922,029	200,661,722	0.004595	1,123,995	5,165	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	371,959	36,644,931	0.010150	31,142	316	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
200.00		Total (lines 50 through 199)	10,255,231	1,507,875,686		10,999,242	71,974	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part III Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description		Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	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	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	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	48,022	0.00	1,212	30.00
31.00	03100	INTENSIVE CARE UNIT		0	3,798	0.00	917	31.00
32.00	03200	CORONARY CARE UNIT		0	3,605	0.00	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	3,139	0.00	283	35.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,083	0.00	61	41.00
42.00	04200	SUBPROVIDER	0	0	0	0.00	0	42.00
43.00	04300	NURSERY		0	3,025	0.00	1,445	43.00
200.00		Total (lines 30 through 199)		0	64,672		3,918	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
41.00	04100	SUBPROVIDER - IRF	0					41.00
42.00	04200	SUBPROVIDER	0					42.00
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: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description	Title XIX			Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
	1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 CV SURGERY	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	658,501	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00 Total (Lines 50 through 199)	0	0	0	0	658,501	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description	Title XIX				Hospital	PPS
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	218,787,385	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	33,282,990	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	36,449,736	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	48,485,347	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	102,460,394	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	27,124,672	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,238,031	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	71,271,504	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	116,822,802	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	13,486,657	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	30,268,169	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	24,203,388	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,284,137	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,275,917	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	132,146,163	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	658,501	658,501	245,190,649	0.002686	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,651,447	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,843,815	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,823,831	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	33,351,109	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	7,718,975	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	3,003,422	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	4,398,493	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	200,661,722	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	36,644,931	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	658,501	658,501	1,507,875,686		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
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Cost Center Description		Title XIX				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	926,313	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	82,277	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	827,535	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	426,596	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	81,806	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	195,765	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	75,075	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	330,347	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	1,411,929	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	497,816	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	134,315	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	200,857	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	119,612	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	601,008	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	1,403,973	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002686	2,333,984	6,269	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	125,328	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	7,349	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	61,704	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	516	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	1,123,995	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	31,142	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		10,999,242	6,269	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2019 To 12/31/2019		Worksheet D Part II Date/Time Prepared: 6/29/2020 8:56 am	
				Title XIX		Subprovider - IRF	PPS
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,631,269	218,787,385	0.007456	0	0 50.00
50.01	05001	CV SURGERY	0	0	0.000000	0	0 50.01
51.00	05100	RECOVERY ROOM	200,354	33,282,990	0.006020	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	985,121	36,449,736	0.027027	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	597,486	48,485,347	0.012323	2,263	28 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	666,812	102,460,394	0.006508	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	53,207	27,124,672	0.001962	744	1 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	60,489	10,238,031	0.005908	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	217,770	71,271,504	0.003055	0	0 59.00
60.00	06000	LABORATORY	680,144	116,822,802	0.005822	4,931	29 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	87,291	13,486,657	0.006472	0	0 65.00
66.00	06600	PHYSICAL THERAPY	387,274	30,268,169	0.012795	140,770	1,801 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	88,723	24,203,388	0.003666	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,734	12,284,137	0.010480	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	213,106	88,275,917	0.002414	1,259	3 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	366,679	132,146,163	0.002775	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	647,762	245,190,649	0.002642	34,305	91 73.00
73.01	07302	OP PHARMACY	1,304	0	0.000000	0	0 73.01
74.00	07400	RENAL DIALYSIS	38,718	4,651,447	0.008324	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0 75.01
76.97	07697	CARDIAC REHABILITATION	114,294	3,843,815	0.029735	0	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	585,335	2,823,831	0.207284	0	0 90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	609,964	33,351,109	0.018289	0	0 90.01
90.02	09002	WOUND CARE CENTER	141,337	7,718,975	0.018310	0	0 90.02
90.03	09003	PAIN CLINIC	85,511	3,003,422	0.028471	0	0 90.03
90.05	09005	OP PSYCH CLINIC	372,559	4,398,493	0.084702	0	0 90.05
91.00	09100	EMERGENCY	922,029	200,661,722	0.004595	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	36,644,931	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0 95.00
200.00		Total (lines 50 through 199)	9,883,272	1,507,875,686		184,272	1,953 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 CV SURGERY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	658,501	73.00
73.01	07302 OP PHARMACY	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0	0	0	0	0	90.05
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	658,501	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
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Title XIX		Subprovider - IRF	PPS
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	218,787,385	0.000000	50.00
50.01 05001 CV SURGERY	0	0	0	0	0.000000	50.01
51.00 05100 RECOVERY ROOM	0	0	0	33,282,990	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	36,449,736	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	48,485,347	0.000000	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	102,460,394	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	27,124,672	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,238,031	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	71,271,504	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	116,822,802	0.000000	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	13,486,657	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	30,268,169	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	24,203,388	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	12,284,137	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	88,275,917	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	132,146,163	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	658,501	658,501	245,190,649	0.002686	73.00
73.01 07302 OP PHARMACY	0	0	0	0	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,651,447	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
75.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0.000000	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	3,843,815	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	2,823,831	0.000000	90.00
90.01 09001 OP ONCOLOGY INFUSION CENTER	0	0	0	33,351,109	0.000000	90.01
90.02 09002 WOUND CARE CENTER	0	0	0	7,718,975	0.000000	90.02
90.03 09003 PAIN CLINIC	0	0	0	3,003,422	0.000000	90.03
90.05 09005 OP PSYCH CLINIC	0	0	0	4,398,493	0.000000	90.05
91.00 09100 EMERGENCY	0	0	0	200,661,722	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	36,644,931	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00	Total (lines 50 through 199)	0	658,501	658,501	1,507,875,686	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D Part IV Date/Time Prepared: 6/29/2020 8:56 am
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	0	0	0	0	50.00
50.01	05001 CV SURGERY	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	2,263	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	744	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	4,931	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	140,770	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,259	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.002686	34,305	92	0	0	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.000000	0	0	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.000000	0	0	0	0	90.02
90.03	09003 PAIN CLINIC	0.000000	0	0	0	0	90.03
90.05	09005 OP PSYCH CLINIC	0.000000	0	0	0	0	90.05
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		184,272	92	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,022	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,022	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)		43,602	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)		16,995	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		54,676,888	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)		54,676,888	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)		54,676,888	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,138.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,350,167	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)		19,350,167	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,254,215	3,798	1,910.01	1,431	2,733,224	43.00
44.00	CORONARY CARE UNIT	5,742,690	3,605	1,592.98	2,528	4,027,053	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,122,013	3,139	1,313.16	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,312,664	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					57,423,108	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)					1,895,932	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,115,244	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,011,176	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					54,411,932	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)					4,420	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,138.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,032,524	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,041,243	54,676,888	0.073911	5,032,524	371,959	90.00
91.00	Nursing School cost	0	54,676,888	0.000000	5,032,524	0	91.00
92.00	Allied health cost	0	54,676,888	0.000000	5,032,524	0	92.00
93.00	All other Medical Education	0	54,676,888	0.000000	5,032,524	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,083	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,083	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)		3,083	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)		1,789	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,171,582	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)		3,171,582	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)		3,171,582	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,028.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,840,398	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)		1,840,398	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
					Component CCN: 15-T051		Date/Time Prepared: 6/29/2020 8:56 am
					Title XVIII	Subprovider - IRF	PPS
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00 BURN INTENSIVE CARE UNIT						45.00	
46.00 SURGICAL INTENSIVE CARE UNIT						46.00	
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00	
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,662,353	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,502,751	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)					217,149	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					56,132	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					273,281	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,229,470	53.00	
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0	54.00	
55.00 Target amount per discharge					0.00	55.00	
56.00 Target amount (line 54 x line 55)					0	56.00	
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00	
58.00 Bonus payment (see instructions)					0	58.00	
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00	
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00	
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00	
62.00 Relief payment (see instructions)					0	62.00	
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00	
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00	
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00	
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00	
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00	
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00	
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00	
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00	
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00	
72.00 Program routine service cost (line 9 x line 71)						72.00	
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00	
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00	
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00	
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00	
77.00 Program capital-related costs (line 9 x line 76)						77.00	
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00	
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00	
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00	
81.00 Inpatient routine service cost per diem limitation						81.00	
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00	
83.00 Reasonable inpatient routine service costs (see instructions)						83.00	
84.00 Program inpatient ancillary services (see instructions)						84.00	
85.00 Utilization review - physician compensation (see instructions)						85.00	
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00	
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0	87.00	
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00	
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0	89.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	374,218	3,171,582	0.117991	0	0	90.00
91.00	Nursing School cost	0	3,171,582	0.000000	0	0	91.00
92.00	Allied health cost	0	3,171,582	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,171,582	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,022	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,022	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)		43,602	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)		1,212	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)		3,025	15.00
16.00	Nursery days (title V or XIX only)		1,445	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		54,676,888	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)		54,676,888	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)		54,676,888	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,138.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,379,959	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)		1,379,959	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,713,960	3,025	566.60	1,445	818,737	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,254,215	3,798	1,910.01	917	1,751,479	43.00
44.00	CORONARY CARE UNIT	5,742,690	3,605	1,592.98	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	4,122,013	3,139	1,313.16	283	371,624	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,868,390	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,190,189	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)					291,081	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					78,243	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					369,324	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,820,865	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)					4,420	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,138.58	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,032,524	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,041,243	54,676,888	0.073911	5,032,524	371,959	90.00
91.00	Nursing School cost	0	54,676,888	0.000000	5,032,524	0	91.00
92.00	Allied health cost	0	54,676,888	0.000000	5,032,524	0	92.00
93.00	All other Medical Education	0	54,676,888	0.000000	5,032,524	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			3,083 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,083 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)			3,083 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)			61 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)			3,025 15.00
16.00	Nursery days (title V or XIX only)			1,445 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,171,582 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)			3,171,582 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)			3,171,582 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,028.73 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			62,753 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)			62,753 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-1
					Component CCN: 15-T051		Date/Time Prepared: 6/29/2020 8:56 am
					Title XIX	Subprovider - IRF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					61,153		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					123,906		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)					7,404		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,045		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					9,449		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					114,457		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0051 Component CCN: 15-T051		Period: From 01/01/2019 To 12/31/2019		Worksheet D-1 Date/Time Prepared: 6/29/2020 8:56 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	374,218	3,171,582	0.117991	0	0	90.00
91.00	Nursing School cost	0	3,171,582	0.000000	0	0	91.00
92.00	Allied health cost	0	3,171,582	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,171,582	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:56 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		54,853,015	30.00
31.00	03100	INTENSIVE CARE UNIT		9,859,259	31.00
32.00	03200	CORONARY CARE UNIT		8,565,092	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		48,510	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090303	37,921,840	3,424,456
50.01	05001	CV SURGERY	0.000000	0	0
51.00	05100	RECOVERY ROOM	0.196079	3,064,685	600,920
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.223851	147,575	33,035
53.00	05300	ANESTHESIOLOGY	0.000000	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146829	8,612,155	1,264,514
55.00	05500	RADIOLOGY-THERAPEUTIC	0.060247	2,314,501	139,442
56.00	05600	RADIOISOTOPE	0.000000	0	0
57.00	05700	CT SCAN	0.051308	4,428,388	227,212
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083195	1,069,499	88,977
59.00	05900	CARDIAC CATHETERIZATION	0.045971	10,054,124	462,198
60.00	06000	LABORATORY	0.174129	17,514,304	3,049,748
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	0.308499	4,766,612	1,470,495
66.00	06600	PHYSICAL THERAPY	0.376652	3,843,675	1,447,728
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	0.069444	6,213,531	431,492
70.00	07000	ELECTROENCEPHALOGRAPHY	0.124585	1,026,092	127,836
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181456	12,921,822	2,344,742
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210932	39,360,896	8,302,473
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194570	27,588,541	5,367,902
73.01	07302	OP PHARMACY	0.000000	0	0
74.00	07400	RENAL DIALYSIS	0.363464	2,167,045	787,643
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0
76.97	07697	CARDIAC REHABILITATION	0.340050	173,579	59,026
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.304789	26,645	34,766
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.239206	943,923	225,792
90.02	09002	WOUND CARE CENTER	0.178228	20,131	3,588
90.03	09003	PAIN CLINIC	0.207983	75	16
90.05	09005	OP PSYCH CLINIC	1.058571	4,925	5,213
91.00	09100	EMERGENCY	0.069831	19,487,574	1,360,837
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.137332	383,105	52,613
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		204,055,242	31,312,664
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net charges (line 200 minus line 201)		204,055,242	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:56 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
41.00	04100 SUBPROVIDER - IRF		3,882,388		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.090303	37,484	3,385	50.00
50.01	05001 CV SURGERY	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	0.196079	12,034	2,360	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.223851	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.146829	40,495	5,946	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.060247	4,287	258	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700 CT SCAN	0.051308	40,604	2,083	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.083195	4,475	372	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.045971	0	0	59.00
60.00	06000 LABORATORY	0.174129	314,848	54,824	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.308499	35,856	11,062	65.00
66.00	06600 PHYSICAL THERAPY	0.376652	3,644,903	1,372,860	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.069444	25,722	1,786	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.124585	6,747	841	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181456	65,919	11,961	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.210932	3,685	777	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.194570	627,111	122,017	73.00
73.01	07302 OP PHARMACY	0.000000	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.363464	147,448	53,592	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	75.01
76.97	07697 CARDIAC REHABILITATION	0.340050	46,803	15,915	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1.304789	0	0	90.00
90.01	09001 OP ONCOLOGY INFUSION CENTER	0.239206	0	0	90.01
90.02	09002 WOUND CARE CENTER	0.178228	0	0	90.02
90.03	09003 PAIN CLINIC	0.207983	0	0	90.03
90.05	09005 OP PSYCH CLINIC	1.058571	0	0	90.05
91.00	09100 EMERGENCY	0.069831	33,140	2,314	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.137332	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		5,091,561	1,662,353	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)		5,091,561		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:56 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,418,286	30.00
31.00	03100	INTENSIVE CARE UNIT		1,048,197	31.00
32.00	03200	CORONARY CARE UNIT		123,962	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,127,046	35.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		235,924	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090303	926,313	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.196079	82,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.223851	827,535	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146829	426,596	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.060247	81,806	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.051308	195,765	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083195	75,075	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045971	330,347	59.00
60.00	06000	LABORATORY	0.174129	1,411,929	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.308499	497,816	65.00
66.00	06600	PHYSICAL THERAPY	0.376652	134,315	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069444	200,857	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.124585	119,612	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181456	601,008	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210932	1,403,973	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194570	2,333,984	73.00
73.01	07302	OP PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.363464	125,328	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.340050	7,349	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.304789	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.239206	61,704	90.01
90.02	09002	WOUND CARE CENTER	0.178228	0	90.02
90.03	09003	PAIN CLINIC	0.207983	0	90.03
90.05	09005	OP PSYCH CLINIC	1.058571	516	90.05
91.00	09100	EMERGENCY	0.069831	1,123,995	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.137332	31,142	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		10,999,242	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)		10,999,242	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet D-3 Date/Time Prepared: 6/29/2020 8:56 am	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
41.00	04100	SUBPROVIDER - IRF		128,100	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.090303	0	50.00
50.01	05001	CV SURGERY	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.196079	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.223851	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.146829	2,263	332 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.060247	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.051308	744	38 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.083195	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.045971	0	59.00
60.00	06000	LABORATORY	0.174129	4,931	859 60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.308499	0	65.00
66.00	06600	PHYSICAL THERAPY	0.376652	140,770	53,021 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.069444	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.124585	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.181456	1,259	228 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.210932	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194570	34,305	6,675 73.00
73.01	07302	OP PHARMACY	0.000000	0	73.01
74.00	07400	RENAL DIALYSIS	0.363464	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.340050	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1.304789	0	90.00
90.01	09001	OP ONCOLOGY INFUSION CENTER	0.239206	0	90.01
90.02	09002	WOUND CARE CENTER	0.178228	0	90.02
90.03	09003	PAIN CLINIC	0.207983	0	90.03
90.05	09005	OP PSYCH CLINIC	1.058571	0	90.05
91.00	09100	EMERGENCY	0.069831	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.137332	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		184,272	61,153 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		184,272	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		32,312,454	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,963,222	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)		910,983	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		283,877	2.04
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		261.81	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.23	30.00
31.00	Percentage of Medicaid patient days (see instructions)		26.21	31.00
32.00	Sum of lines 30 and 31		31.44	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.15	33.00
34.00	Disproportionate share adjustment (see instructions)		1,639,066	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,272,872,447	8,350,599,096	35.00
35.01	Factor 3 (see instructions)	0.000480022	0.000361201	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	3,971,161	3,016,243	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	2,970,210	758,181	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	3,728,391		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	49,837,993		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)		49,837,993	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,771,813	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).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		59,038	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		74,103	58.00
59.00	Total (sum of amounts on lines 49 through 58)		53,742,947	59.00
60.00	Primary payer payments		10,538	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		53,732,409	61.00
62.00	Deductibles billed to program beneficiaries		4,506,940	62.00
63.00	Coinurance billed to program beneficiaries		89,312	63.00
64.00	Allowable bad debts (see instructions)		418,793	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		272,215	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		170,372	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		49,408,372	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)		-108,877	70.93
70.94	HRR adjustment amount (see instructions)		0	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		49,299,495	71.00
71.01	Sequestration adjustment (see instructions)		985,990	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs		0	71.03
72.00	Interim payments		48,496,373	72.00
72.01	Interim payments-PARHM		0	72.01
73.00	Tentative settlement (for contractor use only)		0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)		0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		-182,868	74.00
74.01	Balance due provider/program-PARHM (see instructions)		0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		988,036	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the \$410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:56 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,312,454	0	32,312,454		32,312,454	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,963,222	0		10,963,222	10,963,222	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1.03	0	0	0		0	1.03
1.04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1.04	0	0		0	0	1.04
2.00	Outlier payments for discharges (see instructions)	2.00						2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
2.02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2.03	910,983	0	910,983		910,983	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	283,877	0		283,877	283,877	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	0	6.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	0	8.01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	0	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1515	0.1515	0.1515	0.1515		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	1,639,066	0	1,223,834	415,232	1,639,066	11.00
11.01	Uncompensated care payments	36.00	3,728,391	0	2,970,210	758,181	3,728,391	11.01
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	49,837,993	0	37,417,481	12,420,512	49,837,993	13.00
14.00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs (see instructions)	49.00	49,837,993	0	37,417,481	12,420,512	49,837,993	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,771,813	0	2,835,734	936,079	3,771,813	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0051

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
6/29/2020 8:56 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	40,253,215	13,356,591	53,609,806	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	3,503,119	0	2,629,073	874,046	3,503,119	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	38,189	0	33,668	4,521	38,189	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	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0658	0.0658	0.0658	0.0658		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	230,505	0	172,993	57,512	230,505	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,771,813	0	2,835,734	936,079	3,771,813	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: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2020 8:56 am
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		Title XVIII			Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00					1.00	
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	32,312,454	32,312,454		32,312,454	1.01	
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	10,963,222		10,963,222	10,963,222	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	910,983	910,983		910,983	2.02	
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	283,877		283,877	283,877	2.03	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000		5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
6.01	IME payment adjustment for managed care (see instructions)	22.01	0	0	0	0	6.01	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	IME payment adjustment factor (see instructions)	27.00	0.000000	0.000000	0.000000		7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
8.01	IME payment adjustment add on for managed care (see instructions)	28.01	0	0	0	0	8.01	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	0	0	0	0	9.01	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1515	0.1515	0.1515		10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	1,639,066	1,223,834	415,232	1,639,066	11.00	
11.01	Uncompensated care payments	36.00	3,728,391	2,970,210	758,181	3,728,391	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	49,837,993	37,417,481	12,420,512	49,837,993	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	49,837,993	37,417,481	12,420,512	49,837,993	15.00	
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	3,771,813	2,835,734	936,079	3,771,813	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
17.01	Net organ acquisition cost						17.01	
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			40,253,215	13,356,591	53,609,806	19.00	

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part A Exhibit 5 Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Hospital	PPS

		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	3,503,119	2,629,073	874,046	3,503,119	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	38,189	33,668	4,521	38,189	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	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0658	0.0658	0.0658		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	230,505	172,993	57,512	230,505	25.00
26.00	Total prospective capital payments (see instructions)	12.00	3,771,813	2,835,734	936,079	3,771,813	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	-108,877	-81,028	-27,849	-108,877	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	0	0	0	0	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		32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		26,467	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		42,907,719	2.00
3.00	OPPS payments		40,500,964	3.00
4.00	Outlier payment (see instructions)		162,892	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		197,192	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		26,467	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		137,241	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)		137,241	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)		137,241	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		110,774	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)		26,467	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)		40,861,048	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		2,267	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,203,566	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)		33,681,682	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)		33,681,682	30.00
31.00	Primary payer payments		6,726	31.00
32.00	Subtotal (line 30 minus line 31)		33,674,956	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,073,215	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		697,590	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		861,354	36.00
37.00	Subtotal (see instructions)		34,372,546	37.00
38.00	MSP-LCC reconciliation amount from PS&R		11	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)		445	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,372,535	40.00
40.01	Sequestration adjustment (see instructions)		687,451	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		33,544,084	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)		141,000	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		11,209	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: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet E Part B Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		23	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		116	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)		116	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)		116	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		93	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)		23	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		23	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)		23	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		23	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)		23	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		23	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		24	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)		-1	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0051		Period: From 01/01/2019 To 12/31/2019		Worksheet E-1 Part I Date/Time Prepared: 6/29/2020 8:56 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		48,384,473		33,412,584	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	07/31/2019	111,900	07/31/2019	131,500	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)		111,900		131,500	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)		48,496,373		33,544,084	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		141,000	6.01	
6.02	SETTLEMENT TO PROGRAM		182,868		0	6.02	
7.00	Total Medicare program liability (see instructions)		48,313,505		33,685,084	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: 15-0051
Component CCN: 15-T051

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

Worksheet E-1
Part I
Date/Time Prepared:
6/29/2020 8:56 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,756,483		24	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)		2,756,483		24	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		14,587		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		2,771,070		23	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: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet E-1 Part II Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0051 Component CCN: 15-T051	Period: From 01/01/2019 To 12/31/2019	Worksheet E-3 Part III Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,322,085 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0259 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			101,707 3.00
4.00	Outlier Payments			426,866 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)			8.446575 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)			2,850,658 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)			2,850,658 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,850,658 19.00
20.00	Deductibles			9,548 20.00
21.00	Subtotal (line 19 minus line 20)			2,841,110 21.00
22.00	Coinsurance			16,027 22.00
23.00	Subtotal (line 21 minus line 22)			2,825,083 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,316 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			855 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)			2,825,938 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)			1,684 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)			2,827,622 32.00
32.01	Sequestration adjustment (see instructions)			56,552 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,756,483 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)			14,587 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			17,880 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			426,866 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

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

Provider CCN: 15-0051

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

Worksheet G

Date/Time Prepared:
6/29/2020 8:56 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	298,471,888	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	64,177,124	0	0	0	4.00
5.00	Other receivable	-4,720,343	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,564,763	0	0	0	7.00
8.00	Prepaid expenses	8,807,839	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)	373,301,271	0	0	0	11.00
FIXED ASSETS						
12.00	Land	19,741,447	0	0	0	12.00
13.00	Land improvements	2,058,207	0	0	0	13.00
14.00	Accumulated depreciation	-1,958,102	0	0	0	14.00
15.00	Buildings	162,061,316	0	0	0	15.00
16.00	Accumulated depreciation	-141,956,279	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	-6,024,867	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	3,696,056	0	0	0	21.00
22.00	Accumulated depreciation	-2,835,284	0	0	0	22.00
23.00	Major movable equipment	127,922,223	0	0	0	23.00
24.00	Accumulated depreciation	-105,174,668	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)	57,530,049	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	29,874,468	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	311,347,754	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	341,222,222	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	772,053,542	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	24,717,940	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,468,029	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,855,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,387,412	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,428,381	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	42,262,799	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	42,262,799	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	84,691,180	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	687,362,362	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)	687,362,362	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	772,053,542	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0051

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

Worksheet G-1

Date/Time Prepared:
6/29/2020 8:56 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		589,567,450		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		172,958,502			2.00
3.00	Total (sum of line 1 and line 2)		762,525,952		0	3.00
4.00	DONATED PP&E	51,934		0		4.00
5.00	ROUNDING	6		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		51,940		0	10.00
11.00	Subtotal (line 3 plus line 10)		762,577,892		0	11.00
12.00	UNRESTRICTED FUND BALANCE	75,215,530		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		75,215,530		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		687,362,362		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	DONATED PP&E		0			4.00
5.00	ROUNDING		0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	UNRESTRICTED FUND BALANCE		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0051

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
6/29/2020 8:56 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	141,756,484		141,756,484	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,666,705		6,666,705	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	148,423,189		148,423,189	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,143,724		21,143,724	11.00
12.00	CORONARY CARE UNIT	19,463,811		19,463,811	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	14,343,759		14,343,759	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	54,951,294		54,951,294	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	203,374,483		203,374,483	17.00
18.00	Ancillary services	468,890,375	750,382,826	1,219,273,201	18.00
19.00	Outpatient services	47,505,722	241,096,760	288,602,482	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	157,303	52,052,370	52,209,673	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER NRCC	0	9,430,419	9,430,419	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	719,927,883	1,052,962,375	1,772,890,258	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		352,407,682		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)		352,407,682		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0051

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

Worksheet G-3

Date/Time Prepared:
6/29/2020 8:56 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,772,890,258	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,296,639,224	2.00
3.00	Net patient revenues (line 1 minus line 2)	476,251,034	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	352,407,682	4.00
5.00	Net income from service to patients (line 3 minus line 4)	123,843,352	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	49,115,150	24.00
25.00	Total other income (sum of lines 6-24)	49,115,150	25.00
26.00	Total (line 5 plus line 25)	172,958,502	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)	172,958,502	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0051	Period: From 01/01/2019 To 12/31/2019	Worksheet L Parts I-III Date/Time Prepared: 6/29/2020 8:56 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,503,119	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		38,189	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)		152.22	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	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)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.23	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		26.21	8.00
9.00	Sum of lines 7 and 8		31.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.58	10.00
11.00	Disproportionate share adjustment (see instructions)		230,505	11.00
12.00	Total prospective capital payments (see instructions)		3,771,813	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