

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 09-30-2025

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet S Parts I-III Date/Time Prepared: 5/26/2023 11:47 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report	Date: 5/26/2023 Time: 11:47 am
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no.	
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION BY A CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OR PROVIDER(S)

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by BALL MEMORIAL HOSPITAL (15-0089) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	HOSPITAL	0	683,362	-204,095	0	0 1.00
2.00	SUBPROVIDER - IPF	0	0	0	0	0 2.00
3.00	SUBPROVIDER - IRF	0	54,327	-24	0	0 3.00
5.00	SWING BED - SNF	0	0	0	0	0 5.00
6.00	SWING BED - NF	0	0	0	0	0 6.00
200.00	TOTAL	0	737,689	-204,119	0	0 200.00

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 11:47 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00			
1.00	Street: 2401 UNIVERSITY AVENUE	PO Box:							1.00
2.00	City: MUNCI E	State: IN	Zip Code: 47303-3428	County: DELAWARE					2.00

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	BALL MEMORIAL HOSPITAL	150089	34620	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	BMH PHYSICAL REHAB	15T089	34620	5	07/01/1986	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
20.00	Cost Reporting Period (mm/dd/yyyy)	1.00	2.00	20.00
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2022	12/31/2022	20.00
21.00	Type of Control (see instructions)	2		21.00

		1.00	2.00	3.00
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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 UCPs, including supplemental UCPs, 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 a final UCP to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.			N		N				22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			N		N		N		22.03
22.04	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.									22.04
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)									22.04
22.04	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.									22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089			Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 11:47 am		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,855	626	16	112	19,144	19	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	66	0	0	0	542		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	Y	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR 412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR 412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? For cost reporting periods beginning prior to December 27, 2020, enter "Y" for yes or "N" for no in column 1. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.78(b)(2), see the instructions. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	For cost reporting periods beginning prior to December 27, 2020, if line 56, column 1, 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. For cost reporting periods beginning on or after December 27, 2020, under 42 CFR 413.77(e)(1)(iv) and (v), regardless of which month(s) of the cost report the residents were on duty, if the response to line 56 is "Y" for yes, enter "Y" for yes in column 1, do not complete column 2, and complete Worksheet E-4.					Y			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00

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		V	XVIII	XIX		
		1.00	2.00	3.00		
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
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			12.00	12.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)					61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)					61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)					61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).					61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)					61.05
61.06	Enter the amount of ACA \$5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)					61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00	61.20
						1.00
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions) Teaching Hospitals that Claim Residents in Nonprovider Settings				0.00	62.01
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				Y	63.00

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			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.								
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		2.75	15.74	0.148729		64.00	
		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		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.21	21.04	0.132371		65.00
65.01		INTERNAL MEDICINE	1400	4.25	13.76	0.235980		65.01
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
			1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		1.83	9.17	0.166364		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	6.67	19.79	0.252079		67.00
67.01		INT MEDICINE	1400	1.48	23.01	0.060433		67.01

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			1.00		
68.00	Direct GME in Accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022) For a cost reporting period beginning prior to October 1, 2022, did you obtain permission from your MAC to apply the new DGME formula in accordance with the FY 2023 IPPS Final Rule, 87 FR 49065-49072 (August 10, 2022)?		N		68.00
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)		N	N	0
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
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N		81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N		87.00
			Approved for Permanent Adjustment (Y/N)	Number of Approved Permanent Adjustments	
			1.00	2.00	
88.00	Column 1: Is this hospital approved for a permanent adjustment to the TEFRA target amount per discharge? Enter "Y" for yes or "N" for no. If yes, complete col. 2 and line 89. (see instructions) Column 2: Enter the number of approved permanent adjustments.				0
			Wkst. A Line No.	Effective Date	Approved Permanent Adjustment Amount Per Discharge
			1.00	2.00	3.00
89.00	Column 1: If line 88, column 1 is Y, enter the Worksheet A line number on which the per discharge permanent adjustment approval was based. Column 2: Enter the effective date (i.e., the cost reporting period beginning date) for the permanent adjustment to the TEFRA target amount per discharge. Column 3: Enter the amount of the approved permanent adjustment to the TEFRA target amount per discharge.		0.00		0
			V	XIX	
			1.00	2.00	
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 11:47 am	
		V		XIX			
		1.00		2.00			
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)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical 1.00		Occupational 2.00		Speech 3.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.					N	110.00
						1.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.			N			111.00
						1.00	
112.00	Did this hospital participate in the Pennsylvania Rural Health Model (PARHM) 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
113.00	Did this hospital participate in the Community Health Access and Rural Transformation (CHART) model for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no.						113.00
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				0115.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 11:47 am
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	542,361	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	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	122.00
123.00	Did the facility and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? In column 1, enter "Y" for yes or "N" for no. If column 1 is "Y", were the majority of the expenses, i.e., greater than 50% of total professional services expenses, for services purchased from unrelated organizations located in a CBSA outside of the main hospital CBSA? In column 2, enter "Y" for yes or "N" for no.			123.00
Certified Transplant Center Information				
125.00	Does this facility operate a Medicare-certified 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 program, 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 program, 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 program, 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 program, 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 program, 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 program, 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 program, 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 a hospital-based 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	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 340 W. 10TH STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46202	143.00
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
		1.00	2.00	
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.		Y	145.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part I Date/Time Prepared: 5/26/2023 11:47 am			
1.00									
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N	149.00	
		Part A	Part B	Title V	Title XIX				
		1.00	2.00	3.00	4.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital	N	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	N	157.00		
158.00	SUBPROVIDER						158.00		
159.00	SNF	N	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	N	160.00		
161.00	CMHC		N	N	N	N	161.00		
1.00									
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00	
1.00									
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						9.99	169.00	
		Beginning	Ending						
		1.00	2.00						
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00	
		1.00	2.00						
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)						Y	1,253	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089		Period: From 01/01/2022 To 12/31/2022		Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 11:47 am	
		Y/N	Date				
		1.00	2.00				
PART II - HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX REIMBURSEMENT QUESTIONNAIRE							
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date			V/I	
		1.00	2.00			3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type			Date	
		1.00	2.00			3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		02/23/2023		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N			Legal Oper.		
		1.00			2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
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 coinsurance amounts waived? If yes, see instructions.				N		14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.				Y		15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2023	Y	04/03/2023		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 11:47 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Were services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part II Date/Time Prepared: 5/26/2023 11:47 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR, GOVERNMENT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2023 11:47 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P		
	Line No.				Visits / Trips	Title V	
	1.00	2.00	3.00	4.00	5.00		
PART I - STATISTICAL DATA							
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	259	94,535	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)		259	94,535	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00	
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	21	7,665	0.00	0	12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		316	115,340	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE						24.00	
24.10 HOSPICE (non-distinct part)	30.00					24.10	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25	
27.00 Total (sum of lines 14-26)		332				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)		5	1,825			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	
34.00 Temporary Expansion COVID-19 PHE Acute Care	30.00	1	365		0	34.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
5/26/2023 11:47 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	
PART I - STATISTICAL DATA						
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)	22,700	1,700	68,746		1.00
2.00	HMO and other (see instructions)	21,851	18,571			2.00
3.00	HMO IPF Subprovider	0	0			3.00
4.00	HMO IRF Subprovider	1,125	542			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)	22,700	1,700	68,746		7.00
8.00	INTENSIVE CARE UNIT	2,372	930	8,749		8.00
9.00	CORONARY CARE UNIT	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT					10.00
11.00	SURGICAL INTENSIVE CARE UNIT					11.00
12.00	NEONATAL INTENSIVE CARE UNIT	0	121	3,196		12.00
13.00	NURSERY		1,431	2,012		13.00
14.00	Total (see instructions)	25,072	4,182	82,703	61.95	1,815.80
15.00	CAH visits	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00	SUBPROVIDER - IRF	1,660	66	4,278	0.00	23.02
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE					24.00
24.10	HOSPICE (non-distinct part)			671		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
27.00	Total (sum of lines 14-26)				61.95	1,838.82
28.00	Observation Bed Days		235	9,159		28.00
29.00	Ambulance Trips	0				29.00
30.00	Employee discount days (see instruction)			0		30.00
31.00	Employee discount days - IRF			0		31.00
32.00	Labor & delivery days (see instructions)	0	19	1,159		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
34.00	Temporary Expansion COVID-19 PHE Acute Care	0	0	0		34.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part I
Date/Time Prepared:
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Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
PART I - STATISTICAL DATA							
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	4,656	424	14,777	1.00
2.00	HMO and other (see instructions)			3,453	3,243		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				41		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	4,656	424	14,777	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	121	4	313	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days			0			33.00
33.01	LTCH site neutral days and discharges			0			33.01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
5/26/2023 11:47 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	161,970,875	-569,601	161,401,274	3,824,737.45	42.20
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		58,507	0	58,507	2,112.00	27.70
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FOHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	3,892,880	3,892,880	133,184.00	29.23
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,389,425	1,892,278	8,281,703	217,025.53	38.16
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		2,167,599	0	2,167,599	28,053.89	77.27
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		83,698	0	83,698	438.65	190.81
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		45,380,167	0	45,380,167	1,102,251.93	41.17
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)		37,010,489	0	37,010,489		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		2,198,045	0	2,198,045		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		18,949	0	18,949		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		1,069,982	0	1,069,982		
25.50	Home office wage-related (core)		11,634,723	0	11,634,723		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part II
Date/Time Prepared:
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	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	-2,352	2,352	0	0.00	0.00	26.00
27.00	Administrative & General	16,764,199	-5,879,571	10,884,628	250,581.16	43.44	27.00
28.00	Administrative & General under contract (see inst.)	70,198	0	70,198	844.90	83.08	28.00
29.00	Maintenance & Repairs	2,666,175	-21,492	2,644,683	102,303.48	25.85	29.00
30.00	Operation of Plant	1,437,886	-34,285	1,403,601	52,228.03	26.87	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	3,720,607	-38,501	3,682,106	197,434.77	18.65	32.00
33.00	Housekeeping under contract (see instructions)	8,024	0	8,024	378.49	21.20	33.00
34.00	Dietary	3,144,628	-865,742	2,278,886	115,324.20	19.76	34.00
35.00	Dietary under contract (see instructions)	12,605	0	12,605	455.04	27.70	35.00
36.00	Cafeteria	0	844,146	844,146	38,764.00	21.78	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	12,259,797	-256,458	12,003,339	108,061.70	111.08	38.00
39.00	Central Services and Supply	1,537	0	1,537	36.35	42.28	39.00
40.00	Pharmacy	6,139,892	-443,116	5,696,776	126,163.24	45.15	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	976,711	-723	975,988	47,620.05	20.50	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet S-3
Part III
Date/Time Prepared:
5/26/2023 11:47 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)	162,003,195	-4,462,481	157,540,714	3,691,119.88	42.68	1.00
2.00	Excluded area salaries (see instructions)	6,389,425	1,892,278	8,281,703	217,025.53	38.16	2.00
3.00	Subtotal salaries (line 1 minus line 2)	155,613,770	-6,354,759	149,259,011	3,474,094.35	42.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	47,631,464	0	47,631,464	1,130,744.47	42.12	4.00
5.00	Subtotal wage-related costs (see inst.)	48,645,212	0	48,645,212	0.00	32.59	5.00
6.00	Total (sum of lines 3 thru 5)	251,890,446	-6,354,759	245,535,687	4,604,838.82	53.32	6.00
7.00	Total overhead cost (see instructions)	47,199,907	-6,693,390	40,506,517	1,040,195.41	38.94	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part IV Date/Time Prepared: 5/26/2023 11:47 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,965,133	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)	0	8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)	20,719,831	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	419,495	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	197,554	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)	569,601	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	696,840	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Noncumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	11,729,012	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	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	40,297,466	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet S-3 Part V Date/Time Prepared: 5/26/2023 11:47 am
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	SUBPROVIDER - IPF		0	0 3.00
4.00	SUBPROVIDER - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	SKILLED NURSING FACILITY			0 8.00
9.00	NURSING FACILITY			0 9.00
10.00	OTHER LONG TERM CARE I			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	AMBULATORY SURGICAL CENTER (D.P.) I			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	RENAL DIALYSIS I		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet S-10 Date/Time Prepared: 5/26/2023 11:47 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)		0.182083	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		83,403,941	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		494,729,883	6.00	
7.00	Medicaid cost (line 1 times line 6)		90,081,901	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)		6,677,960	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)		544,026	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		2,594,120	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		472,345	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,677,960	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)	37,226,020	1,451,778	38,677,798	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	6,778,225	1,451,778	8,230,003	21.00
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,778,225	1,451,778	8,230,003	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)		15,808,866		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		911,469		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		1,402,260		27.01
28.00	Non-Medicare bad debt expense (see instructions)		14,406,606		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		3,113,989		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		11,343,992		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,021,952		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0089		Period: From 01/01/2022 To 12/31/2022		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1,538,127	1,538,127	22,233,872	23,771,999	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,352	774,566	772,214	26,448,198	27,220,412	4.00
5.01	01160	COMMUNICATIONS	652,925	297,618	950,543	-193,428	757,115	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04	00570	ADMINISTRATIVE	3,516,875	1,748,717	5,265,592	-638,401	4,627,191	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	12,594,399	94,207,855	106,802,254	-9,416,814	97,385,440	5.06
6.00	00600	MAINTENANCE & REPAIRS	2,666,175	20,186,957	22,853,132	-12,250,468	10,602,664	6.00
7.00	00700	OPERATION OF PLANT	1,437,886	809,687	2,247,573	6,009,407	8,256,980	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,324,806	1,324,806	8.00
9.00	00900	HOUSEKEEPING	3,720,607	2,959,265	6,679,872	-1,428,220	5,251,652	9.00
10.00	01000	DIETARY	3,144,628	1,737,832	4,882,460	-1,888,157	2,994,303	10.00
11.00	01100	CAFETERIA	0	0	0	1,187,005	1,187,005	11.00
13.00	01300	NURSING ADMINISTRATION	12,259,797	4,035,851	16,295,648	-2,164,268	14,131,380	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,537	1,490,311	1,491,848	8,850,662	10,342,510	14.00
15.00	01500	PHARMACY	6,139,892	53,126,932	59,266,824	-50,748,016	8,518,808	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	976,711	233,942	1,210,653	-145,131	1,065,522	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,892,880	3,892,880	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,337,068	4,823,062	9,160,130	-4,984,052	4,176,078	22.00
23.00	02300	PARAMED PRGM	47,012	16,015	63,027	185,275	248,302	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,395,191	38,406,082	75,801,273	-9,494,365	66,306,908	30.00
31.00	03100	INTENSIVE CARE UNIT	9,537,362	7,333,121	16,870,483	-2,198,048	14,672,435	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	2,477,704	3,303,243	5,780,947	-873,505	4,907,442	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	1,950,303	620,197	2,570,500	-219,205	2,351,295	41.00
43.00	04300	NURSERY	0	0	0	659,037	659,037	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,858,233	28,963,582	35,821,815	-17,732,775	18,089,040	50.00
51.00	05100	RECOVERY ROOM	2,025,688	1,009,954	3,035,642	-577,162	2,458,480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,457,685	2,413,428	4,871,113	-1,281,728	3,589,385	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,871,447	13,191,902	22,063,349	-8,628,270	13,435,079	54.00
57.00	05700	CT SCAN	1,443,949	1,130,695	2,574,644	-876,246	1,698,398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,507,170	11,016,385	13,523,555	-9,611,196	3,912,359	59.00
60.00	06000	LABORATORY	75	15,972,016	15,972,091	-768	15,971,323	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,332,367	1,332,367	-74	1,332,293	63.00
65.00	06500	RESPIRATORY THERAPY	4,138,944	3,649,685	7,788,629	-1,079,284	6,709,345	65.00
65.01	06501	SLEEP LAB	452,445	317,594	770,039	-182,830	587,209	65.01
66.00	06600	PHYSICAL THERAPY	4,599,936	1,870,977	6,470,913	-1,517,281	4,953,632	66.00
67.00	06700	OCCUPATIONAL THERAPY	906,377	285,174	1,191,551	4,551	1,196,102	67.00
68.00	06800	SPEECH PATHOLOGY	577,583	178,871	756,454	-47,369	709,085	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,237,250	2,970,945	4,208,195	-781,324	3,426,871	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,874,820	11,874,820	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,178,108	9,178,108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	51,927,479	51,927,479	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,936,124	8,423,947	10,360,071	-453,756	9,906,315	73.01
74.00	07400	RENAL DIALYSIS	0	1,755,703	1,755,703	-34,945	1,720,758	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,040,480	449,355	1,489,835	-238,047	1,251,788	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	601,614	1,371,741	1,973,355	-531,309	1,442,046	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	508,976	611,759	1,120,735	-98,882	1,021,853	90.01
90.02	09002	PAIN CLINIC	326,051	735,497	1,061,548	-175,478	886,070	90.02
90.03	09003	ONCOLOGY CLINIC	2,557,347	1,608,832	4,166,179	-755,051	3,411,128	90.03
91.00	09100	EMERGENCY	10,681,194	9,773,649	20,454,843	-2,696,763	17,758,080	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	996,477	609,299	1,605,776	-239,309	1,366,467	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	157,578,765	347,292,737	504,871,502	-405,825	504,465,677	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	306,807	628,367	935,174	-56,265	878,909	190.00
191.00 19100 RESEARCH	751,407	242,354	993,761	-165,387	828,374	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	58,202	18,887	77,089	38,218	115,307	194.01
194.02 07952 PAVILLION PHARMACY	988,293	7,390,477	8,378,770	-104,123	8,274,647	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	24,095	24,095	-22,973	1,122	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,735,397	1,735,397	-933,283	802,114	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRALTAC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	1,346,469	436,366	1,782,835	-117,362	1,665,473	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	1,162,078	1,162,078	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	921,958	368,521	1,290,479	-238,526	1,051,953	194.22
194.23 07973 CANCER CENTER BOUTIQUE	18,224	67,183	85,407	-420	84,987	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	750	5,657	6,407	-302	6,105	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	224,272	224,272	844,170	1,068,442	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 TOTAL (SUM OF LINES 118 through 199)	161,970,875	358,434,313	520,405,188	0	520,405,188	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	5,040,602	28,812,601	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-2,245,575	24,974,837	4.00
5.01	01160	COMMUNICATIONS	-47,750	709,365	5.01
5.02	00550	DATA PROCESSING	19,460,039	19,460,039	5.02
5.04	00570	ADMITTING	10,489,509	15,116,700	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	11,631,020	11,631,020	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-57,853,805	39,531,635	5.06
6.00	00600	MAINTENANCE & REPAIRS	-413,911	10,188,753	6.00
7.00	00700	OPERATION OF PLANT	-4,820	8,252,160	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,324,806	8.00
9.00	00900	HOUSEKEEPING	-192,275	5,059,377	9.00
10.00	01000	DIETARY	-275,124	2,719,179	10.00
11.00	01100	CAFETERIA	0	1,187,005	11.00
13.00	01300	NURSING ADMINISTRATION	-28,152	14,103,228	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,342,510	14.00
15.00	01500	PHARMACY	-581,553	7,937,255	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	-17,250	1,048,272	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,892,880	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-7,153	4,168,925	22.00
23.00	02300	PARAMED ED PRGM	0	248,302	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-10,761,024	55,545,884	30.00
31.00	03100	INTENSIVE CARE UNIT	0	14,672,435	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-1,275,838	3,631,604	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,351,295	41.00
43.00	04300	NURSERY	0	659,037	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-5,912,118	12,176,922	50.00
51.00	05100	RECOVERY ROOM	0	2,458,480	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-280	3,589,105	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-562,770	12,872,309	54.00
57.00	05700	CT SCAN	0	1,698,398	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-4,800	3,907,559	59.00
60.00	06000	LABORATORY	0	15,971,323	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,332,293	63.00
65.00	06500	RESPIRATORY THERAPY	-197	6,709,148	65.00
65.01	06501	SLEEP LAB	-6,218	580,991	65.01
66.00	06600	PHYSICAL THERAPY	-234,511	4,719,121	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,196,102	67.00
68.00	06800	SPEECH PATHOLOGY	0	709,085	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-82,204	3,344,667	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,874,820	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	9,178,108	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,927,479	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	-674,238	9,232,077	73.01
74.00	07400	RENAL DIALYSIS	0	1,720,758	74.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-104,790	1,146,998	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	43,661	1,485,707	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	-391,154	630,699	90.01
90.02	09002	PAIN CLINIC	-484,576	401,494	90.02
90.03	09003	ONCOLOGY CLINIC	-31,966	3,379,162	90.03
91.00	09100	EMERGENCY	-836,438	16,921,642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,366,467	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-36,365,659	468,100,018	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	878,909	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
191.00	19100 RESEARCH	0	828,374	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951 BSU PHARMACY	-77,075	38,232	194.01
194.02	07952 PAVILLION PHARMACY	0	8,274,647	194.02
194.03	07953 VENDING	0	0	194.03
194.04	07954 CARELINE	0	0	194.04
194.05	07955 WELLNESS CENTER	0	1,122	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	802,114	194.08
194.09	07959 ADVERTISING	0	0	194.09
194.10	07960 INTEGRAL TAC	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	0	1,665,473	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	1,162,078	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	-1,051,953	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	84,987	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	6,105	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	1,068,442	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	194.32
194.33	07983 LAB CORP	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	194.34
194.35	07985 LEASED SPACE	0	0	194.35
200.00	TOTAL (SUM OF LINES 118 through 199)	-37,494,687	482,910,501	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,536,374	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	274	2.00
3.00	COMMUNICATIONS	5.01	0	34	3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,123	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	333,254	5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	155,908	6.00
7.00	OPERATION OF PLANT	7.00	0	17	7.00
8.00	HOUSEKEEPING	9.00	0	1,848	8.00
9.00	DIETARY	10.00	0	127	9.00
10.00	PATIENT TRANSPORTATION	18.00	0	75	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	551	11.00
12.00	OCCUPATIONAL THERAPY	67.00	0	1,052	12.00
13.00	SPEECH PATHOLOGY	68.00	0	158	13.00
14.00	ELECTROCARDIOLOGY	69.00	0	2,742	14.00
15.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	1,222	15.00
16.00	CARDIAC REHABILITATION	76.97	0	5,079	16.00
17.00	SUBSTANCE ABUSE CLINIC	90.01	0	106	17.00
18.00	RESEARCH	191.00	0	585	18.00
19.00	WELLNESS CENTER	194.05	0	1,001	19.00
20.00	RENTAL PROPERTY	194.08	0	14,446	20.00
21.00	CANCER CENTER BOUTIQUE	194.23	0	170	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	0		0	10,056,146	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,874,820	1.00
2.00	RESPIRATORY THERAPY	65.00	0	177	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	11,874,997	
C - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,178,108	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
0			0	9,178,108	
D - BILLABLE DRUGS					
1.00	PHARMACY	15.00	0	2,193,392	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	51,927,479	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
0			0	54,120,871	
E - INTERN & RESIDENT SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,892,880	0	1.00
0			3,892,880	0	
F - CAFETERIA					
1.00	CAFETERIA	11.00	844,146	342,859	1.00
0			844,146	342,859	
G - PHARMACY ADMIN COSTS					
1.00	BSU PHARMACY	194.01	33,389	19,310	1.00
2.00	PAVILLION PHARMACY	194.02	33,389	19,310	2.00
0			66,778	38,620	
H - AUTO & BUILDING INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	449,088	1.00
2.00		0.00	0	0	2.00
0			0	449,088	
I - REHAB ADMIN COSTS					
1.00	OCCUPATIONAL THERAPY	67.00	90,981	42,704	1.00
2.00	SPEECH PATHOLOGY	68.00	57,976	26,784	2.00
3.00	PEDIATRIC THERAPIES	194.13	135,155	65,345	3.00
4.00	THERAPIES TO OTHER ENTITIES	194.22	7,030	4,822	4.00
0			291,142	139,655	
J - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,324,806	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
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	1,324,806	
L - IRF AND PACU MEDSURG					
1.00	ADULTS & PEDIATRICS	30.00	89,351	26,280	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
			89,351	26,280	
N - NEGATIVE SALARY					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,352	0	1.00
	TOTALS		2,352	0	
Q - NURSERY					
1.00	NURSERY	43.00	575,516	83,521	1.00
2.00		0.00	0	0	2.00
			575,516	83,521	
S - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	26,529,800	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/26/2023 11:47 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
			0	26,529,800	
T - CORPORATE TELEPHONE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	305	1.00
2.00		0.00	0	0	2.00
			0	305	
U - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	21,377,599	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
			0	21,377,599	
V - LEASE EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	460,997	1.00
2.00		0.00	0	0	2.00
			0	460,997	
W - PTO USED AS STD					
1.00	COMMUNICATIONS	5.01	0	90	1.00
2.00	ADMINISTRATIVE	5.04	0	27,757	2.00
3.00	OPERATION OF PLANT	7.00	0	1,445	3.00
4.00	HOUSEKEEPING	9.00	0	38,501	4.00
5.00	DIETARY	10.00	0	10,513	5.00
6.00	NURSING ADMINISTRATION	13.00	0	18,521	6.00
7.00	PHARMACY	15.00	0	45,756	7.00
8.00	PATIENT TRANSPORTATION	18.00	0	723	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	127,527	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	43,528	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	29,179	11.00
12.00	SUBPROVIDER - IRF	41.00	0	1,339	12.00
13.00	OPERATING ROOM	50.00	0	26,170	13.00
14.00	RECOVERY ROOM	51.00	0	1,810	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	30,758	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	43,159	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	12,416	17.00
18.00	RESPIRATORY THERAPY	65.00	0	5,254	18.00
19.00	SLEEP LAB	65.01	0	1,458	19.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
20.00	PHYSICAL THERAPY	66.00	0	22,891	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	6,266	21.00
22.00	SPEECH PATHOLOGY	68.00	0	5,314	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	8,655	23.00
24.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	2,291	24.00
25.00	CARDIAC REHABILITATION	76.97	0	2,386	25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	373	26.00
27.00	SUBSTANCE ABUSE CLINIC	90.01	0	4,719	27.00
28.00	EMERGENCY	91.00	0	38,135	28.00
29.00	RESEARCH	191.00	0	833	29.00
30.00	PAVILLION PHARMACY	194.02	0	735	30.00
31.00	PEDIATRIC THERAPIES	194.13	0	8,201	31.00
32.00	THERAPIES TO OTHER ENTITIES	194.22	0	2,898	32.00
	0		0	569,601	
X - WASTE DISPOSAL					
1.00	OPERATION OF PLANT	7.00	0	536,242	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
	0		0	536,242	
Y - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	5,885,045	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	0		0	5,885,045	
Z - BLACKFORD					
1.00	BLACKFORD COMMUNITY HOSPITAL	194.26	675,525	374,893	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	0		675,525	374,893	
AA - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	103	1.00
	0		0	103	
AB - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM	23.00	178,265	13,637	1.00
	0		178,265	13,637	
AC - PROPERTY TAX					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	307,001	1.00
2.00		0.00	0	0	2.00
	0		0	307,001	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AD - JAY HOSPITAL					
1.00	JAY COUNTY HOSPITAL	194.16	715,731	446,347	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
	0		715,731	446,347	
AE - MALPRACTICE INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	200	1.00
	0		0	200	
AG - BONUS - EMPLOYEES					
1.00	ADMINISTRATIVE	5.04	93,000	7,116	1.00
2.00	ADULTS & PEDIATRICS	30.00	1,680,000	128,519	2.00
3.00	INTENSIVE CARE UNIT	31.00	650,000	49,725	3.00
4.00	NEONATAL INTENSIVE CARE UNIT	35.00	272,000	20,808	4.00
5.00	SUBPROVIDER - IRF	41.00	153,000	11,704	5.00
6.00	OPERATING ROOM	50.00	406,000	31,059	6.00
7.00	RECOVERY ROOM	51.00	202,000	15,453	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	266,000	20,349	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	158,000	12,087	9.00
10.00	CARDIAC CATHETERIZATION	59.00	164,000	12,546	10.00
11.00	RESPIRATORY THERAPY	65.00	308,000	23,562	11.00
12.00	ELECTROCARDIOLOGY	69.00	46,000	3,519	12.00
13.00	CARDIAC REHABILITATION	76.97	22,000	1,683	13.00
14.00	HYPERBARIC OXYGEN THERAPY	76.98	35,000	2,677	14.00
15.00	SUBSTANCE ABUSE CLINIC	90.01	9,000	688	15.00
16.00	PAIN CLINIC	90.02	9,000	688	16.00
17.00	ONCOLOGY CLINIC	90.03	190,000	14,535	17.00
18.00	EMERGENCY	91.00	569,000	43,528	18.00
19.00	OBSERVATION BEDS (DISTINCT PART)	92.01	59,000	4,513	19.00
	TOTALS		5,291,000	404,759	
500.00	Grand Total: Increases		12,622,686	144,541,480	500.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6
Date/Time Prepared:
5/26/2023 11:47 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - NON-BILLABLE SUPPLIES							
1.00	NURSING ADMINISTRATION	13.00	0	91,041	0	1.00	
2.00	PHARMACY	15.00	0	150,143	14	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	1,190,612	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	476,775	0	4.00	
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	92,801	0	5.00	
6.00	SUBPROVIDER - IRF	41.00	0	26,234	0	6.00	
7.00	OPERATING ROOM	50.00	0	4,760,110	0	7.00	
8.00	RECOVERY ROOM	51.00	0	60,806	0	8.00	
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	135,052	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	982,196	0	10.00	
11.00	CT SCAN	57.00	0	56,254	0	11.00	
12.00	CARDIAC CATHETERIZATION	59.00	0	570,964	0	12.00	
13.00	LABORATORY	60.00	0	585	0	13.00	
14.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	74	0	14.00	
15.00	RESPIRATORY THERAPY	65.00	0	499,016	0	15.00	
16.00	SLEEP LAB	65.01	0	43,333	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	8,855	0	17.00	
18.00	RENAL DIALYSIS	74.00	0	4,710	0	18.00	
19.00	HYPERBARIC OXYGEN THERAPY	76.98	0	272,338	0	19.00	
20.00	PAIN CLINIC	90.02	0	3,930	0	20.00	
21.00	ONCOLOGY CLINIC	90.03	0	121,990	0	21.00	
22.00	EMERGENCY	91.00	0	481,820	0	22.00	
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	9,285	0	23.00	
24.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	371	0	24.00	
25.00	PAVILLION PHARMACY	194.02	0	15,344	0	25.00	
26.00	PEDIATRIC THERAPIES	194.13	0	1,507	0	26.00	
	O		0	10,056,146			
B - BILLABLE SUPPLIES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	32	0	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	21	0	2.00	
3.00	HOUSEKEEPING	9.00	0	19	0	3.00	
4.00	DIETARY	10.00	0	20	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	10,175	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,360	0	6.00	
7.00	PHARMACY	15.00	0	7,198	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	279,038	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	82,989	0	9.00	
10.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	4,576	0	10.00	
11.00	SUBPROVIDER - IRF	41.00	0	8,890	0	11.00	
12.00	OPERATING ROOM	50.00	0	3,326,041	0	12.00	
13.00	RECOVERY ROOM	51.00	0	5,375	0	13.00	
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	91,952	0	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,673,281	0	15.00	
16.00	CT SCAN	57.00	0	6,128	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	5,066,930	0	17.00	
18.00	SLEEP LAB	65.01	0	171	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	19,205	0	19.00	
20.00	OCCUPATIONAL THERAPY	67.00	0	20	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	538	0	21.00	
22.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	158	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	12,943	0	23.00	
24.00	CARDIAC REHABILITATION	76.97	0	111	0	24.00	
25.00	HYPERBARIC OXYGEN THERAPY	76.98	0	106,373	0	25.00	
26.00	SUBSTANCE ABUSE CLINIC	90.01	0	99	0	26.00	
27.00	PAIN CLINIC	90.02	0	92	0	27.00	
28.00	ONCOLOGY CLINIC	90.03	0	10,074	0	28.00	
29.00	EMERGENCY	91.00	0	140,797	0	29.00	
30.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	1,684	0	30.00	
31.00	PAVILLION PHARMACY	194.02	0	700	0	31.00	
32.00	PEDIATRIC THERAPIES	194.13	0	7	0	32.00	
	O		0	11,874,997			
C - IMPLANTABLE DEVICES							
1.00	ADULTS & PEDIATRICS	30.00	0	61	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	128	0	2.00	
3.00	OPERATING ROOM	50.00	0	5,734,830	0	3.00	
4.00	RECOVERY ROOM	51.00	0	1	0	4.00	
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	47,777	0	5.00	

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	3,386,674	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	351	0	7.00
8.00	PAIN CLINIC	90.02	0	6,030	0	8.00
9.00	EMERGENCY	91.00	0	2,256	0	9.00
	O		0	9,178,108		
D - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	50,335,970	0	1.00
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,498	0	2.00
3.00	ADMINISTRATIVE AND GENERAL	5.04	0	15	0	3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	267	0	4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	219	0	5.00
6.00	OPERATION OF PLANT	7.00	0	38	0	6.00
7.00	HOUSEKEEPING	9.00	0	39	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	26,422	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,075	0	9.00
10.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	2,242	0	10.00
11.00	ADULTS & PEDIATRICS	30.00	0	532,519	0	11.00
12.00	INTENSIVE CARE UNIT	31.00	0	253,632	0	12.00
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	15,918	0	13.00
14.00	SUBPROVIDER - IRF	41.00	0	5,448	0	14.00
15.00	OPERATING ROOM	50.00	0	317,481	0	15.00
16.00	RECOVERY ROOM	51.00	0	91,415	0	16.00
17.00	DELIVERY ROOM & LABOR ROOM	52.00	0	58,230	0	17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,034,246	0	18.00
19.00	CT SCAN	57.00	0	387,669	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	137,834	0	20.00
21.00	RESPIRATORY THERAPY	65.00	0	10,694	0	21.00
22.00	PHYSICAL THERAPY	66.00	0	1,040	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	221,186	0	23.00
24.00	RENAL DIALYSIS	74.00	0	8,752	0	24.00
25.00	CARDIAC REHABILITATION	76.97	0	121	0	25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	56,573	0	26.00
27.00	SUBSTANCE ABUSE CLINIC	90.01	0	72	0	27.00
28.00	PAIN CLINIC	90.02	0	597	0	28.00
29.00	ONCOLOGY CLINIC	90.03	0	107,993	0	29.00
30.00	EMERGENCY	91.00	0	490,651	0	30.00
31.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	14,235	0	31.00
32.00	RESEARCH	191.00	0	4	0	32.00
33.00	PAVILLION PHARMACY	194.02	0	4,573	0	33.00
34.00	RENTAL PROPERTY	194.08	0	97	0	34.00
35.00	PEDIATRIC THERAPIES	194.13	0	106	0	35.00
	O		0	54,120,871		
E - INTERN & RESIDENT SALARIES						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,892,880	0	0	1.00
	O		3,892,880	0		
F - CAFETERIA						
1.00	DIETARY	10.00	844,146	342,859	0	1.00
	O		844,146	342,859		
G - PHARMACY ADMIN COSTS						
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	66,778	38,620	0	1.00
2.00		0.00	0	0	0	2.00
	O		66,778	38,620		
H - AUTO & BUILDING INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	447,804	12	1.00
2.00	RENTAL PROPERTY	194.08	0	1,284	0	2.00
	O		0	449,088		
I - REHAB ADMIN COSTS						
1.00	PHYSICAL THERAPY	66.00	291,142	139,655	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	O		291,142	139,655		
J - LAUNDRY						
1.00	HOUSEKEEPING	9.00	0	34,017	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	626,933	0	2.00
3.00	PHARMACY	15.00	0	618	0	3.00
4.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	39	0	4.00

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		
5.00	ADULTS & PEDIATRICS	30.00	0	353,894	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	69,535	0		6.00
7.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	2,302	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	15,564	0		8.00
9.00	OPERATING ROOM	50.00	0	42,654	0		9.00
10.00	RECOVERY ROOM	51.00	0	13,891	0		10.00
11.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,020	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	42,247	0		12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	4,232	0		13.00
14.00	LABORATORY	60.00	0	41	0		14.00
15.00	RESPIRATORY THERAPY	65.00	0	180	0		15.00
16.00	SLEEP LAB	65.01	0	1,045	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	22,774	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	6,182	0		18.00
19.00	RENAL DIALYSIS	74.00	0	876	0		19.00
20.00	CARDIAC REHABILITATION	76.97	0	23	0		20.00
21.00	ONCOLOGY CLINIC	90.03	0	6,038	0		21.00
22.00	EMERGENCY	91.00	0	51,133	0		22.00
23.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	4,929	0		23.00
24.00	WELLNESS CENTER	194.05	0	2,314	0		24.00
25.00	PEDIATRIC THERAPIES	194.13	0	1,325	0		25.00
			0	1,324,806			
L - IRF AND PACU MEDSURG							
1.00	SUBPROVIDER - IRF	41.00	25,200	3,423	0		1.00
2.00	RECOVERY ROOM	51.00	7,365	811	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	1,451	773	0		3.00
4.00	OBSERVATION BEDS (DISTINCT PART)	92.01	55,335	21,273	0		4.00
			89,351	26,280			
N - NEGATIVE SALARY							
1.00	ADULTS & PEDIATRICS	30.00	2,352	0	0		1.00
	TOTALS		2,352	0			
O - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	547,884	73,595	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	27,632	9,926	0		2.00
			575,516	83,521			
S - EMPLOYEE BENEFITS							
1.00	COMMUNICATIONS	5.01	0	193,462	0		1.00
2.00	ADMINISTRATIVE	5.04	0	717,820	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,258,803	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	668,224	0		4.00
5.00	OPERATION OF PLANT	7.00	0	271,677	0		5.00
6.00	HOUSEKEEPING	9.00	0	1,029,981	0		6.00
7.00	DIETARY	10.00	0	603,807	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,495,017	0		8.00
9.00	PHARMACY	15.00	0	1,087,622	0		9.00
10.00	PATIENT TRANSPORTATION	18.00	0	130,124	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	811,049	0		11.00
12.00	PARAMEDICAL PRGM	23.00	0	6,627	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	5,685,141	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,290,507	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	511,453	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	277,152	0		16.00
17.00	OPERATING ROOM	50.00	0	1,306,148	0		17.00
18.00	RECOVERY ROOM	51.00	0	411,126	0		18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	467,970	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,566,184	0		20.00
21.00	CT SCAN	57.00	0	220,207	0		21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	431,596	0		22.00
23.00	LABORATORY	60.00	0	142	0		23.00
24.00	RESPIRATORY THERAPY	65.00	0	659,093	0		24.00
25.00	SLEEP LAB	65.01	0	132,427	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	950,959	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	129,566	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	132,287	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	256,164	0		29.00
30.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	345,560	0		30.00
31.00	CARDIAC REHABILITATION	76.97	0	227,278	0		31.00
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	109,751	0		32.00
33.00	SUBSTANCE ABUSE CLINIC	90.01	0	107,172	0		33.00

RECLASSIFICATIONS

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Period:
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Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
34.00	PAIN CLINIC	90.02	0	80,047	0	34.00	
35.00	ONCOLOGY CLINIC	90.03	0	488,138	0	35.00	
36.00	EMERGENCY	91.00	0	1,452,907	0	36.00	
37.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	169,134	0	37.00	
38.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	55,894	0	38.00	
39.00	RESEARCH	191.00	0	165,968	0	39.00	
40.00	BSU PHARMACY	194.01	0	14,481	0	40.00	
41.00	PAVILLION PHARMACY	194.02	0	136,205	0	41.00	
42.00	PEDIATRIC THERAPIES	194.13	0	225,434	0	42.00	
43.00	THERAPIES TO OTHER ENTITIES	194.22	0	248,604	0	43.00	
44.00	CANCER CENTER BOUTIQUE	194.23	0	590	0	44.00	
45.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	302	0	45.00	
	O		0	26,529,800			
T - CORPORATE TELEPHONE							
1.00	OPERATING ROOM	50.00	0	249	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	56	0	2.00	
	O		0	305			
U - DEPRECIATION							
1.00	ADMINISTRATIVE	5.04	0	21,805	9	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,095,657	0	2.00	
3.00	MAINTENANCE & REPAIRS	6.00	0	6,672,085	0	3.00	
4.00	OPERATION OF PLANT	7.00	0	88,962	0	4.00	
5.00	HOUSEKEEPING	9.00	0	13,605	0	5.00	
6.00	DIETARY	10.00	0	83,138	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	126,218	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	37,344	0	8.00	
9.00	PHARMACY	15.00	0	860,535	0	9.00	
10.00	PATIENT TRANSPORTATION	18.00	0	15,082	0	10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	277,833	0	11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	2,752,072	0	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	724,207	0	13.00	
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	539,263	0	14.00	
15.00	SUBPROVIDER - IRF	41.00	0	21,998	0	15.00	
16.00	OPERATING ROOM	50.00	0	2,680,368	0	16.00	
17.00	RECOVERY ROOM	51.00	0	203,825	0	17.00	
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	755,295	0	18.00	
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,888,067	0	19.00	
20.00	CT SCAN	57.00	0	205,988	0	20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	174,469	0	21.00	
22.00	RESPIRATORY THERAPY	65.00	0	186,495	0	22.00	
23.00	SLEEP LAB	65.01	0	965	0	23.00	
24.00	PHYSICAL THERAPY	66.00	0	21,753	0	24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	600	0	25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	329,732	0	26.00	
27.00	RENAL DIALYSIS	74.00	0	7,664	0	27.00	
28.00	CARDIAC REHABILITATION	76.97	0	36,272	0	28.00	
29.00	HYPERBARIC OXYGEN THERAPY	76.98	0	21,194	0	29.00	
30.00	PAIN CLINIC	90.02	0	69,693	0	30.00	
31.00	ONCOLOGY CLINIC	90.03	0	225,353	0	31.00	
32.00	EMERGENCY	91.00	0	662,369	0	32.00	
33.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	26,947	0	33.00	
34.00	WELLNESS CENTER	194.05	0	21,660	0	34.00	
35.00	RENTAL PROPERTY	194.08	0	300,053	0	35.00	
36.00	PEDIATRIC THERAPIES	194.13	0	89,483	0	36.00	
37.00	THERAPIES TO OTHER ENTITIES	194.22	0	1,774	0	37.00	
38.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	137,776	0	38.00	
	O		0	21,377,599			
V - LEASE EXPENSE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	388,521	10	1.00	
2.00	RENTAL PROPERTY	194.08	0	72,476	0	2.00	
	O		0	460,997			
W - PTO USED AS STD							
1.00	COMMUNICATIONS	5.01	90	0	0	1.00	
2.00	ADMINISTRATIVE	5.04	27,757	0	0	2.00	
3.00	OPERATION OF PLANT	7.00	1,445	0	0	3.00	
4.00	HOUSEKEEPING	9.00	38,501	0	0	4.00	
5.00	DIETARY	10.00	10,513	0	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	18,521	0	0	6.00	
7.00	PHARMACY	15.00	45,756	0	0	7.00	

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Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
8.00	PATIENT TRANSPORTATION	18.00	723	0	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	127,527	0	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	43,528	0	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	29,179	0	0		11.00
12.00	SUBPROVIDER - IRF	41.00	1,339	0	0		12.00
13.00	OPERATING ROOM	50.00	26,170	0	0		13.00
14.00	RECOVERY ROOM	51.00	1,810	0	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	30,758	0	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	43,159	0	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	12,416	0	0		17.00
18.00	RESPIRATORY THERAPY	65.00	5,254	0	0		18.00
19.00	SLEEP LAB	65.01	1,458	0	0		19.00
20.00	PHYSICAL THERAPY	66.00	22,891	0	0		20.00
21.00	OCCUPATIONAL THERAPY	67.00	6,266	0	0		21.00
22.00	SPEECH PATHOLOGY	68.00	5,314	0	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	8,655	0	0		23.00
24.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	2,291	0	0		24.00
25.00	CARDIAC REHABILITATION	76.97	2,386	0	0		25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	373	0	0		26.00
27.00	SUBSTANCE ABUSE CLINIC	90.01	4,719	0	0		27.00
28.00	EMERGENCY	91.00	38,135	0	0		28.00
29.00	RESEARCH	191.00	833	0	0		29.00
30.00	PAVILLION PHARMACY	194.02	735	0	0		30.00
31.00	PEDIATRIC THERAPIES	194.13	8,201	0	0		31.00
32.00	THERAPIES TO OTHER ENTITIES	194.22	2,898	0	0		32.00
0			569,601	0			
X - WASTE DISPOSAL							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	57,927	14		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	513	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	17,187	0		3.00
4.00	HOUSEKEEPING	9.00	0	352,407	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,445	0		5.00
6.00	PHARMACY	15.00	0	3,837	0		6.00
7.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	360	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	1,347	0		8.00
9.00	OPERATING ROOM	50.00	0	1,953	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,259	0		10.00
11.00	SLEEP LAB	65.01	0	2,251	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	945	0		12.00
13.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	3,862	0		13.00
14.00	SUBSTANCE ABUSE CLINIC	90.01	0	1,333	0		14.00
15.00	PAIN CLINIC	90.02	0	24,777	0		15.00
16.00	EMERGENCY	91.00	0	24,737	0		16.00
17.00	RENTAL PROPERTY	194.08	0	34,851	0		17.00
18.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	4,251	0		18.00
0			0	536,242			
Y - UTILITIES							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	303,263	14		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,297	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	0	4,963,691	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,912	0		4.00
5.00	SLEEP LAB	65.01	0	2,638	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	1,278	0		6.00
7.00	HYPERBARIC OXYGEN THERAPY	76.98	0	2,757	0		7.00
8.00	EMERGENCY	91.00	0	2,621	0		8.00
9.00	RENTAL PROPERTY	194.08	0	537,367	0		9.00
10.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	64,221	0		10.00
0			0	5,885,045			
Z - BLACKFORD							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33,073	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	329,206	141,572	0		2.00
3.00	MAINTENANCE & REPAIRS	6.00	7,322	21,619	0		3.00
4.00	OPERATION OF PLANT	7.00	16,420	9,190	0		4.00
5.00	DIETARY	10.00	5,269	1,536	0		5.00
6.00	NURSING ADMINISTRATION	13.00	100,355	73,420	0		6.00
7.00	PHARMACY	15.00	103,676	39,980	0		7.00

RECLASSIFICATIONS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-6

Date/Time Prepared:
5/26/2023 11:47 am

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	65,382	27,137	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	6,564	2,173	0	9.00
10.00	RESPIRATORY THERAPY	65.00	13,558	12,083	0	10.00
11.00	PHYSICAL THERAPY	66.00	20,047	8,156	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	5,469	4,207	0	12.00
13.00	CARDIAC REHABILITATION	76.97	2,257	747	0	13.00
			675,525	374,893		
AA - INTEREST EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	103	13	1.00
			0	103		
AB - PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	178,265	13,637	0	1.00
			178,265	13,637		
AC - PROPERTY TAX						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	305,400	13	1.00
2.00	RENTAL PROPERTY	194.08	0	1,601	0	2.00
			0	307,001		
AD - JAY HOSPITAL						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	48,383	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	324,518	147,642	0	2.00
3.00	MAINTENANCE & REPAIRS	6.00	14,170	41,838	0	3.00
4.00	OPERATION OF PLANT	7.00	16,420	9,190	0	4.00
5.00	DIETARY	10.00	5,814	1,695	0	5.00
6.00	NURSING ADMINISTRATION	13.00	137,582	102,593	0	6.00
7.00	PHARMACY	15.00	115,419	44,508	0	7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	55,095	21,997	0	8.00
9.00	CARDIAC CATHETERIZATION	59.00	3,067	1,015	0	9.00
10.00	RESPIRATORY THERAPY	65.00	15,812	14,092	0	10.00
11.00	PHYSICAL THERAPY	66.00	22,121	9,000	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	5,713	4,394	0	12.00
			715,731	446,347		
AE - MALPRACTICE INSURANCE						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	200	0	1.00
			0	200		
AG - BONUS - EMPLOYEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	5,291,000	404,759	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
	TOTALS		5,291,000	404,759		
500.00	Grand Total: Decreases		13,192,287	143,971,879		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part I
Date/Time Prepared:
5/26/2023 11:47 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,072,523	0	0	0	1.00
2.00	Land Improvements	3,429,715	0	0	0	2.00
3.00	Buildings and Fixtures	281,611,985	0	0	0	3.00
4.00	Building Improvements	93,799,635	17,785,098	0	17,785,098	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	127,889,828	3,786,115	0	3,786,115	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	512,803,686	21,571,213	0	21,571,213	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	512,803,686	21,571,213	0	21,571,213	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,072,523	0			1.00
2.00	Land Improvements	3,429,715	1,378,403			2.00
3.00	Buildings and Fixtures	281,611,985	102,439,576			3.00
4.00	Building Improvements	111,584,733	922,047			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	129,945,039	76,098,160			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	532,643,995	180,838,186			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	532,643,995	180,838,186			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part II
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	357,562	6,006	0	0	1,705	1.00
3.00	Total (sum of lines 1-2)	357,562	6,006	0	0	1,705	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,172,854	1,538,127				
3.00	Total (sum of lines 1-2)	1,172,854	1,538,127				

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-7
Part III
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	532,643,996	0	532,643,996	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	532,643,996	0	532,643,996	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	28,571,108	467,003	1.00
3.00	Total (sum of lines 1-2)	0	0	0	28,571,108	467,003	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-2,093,416	449,088	308,809	1,110,009	28,812,601	1.00
3.00	Total (sum of lines 1-2)	-2,093,416	449,088	308,809	1,110,009	28,812,601	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8

Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-2,093,416	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00			2.00
3.00 Investment income - other (chapter 2)		0		0.00			3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00			4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00			5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00			6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00			7.00
8.00 Television and radio service (chapter 21)		0		0.00			8.00
9.00 Parking lot (chapter 21)		0		0.00			9.00
10.00 Provider-based physician adjustment	A-8-2	-19,866,327					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00			11.00
12.00 Related organization transactions (chapter 10)	A-8-1	42,405,654					12.00
13.00 Laundry and linen service		0		0.00			13.00
14.00 Cafeteria-employees and guests	B	0	CAFETERIA	11.00			14.00
15.00 Rental of quarters to employee and others		0		0.00			15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00			16.00
17.00 Sale of drugs to other than patients		0		0.00			17.00
18.00 Sale of medical records and abstracts		0		0.00			18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00			19.00
20.00 Vending machines		0		0.00			20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00			21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00			22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00			26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00			27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00			29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00			32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	Wkst. A-7 Ref.
			1.00	2.00	3.00
33.00 MI SCCELLANEOUS INCOME	B	-22,498	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.00
34.00 MI SCCELLANEOUS INCOME	B	-47,750	COMMUNICATIONS	5.01	0 34.00
35.00 MI SCCELLANEOUS INCOME	B	-320,874	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 35.00
36.00 MI SCCELLANEOUS INCOME	B	-413,911	MAINTENANCE & REPAIRS	6.00	0 36.00
37.00 MI SCCELLANEOUS INCOME	B	-4,820	OPERATION OF PLANT	7.00	0 37.00
38.00 MI SCCELLANEOUS INCOME	B	-192,275	HOUSEKEEPING	9.00	0 38.00
39.00 MI SCCELLANEOUS INCOME	B	-275,124	DIETARY	10.00	0 39.00
40.00 MI SCCELLANEOUS INCOME	B	-25,848	NURSING ADMINISTRATION	13.00	0 40.00
41.00 MI SCCELLANEOUS INCOME	B	-571,553	PHARMACY	15.00	0 41.00
42.00 MI SCCELLANEOUS INCOME	B	-17,250	PATIENT TRANSPORTATION	18.00	0 42.00
43.00 MI SCCELLANEOUS INCOME	B	-6,630	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 43.00
44.00 MI SCCELLANEOUS INCOME	B	-26,716	ADULTS & PEDIATRICS	30.00	0 44.00
45.00 MI SCCELLANEOUS INCOME	B	-45,654	OPERATING ROOM	50.00	0 45.00
46.00 MI SCCELLANEOUS INCOME	B	-562,710	RADIOLOGY-DIAGNOSTIC	54.00	0 46.00
46.01 MI SCCELLANEOUS INCOME	B	-197	RESPIRATORY THERAPY	65.00	0 46.01
46.02 MI SCCELLANEOUS INCOME	B	-6,218	SLEEP LAB	65.01	0 46.02
46.03 MI SCCELLANEOUS INCOME	B	-50,533	PHYSICAL THERAPY	66.00	0 46.03
46.04 MI SCCELLANEOUS INCOME	B	-82,204	ELECTROCARDIOLOGY	69.00	0 46.04
46.05 MI SCCELLANEOUS INCOME	B	-674,238	HOSPITAL BASED RETAIL PHARMACIES	73.01	0 46.05
46.06 MI SCCELLANEOUS INCOME	B	-104,790	CARDIAC REHABILITATION	76.97	0 46.06
46.07 MI SCCELLANEOUS INCOME	B	6,655	PAIN CLINIC	90.02	0 46.07
46.08 MI SCCELLANEOUS INCOME	B	-77,075	BSU PHARMACY	194.01	0 46.08
46.09 MI SCCELLANEOUS INCOME	B	-1,051,953	THERAPIES TO OTHER ENTITIES	194.22	0 46.09
46.10 NON-ALLOWABLE MARKETING	A	-731,242	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.10
46.11 NON-ALLOWABLE MARKETING	A	-1,539	NURSING ADMINISTRATION	13.00	0 46.11
46.12 NON-ALLOWABLE MARKETING	A	-4,800	CARDIAC CATHETERIZATION	59.00	0 46.12
46.13 NON-ALLOWABLE MARKETING	A	-60	RADIOLOGY-DIAGNOSTIC	54.00	0 46.13
46.14 NON-ALLOWABLE MARKETING	A	-182,630	PHYSICAL THERAPY	66.00	0 46.14
46.15 NON-ALLOWABLE MARKETING	A		EMERGENCY	91.00	0 46.15
46.16 NON-ALLOWABLE MARKETING	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.16
46.18 CORPORATE TELEPHONE	A	-305	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.18
46.19 EMPLOYEE BENEFITS OFFSET	A	-26,529,615	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.19
46.20 HAF FEES	A	-26,178,802	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.20
46.21 TELEVISION DEPRECIATION	A	-7,201	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 46.21
46.22 NON-ALLOWABLE PT REIMB.	A		OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.22
46.23 NON-ALLOWABLE PT REIMB.	A	-1,270	ADULTS & PEDIATRICS	30.00	0 46.23
46.24 NON-ALLOWABLE PT REIMB.	A		RECOVERY ROOM	51.00	0 46.24
46.25 NON-ALLOWABLE PT REIMB.	A	-700	EMERGENCY	91.00	0 46.25
46.26 LOSS ON EXTINGUISHMENT OF DEBT CARRY	A	298,071	NEW CAP REL COSTS-BLDG & FIXT	1.00	14 46.26
46.27 ADDITION AND PAIN CLINIC START UP C	A	65,699	SUBSTANCE ABUSE CLINIC	90.01	0 46.27
46.28 CONTRIBUTION EXPENSE	A	-8,147	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.28
46.29 CONTRIBUTION EXPENSE	A	-523	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 46.29
46.30 CONTRIBUTION EXPENSE	A	-11,509	ADULTS & PEDIATRICS	30.00	0 46.30
46.31 CONTRIBUTION EXPENSE	A	-280	DELIVERY ROOM & LABOR ROOM	52.00	0 46.31
46.32 CONTRIBUTION EXPENSE	A	-1,348	PHYSICAL THERAPY	66.00	0 46.32
46.33 CONTRIBUTION EXPENSE	A	-3,507	ONCOLOGY CLINIC	90.03	0 46.33
46.34 RECRUITING FEES	A	-765	NURSING ADMINISTRATION	13.00	0 46.34
46.35 RECRUITING FEES	A	-10,000	PHARMACY	15.00	0 46.35
46.36 RECRUITING FEES	A	-27,500	ADULTS & PEDIATRICS	30.00	0 46.36
46.37 RECRUITING FEES	A	-28,459	ONCOLOGY CLINIC	90.03	0 46.37
46.38 OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0 46.38
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,494,687			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.

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8

Date/Time Prepared:
5/26/2023 11:47 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	4.00	5.00

B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0089

Period: From 01/01/2022 To 12/31/2022

Worksheet A-8-1

Date/Time Prepared: 5/26/2023 11:47 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	6,843,148	0
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	24,306,538	0
3.00	5.02	DATA PROCESSING	HOME OFFICE	19,460,039	0
4.00	5.04	ADMITTING	HOME OFFICE	10,489,509	0
4.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	11,631,020	0
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	26,940,562	57,265,162
4.03	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	590,617	590,617
4.04	5.01	COMMUNICATIONS	RELATED PARTY	39,650	39,650
4.05	5.06	OTHER ADMINISTRATIVE AND GEN	RELATED PARTY	177,757	177,757
4.06	13.00	NURSING ADMINISTRATION	RELATED PARTY	394,458	394,458
4.07	22.00	IR SERVICES-OTHER PRGM COST	RELATED PARTY	2,618,696	2,618,696
4.08	30.00	ADULTS & PEDIATRICS	RELATED PARTY	10,694,029	10,694,029
4.09	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	1,350,838	1,350,838
4.10	41.00	SUBPROVIDER - IRF	RELATED PARTY	59,200	59,200
4.11	50.00	OPERATING ROOM	RELATED PARTY	6,317,772	6,317,772
4.12	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	1,579,181	1,579,181
4.13	57.00	CT SCAN	RELATED PARTY	17,500	17,500
4.14	59.00	CARDIAC CATHETERIZATION	RELATED PARTY	13,685	13,685
4.15	60.00	LABORATORY	RELATED PARTY	15,137,095	15,137,095
4.16	63.00	BLOOD STORING, PROCESSING, &	RELATED PARTY	11,958	11,958
4.17	76.98	HYPERBARIC OXYGEN THERAPY	RELATED PARTY	-43,661	-43,661
4.18	90.01	SUBSTANCE ABUSE CLINIC	RELATED PARTY	456,853	456,853
4.19	90.02	PAIN CLINIC	RELATED PARTY	509,088	509,088
4.20	90.03	ONCOLOGY CLINIC	RELATED PARTY	179,728	179,728
4.21	91.00	EMERGENCY	RELATED PARTY	3,101,478	3,101,478
4.22	191.00	RESEARCH	RELATED PARTY	6,490	6,490
4.23	0.00		RELATED PARTY	0	0
4.24	0.00		RELATED PARTY	0	0
4.25	0.00		RELATED PARTY	0	0
4.26	0.00		RELATED PARTY	0	0
4.27	0.00		RELATED PARTY	0	0
5.00	0		0	142,883,228	100,477,574

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

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

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

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

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

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-1

Date/Time Prepared:
5/26/2023 11:47 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	6,843,148	9	1.00
2.00	24,306,538	0	2.00
3.00	19,460,039	0	3.00
4.00	10,489,509	0	4.00
4.01	11,631,020	0	4.01
4.02	-30,324,600	0	4.02
4.03	0	0	4.03
4.04	0	9	4.04
4.05	0	0	4.05
4.06	0	0	4.06
4.07	0	0	4.07
4.08	0	0	4.08
4.09	0	0	4.09
4.10	0	0	4.10
4.11	0	0	4.11
4.12	0	0	4.12
4.13	0	0	4.13
4.14	0	0	4.14
4.15	0	0	4.15
4.16	0	0	4.16
4.17	0	0	4.17
4.18	0	0	4.18
4.19	0	0	4.19
4.20	0	0	4.20
4.21	0	0	4.21
4.22	0	0	4.22
4.23	0	0	4.23
4.24	0	0	4.24
4.25	0	0	4.25
4.26	0	0	4.26
4.27	0	0	4.27
5.00	42,405,654		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet A-8-2

Date/Time Prepared:
5/26/2023 11:47 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	614,563	289,835	324,728	211,500	11,936	1.00
2.00	30.00	ADULTS & PEDIATRICS	10,694,029	10,694,029	0	179,000	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,275,838	1,275,838	0	169,700	0	3.00
4.00	50.00	OPERATING ROOM	5,866,464	5,866,464	0	246,400	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	1,209,500	0	1,209,500	271,900	9,855	5.00
6.00	76.98	HYPERBARIC OXYGEN THERAPY	-43,661	-43,661	0	211,500	0	6.00
7.00	90.01	SUBSTANCE ABUSE CLINIC	456,853	456,853	0	211,500	0	7.00
8.00	90.02	PAIN CLINIC	491,231	491,231	0	211,500	0	8.00
9.00	91.00	EMERGENCY	2,461,543	0	2,461,543	211,500	15,989	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			23,026,360	19,030,589	3,995,771		37,780	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,213,685	60,684	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	0	0	0	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	1,288,257	64,413	0	0	0	5.00
6.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	6.00
7.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	7.00
8.00	90.02	PAIN CLINIC	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	1,625,805	81,290	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,127,747	206,387	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	1,213,685	0	289,835		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	10,694,029		2.00
3.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,275,838		3.00
4.00	50.00	OPERATING ROOM	0	0	0	5,866,464		4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,288,257	0	0		5.00
6.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	-43,661		6.00
7.00	90.01	SUBSTANCE ABUSE CLINIC	0	0	0	456,853		7.00
8.00	90.02	PAIN CLINIC	0	0	0	491,231		8.00
9.00	91.00	EMERGENCY	0	1,625,805	835,738	835,738		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	4,127,747	835,738	19,866,327		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT	COMMUNI CATIONS	DATA PROCESSING	
		NEW BLDG & FIXT				
	0	1.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	28,812,601	28,812,601			1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	24,974,837	63,122	25,037,959		4.00
5.01 01160	COMMUNI CATIONS	709,365	28,853	101,274	839,492	5.01
5.02 00550	DATA PROCESSING	19,460,039	0	0	0	19,460,039
5.04 00570	ADMITTING	15,116,700	95,491	555,690	24,213	0
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	11,631,020	0	0	0	0
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	39,531,635	863,000	1,031,557	24,085	0
6.00 00600	MAINTENANCE & REPAIRS	10,188,753	14,341,565	410,267	22,442	0
7.00 00700	OPERATION OF PLANT	8,252,160	585,695	217,739	11,458	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,324,806	0	0	0	0
9.00 00900	HOUSEKEEPING	5,059,377	194,894	571,201	43,314	0
10.00 01000	DIETARY	2,719,179	257,430	353,521	25,299	0
11.00 01100	CAFETERIA	1,187,005	134,179	130,952	8,506	0
13.00 01300	NURSING ADMINISTRATION	14,103,228	148,716	1,862,066	23,706	0
14.00 01400	CENTRAL SERVICES & SUPPLY	10,342,510	327,362	238	0	0
15.00 01500	PHARMACY	7,937,255	105,120	883,735	27,681	0
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00 01080	PATIENT TRANSPORTATION	1,048,272	11,370	151,404	10,445	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,892,880	0	603,899	29,218	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,168,925	614,707	68,906	3,559	0
23.00 02300	PARAMED ED PRGM	248,302	3,294	34,947	1,022	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	55,545,884	3,000,182	5,970,360	175,490	2,467,361
31.00 03100	INTENSIVE CARE UNIT	14,672,435	438,056	1,573,603	41,895	514,141
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
35.00 02060	NEONATAL INTENSIVE CARE UNIT	3,631,604	141,083	422,032	10,505	134,185
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	2,351,295	158,313	322,166	10,505	88,758
43.00 04300	NURSERY	659,037	68,095	89,279	2,546	25,754
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,176,922	541,940	1,122,833	43,620	1,712,632
51.00 05100	RECOVERY ROOM	2,458,480	128,525	344,156	12,111	229,634
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,589,105	186,913	413,465	10,486	208,042
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,872,309	981,643	1,375,344	48,425	2,189,013
57.00 05700	CT SCAN	1,698,398	27,618	223,998	6,913	446,004
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	3,907,559	220,928	410,731	13,179	1,003,987
60.00 06000	LABORATORY	15,971,323	284,922	12	21,922	948,814
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,332,293	0	0	0	65,591
65.00 06500	RESPIRATORY THERAPY	6,709,148	75,791	684,479	21,142	264,326
65.01 06501	SLEEP LAB	580,991	0	69,961	3,354	68,815
66.00 06600	PHYSICAL THERAPY	4,719,121	247,390	658,326	25,901	177,307
67.00 06700	OCCUPATIONAL THERAPY	1,196,102	38,070	153,747	5,385	58,359
68.00 06800	SPEECH PATHOLOGY	709,085	9,106	97,769	3,281	35,923
68.01 06801	AUDIOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	3,344,667	258,808	195,992	8,574	396,032
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,874,820	0	0	0	786,062
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	9,178,108	0	0	0	1,080,016
73.00 07300	DRUGS CHARGED TO PATIENTS	51,927,479	0	0	0	3,396,874
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	9,232,077	14,062	289,634	7,621	70,212
74.00 07400	RENAL DIALYSIS	1,720,758	46,210	0	0	33,437
76.00 03160	CARDIOPULMONARY	0	0	0	0	0
76.97 07697	CARDIAC REHABILITATION	1,146,998	0	164,101	7,319	55,606
76.98 07698	HYPERBARI C OXYGEN THERAPY	1,485,707	6,572	98,699	3,518	180,401
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	SUBSTANCE ABUSE CLINIC	630,699	101,050	79,621	3,600	6,686
90.02 09002	PAIN CLINIC	401,494	355,408	51,976	2,268	12,324
90.03 09003	ONCOLOGY CLINIC	3,379,162	113,782	426,193	13,507	414,641
91.00 09100	EMERGENCY	16,921,642	534,482	1,739,316	55,882	2,321,153
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,366,467	69,425	155,151	4,335	67,949
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	11,323	0	0	0
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	468,100,018	25,834,495	24,110,340	818,232	19,460,039
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	878,909	0	47,595	3,468	0
191.00	19100	RESEARCH	828,374	29,613	116,436	5,134	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	38,232	0	14,208	429	0
194.02	07952	PAVILLION PHARMACY	8,274,647	40,224	158,378	4,732	0
194.03	07953	VENDING	0	0	0	0	0
194.04	07954	CARELINE	0	0	0	0	0
194.05	07955	WELLNESS CENTER	1,122	80,336	0	0	0
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	377,087	0	0	0
194.07	07957	PERINATAL CLINIC	0	0	0	0	0
194.08	07958	RENTAL PROPERTY	802,114	1,171,375	0	0	0
194.09	07959	ADVERTISING	0	0	0	0	0
194.10	07960	INTEGRA LTAC	0	186,406	0	0	0
194.11	07961	IU HEALTH HOSPICE	0	48,157	0	0	0
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0
194.13	07963	PEDIATRIC THERAPIES	1,665,473	106,101	228,571	0	0
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0
194.15	07965	MARKETING/PUBLIC RELATIONS	0	35,219	0	0	0
194.16	07966	JAY COUNTY HOSPITAL	1,162,078	77,834	111,031	3,427	0
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0
194.20	07970	MEALS ON WHEELS	0	0	0	0	0
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	143,663	0	0
194.23	07973	CANCER CENTER BOUTIQUE	84,987	13,492	2,827	214	0
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	391,657	0	0	0
194.25	07975	CARDINAL BEHAVIORAL HEALTH	6,105	0	116	5	0
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	1,068,442	71,357	104,794	3,851	0
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.32	07982	RENAL DIALYSIS	0	0	0	0	0
194.33	07983	LAB CORP	0	0	0	0	0
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0
194.35	07985	LEASED SPACE	0	349,248	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		TOTAL (sum lines 118 through 201)	482,910,501	28,812,601	25,037,959	839,492	19,460,039

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period: From 01/01/2022 To 12/31/2022

Worksheet B Part I Date/Time Prepared: 5/26/2023 11:47 am

Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.04	5.05	5A.05	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160 COMMUNICATIONS						5.01
5.02	00550 DATA PROCESSING						5.02
5.04	00570 ADMINITTING	15,792,094					5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE	0	11,631,020				5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL	0	0	41,450,277	41,450,277		5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	24,963,027	2,343,878	27,306,905	6.00
7.00	00700 OPERATION OF PLANT	0	0	9,067,052	851,342	1,191,717	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	1,324,806	124,391	0	8.00
9.00	00900 HOUSEKEEPING	0	0	5,868,786	551,044	396,552	9.00
10.00	01000 DIETARY	0	0	3,355,429	315,055	523,795	10.00
11.00	01100 CAFETERIA	0	0	1,460,642	137,146	273,014	11.00
13.00	01300 NURSING ADMINISTRATION	0	0	16,137,716	1,515,235	302,593	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	10,670,110	1,001,859	666,086	14.00
15.00	01500 PHARMACY	0	0	8,953,791	840,707	213,887	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080 PATIENT TRANSPORTATION	0	0	1,221,491	114,691	23,135	18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	4,525,997	424,964	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,856,097	455,958	1,250,747	22.00
23.00	02300 PARAMED ED PRGM	0	0	287,565	27,001	6,702	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,002,323	1,474,607	70,636,207	6,632,127	6,104,487	30.00
31.00	03100 INTENSIVE CARE UNIT	417,238	307,274	17,964,642	1,686,772	891,315	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	108,895	80,195	4,528,499	425,199	287,063	35.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	72,029	53,046	3,056,112	286,951	322,120	41.00
43.00	04300 NURSERY	20,900	15,392	881,003	82,721	138,553	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,389,842	1,023,547	18,011,336	1,691,156	1,102,689	50.00
51.00	05100 RECOVERY ROOM	186,354	137,240	3,496,500	328,300	261,511	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	168,831	124,335	4,701,177	441,412	380,312	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,776,437	1,308,254	20,551,425	1,929,655	1,997,355	54.00
57.00	05700 CT SCAN	361,943	266,552	3,031,426	284,633	56,195	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	814,760	600,029	6,971,173	654,551	449,524	59.00
60.00	06000 LABORATORY	769,986	567,055	18,564,034	1,743,051	579,732	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	53,228	39,200	1,490,312	139,931	0	63.00
65.00	06500 RESPIRATORY THERAPY	214,507	157,973	8,127,366	763,111	154,213	65.00
65.01	06501 SLEEP LAB	55,845	41,127	820,093	77,002	0	65.01
66.00	06600 PHYSICAL THERAPY	143,889	105,967	6,077,901	570,678	503,366	66.00
67.00	06700 OCCUPATIONAL THERAPY	47,360	34,878	1,533,901	144,024	77,461	67.00
68.00	06800 SPEECH PATHOLOGY	29,152	21,469	905,785	85,048	18,527	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	321,390	236,687	4,762,150	447,137	526,598	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	637,908	469,786	13,768,576	1,292,787	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	876,459	645,467	11,780,050	1,106,076	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,756,447	2,030,940	60,111,740	5,644,132	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	56,979	41,962	9,712,547	911,950	28,613	73.01
74.00	07400 RENAL DIALYSIS	27,135	19,983	1,847,523	173,471	94,023	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	45,125	33,232	1,452,381	136,370	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	146,400	107,816	2,029,113	190,522	13,372	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	5,426	3,996	831,078	78,033	205,606	90.01
90.02	09002 PAIN CLINIC	10,001	7,366	840,837	78,950	723,150	90.02
90.03	09003 ONCOLOGY CLINIC	336,491	247,808	4,931,584	463,046	231,512	90.03
91.00	09100 EMERGENCY	1,883,672	1,387,227	24,843,374	2,332,644	1,087,513	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	55,142	40,610	1,759,079	165,167	141,260	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	11,323	1,063	23,038	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	15,792,094	11,631,020	464,173,033	39,690,941	21,247,336	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	929,972	87,319	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
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Cost Center Description	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A.05	5.06	6.00	
	191.00 19100 RESEARCH	0	0	979,557	91,975	60,254
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	52,869	4,964	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	8,477,981	796,032	81,843	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	81,458	7,648	163,460	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	377,087	35,406	767,262	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	1,973,489	185,299	2,383,402	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	186,406	17,502	379,281	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	48,157	4,522	97,986	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 PEDIATRIC THERAPIES	0	0	2,000,145	187,802	215,885	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	35,219	3,307	71,661	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	1,354,370	127,167	158,369	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	143,663	13,489	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	101,520	9,532	27,453	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	391,657	36,774	796,906	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	6,226	585	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	1,248,444	117,221	145,191	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	349,248	32,792	710,616	194.35
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	15,792,094	11,631,020	482,910,501	41,450,277	27,306,905	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
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To 12/31/2022

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	11,110,111				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,449,197			8.00
9.00	00900	HOUSEKEEPING	168,704	0	6,985,086		9.00
10.00	01000	DIETARY	222,837	0	173,966	4,591,082	10.00
11.00	01100	CAFETERIA	116,148	0	90,675	0	2,077,625
13.00	01300	NURSING ADMINISTRATION	128,731	0	100,499	0	72,411
14.00	01400	CENTRAL SERVICES & SUPPLY	283,371	0	221,224	0	0
15.00	01500	PHARMACY	90,993	96	71,037	0	84,552
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	9,842	0	7,684	0	31,906
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	89,249
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	532,102	151	413,757	0	10,872
23.00	02300	PARAMED PRGM	2,851	3	2,226	0	3,122
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,597,015	832,754	2,031,896	3,922,571	536,035
31.00	03100	INTENSIVE CARE UNIT	379,190	123,229	296,028	180,569	127,971
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	122,124	3,848	95,341	13,366	32,087
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	137,038	29,314	106,984	244,467	32,087
43.00	04300	NURSERY	58,944	7,172	46,017	0	7,778
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	469,114	110,893	366,231	0	133,240
51.00	05100	RECOVERY ROOM	111,254	42,564	86,854	0	36,993
52.00	05200	DELIVERY ROOM & LABOR ROOM	161,795	56,312	126,311	0	32,031
54.00	05400	RADIOLOGY-DIAGNOSTIC	849,729	36,389	650,712	0	147,917
57.00	05700	CT SCAN	23,907	0	18,664	0	21,117
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	191,240	11,930	149,298	0	40,255
60.00	06000	LABORATORY	246,634	321	190,703	0	66,961
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	65,606	122	51,218	0	64,578
65.01	06501	SLEEP LAB	0	0	0	0	10,245
66.00	06600	PHYSICAL THERAPY	214,146	2,821	37,156	0	79,116
67.00	06700	OCCUPATIONAL THERAPY	32,954	0	25,727	0	16,448
68.00	06800	SPEECH PATHOLOGY	7,882	0	6,153	0	10,022
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	224,029	17,520	174,897	0	26,191
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	12,173	0	0	0	23,278
74.00	07400	RENAL DIALYSIS	40,000	2,295	31,227	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	51	0	0	22,358
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,689	0	0	0	10,747
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	87,471	0	68,287	0	10,998
90.02	09002	PAIN CLINIC	307,648	0	240,176	0	6,928
90.03	09003	ONCOLOGY CLINIC	98,492	18,575	76,891	0	41,258
91.00	09100	EMERGENCY	462,657	133,421	361,190	0	170,693
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	60,096	15,396	46,916	0	13,242
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	9,801	0	7,652	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	8,532,207	1,445,177	6,373,597	4,360,973	2,012,686
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10,593
191.00	19100	RESEARCH	25,634	0	20,012	0	15,681

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	1,310	194.01
194.02	07952 PAVILLION PHARMACY	34,818	0	27,182	0	14,454	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	69,540	4,020	54,289	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	326,414	0	98,551	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	1,013,964	0	268,974	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	161,356	0	0	230,109	0	194.10
194.11	07961 IU HEALTH HOSPICE	41,686	0	32,544	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	91,843	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	30,487	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	67,375	0	52,598	0	10,468	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	11,679	0	9,118	0	655	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	339,025	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	14	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	61,768	0	48,221	0	11,764	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	302,315	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	11,110,111	1,449,197	6,985,086	4,591,082	2,077,625	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	18,257,185					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	12,842,650				14.00
15.00 01500 PHARMACY	0	62,728	10,317,791			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00
18.00 01080 PATIENT TRANSPORTATION	9,290	0	0	0	1,418,039	18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1	41	0	0	22.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	8,565,340	483,855	44,112	0	179,778	30.00
31.00 03100 INTENSIVE CARE UNIT	2,071,724	196,854	30,816	0	37,462	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	579,446	38,468	2,012	0	9,777	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	524,501	10,637	457	0	6,467	41.00
43.00 04300 NURSERY	132,452	0	0	0	1,877	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	694,910	2,036,163	19,952	0	124,787	50.00
51.00 05100 RECOVERY ROOM	651,644	23,978	10,526	0	16,732	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	527,420	58,814	6,231	0	15,158	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	493,975	504,260	51,849	0	159,497	54.00
57.00 05700 CT SCAN	0	38,459	34,788	0	32,497	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	371,610	457,316	12,764	0	73,153	59.00
60.00 06000 LABORATORY	0	0	0	0	69,133	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	29	0	0	4,779	63.00
65.00 06500 RESPIRATORY THERAPY	265	199,016	0	0	19,259	65.00
65.01 06501 SLEEP LAB	0	17,932	0	0	5,014	65.01
66.00 06600 PHYSICAL THERAPY	15,395	7,540	47	0	12,919	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	97	0	0	4,252	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	2,617	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	97,149	3,612	32,946	0	28,856	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,691,393	0	0	57,274	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	3,625,995	0	0	78,693	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	7,777,847	0	247,637	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	119	1,159,235	0	5,116	73.01
74.00 07400 RENAL DIALYSIS	0	2,981	119	0	2,436	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	16,457	209	15	0	4,052	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	135,107	112,069	7	0	13,144	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	23,093	739	0	0	487	90.01
90.02 09002 PAIN CLINIC	38,754	2,126	82	0	898	90.02
90.03 09003 ONCOLOGY CLINIC	506,716	49,983	12,746	0	30,212	90.03
91.00 09100 EMERGENCY	2,438,291	205,945	63,858	0	169,125	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	207,836	3,588	1,386	0	4,951	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	18,101,375	12,834,906	9,261,836	0	1,418,039	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2022
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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	OTHER GENERAL	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	SERVICE	
	13.00	14.00	15.00	16.00	PATIENT TRANSPORTATION	18.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	173	0	0	0	0 190.00
191.00 19100 RESEARCH	155,545	38	0	0	0	0 191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	0 194.01
194.02 07952 PAVILLION PHARMACY	0	6,269	1,055,954	0	0	0 194.02
194.03 07953 VENDING	0	0	0	0	0	0 194.03
194.04 07954 CARELINE	0	0	0	0	0	0 194.04
194.05 07955 WELLNESS CENTER	0	18	0	0	0	0 194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0 194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0 194.07
194.08 07958 RENTAL PROPERTY	0	0	0	0	0	0 194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0 194.09
194.10 07960 INTEGRA LTAC	0	0	0	0	0	0 194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	0 194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0 194.12
194.13 07963 PEDIATRIC THERAPIES	0	1,246	1	0	0	0 194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0 194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0 194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	0 194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0 194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0 194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0 194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0 194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0 194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	0 194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	0	0	0	0 194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0 194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	265	0	0	0	0	0 194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	0 194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0 194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0 194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0 194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0 194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0 194.32
194.33 07983 LAB CORP	0	0	0	0	0	0 194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0 194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0 194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	18,257,185	12,842,650	10,317,791	0	1,418,039	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
18.00 01080 PATIENT TRANSPORTATION						18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	5,040,210					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		7,519,726				22.00
23.00 02300 PARAMED PRGM			329,470			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,083,480	4,600,389	0	110,250,046	-7,683,869	30.00
31.00 03100 INTENSIVE CARE UNIT	591,592	882,624	0	25,460,788	-1,474,216	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	71,030	105,973	0	6,314,233	-177,003	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	4,757,135	0	41.00
43.00 04300 NURSERY	0	0	0	1,356,517	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	244,226	364,373	0	25,369,070	-608,599	50.00
51.00 05100 RECOVERY ROOM	0	0	0	5,066,856	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	6,506,973	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	188,765	281,627	0	27,843,155	-470,392	54.00
57.00 05700 CT SCAN	0	0	0	3,541,686	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	9,382,814	0	59.00
60.00 06000 LABORATORY	0	0	0	21,460,569	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	1,635,051	0	63.00
65.00 06500 RESPIRATORY THERAPY	141,087	210,494	0	9,796,335	-351,581	65.00
65.01 06501 SLEEP LAB	0	0	0	930,286	0	65.01
66.00 06600 PHYSICAL THERAPY	7,784	11,613	0	7,540,482	-19,397	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,834,864	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	1,036,034	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	201,414	300,499	0	6,842,998	-501,913	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,810,030	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	16,590,814	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	329,470	74,110,826	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	11,853,031	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	2,194,075	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	1,631,893	0	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	2,509,770	0	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	1,305,792	0	90.01
90.02 09002 PAIN CLINIC	64,219	95,811	0	2,399,579	-160,030	90.02
90.03 09003 ONCOLOGY CLINIC	108,978	162,589	0	6,732,582	-271,567	90.03
91.00 09100 EMERGENCY	307,472	458,732	0	33,034,915	-766,204	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	2,418,917	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	52,877	0	95.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments			
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00					23.00	24.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,010,047	7,474,724	329,470	451,570,993	-12,484,771	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,028,057	0	190.00
191.00	19100	RESEARCH	30,163	45,002	0	1,423,861	-75,165	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	59,143	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	10,494,533	0	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	0	380,433	0	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	0	1,604,720	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	0	5,825,128	0	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	0	974,654	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	0	224,895	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	0	0	0	2,496,922	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	140,674	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	1,770,347	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	157,152	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	159,957	0	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	1,564,362	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	7,090	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	1,632,609	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	1,394,971	0	194.35
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	5,040,210	7,519,726	329,470	482,910,501	-12,559,936	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01080 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	102,566,177	30.00
31.00	03100 INTENSIVE CARE UNIT	23,986,572	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	6,137,230	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	4,757,135	41.00
43.00	04300 NURSERY	1,356,517	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	24,760,471	50.00
51.00	05100 RECOVERY ROOM	5,066,856	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,506,973	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,372,763	54.00
57.00	05700 CT SCAN	3,541,686	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,382,814	59.00
60.00	06000 LABORATORY	21,460,569	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,635,051	63.00
65.00	06500 RESPIRATORY THERAPY	9,444,754	65.00
65.01	06501 SLEEP LAB	930,286	65.01
66.00	06600 PHYSICAL THERAPY	7,521,085	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,834,864	67.00
68.00	06800 SPEECH PATHOLOGY	1,036,034	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	6,341,085	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,810,030	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,590,814	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,110,826	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	11,853,031	73.01
74.00	07400 RENAL DIALYSIS	2,194,075	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,631,893	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,509,770	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	1,305,792	90.01
90.02	09002 PAIN CLINIC	2,239,549	90.02
90.03	09003 ONCOLOGY CLINIC	6,461,015	90.03
91.00	09100 EMERGENCY	32,268,711	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,418,917	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	52,877	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	439,086,222	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,028,057	190.00
191.00	19100 RESEARCH	1,348,696	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
194.01	07951 BSU PHARMACY	59,143	194.01
194.02	07952 PAVILLION PHARMACY	10,494,533	194.02
194.03	07953 VENDING	0	194.03
194.04	07954 CARELINE	0	194.04
194.05	07955 WELLNESS CENTER	380,433	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	1,604,720	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	5,825,128	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRALTC	974,654	194.10
194.11	07961 IU HEALTH HOSPICE	224,895	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 PEDIATRIC THERAPIES	2,496,922	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	140,674	194.15
194.16	07966 JAY COUNTY HOSPITAL	1,770,347	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	194.19
194.20	07970 MEALS ON WHEELS	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	157,152	194.22
194.23	07973 CANCER CENTER BOUTIQUE	159,957	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	1,564,362	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	7,090	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	1,632,609	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32	07982 RENAL DIALYSIS	0	194.32
194.33	07983 LAB CORP	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	194.34
194.35	07985 LEASED SPACE	1,394,971	194.35
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	470,350,565	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period: From 01/01/2022 To 12/31/2022

Worksheet B Part II Date/Time Prepared: 5/26/2023 11:47 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	63,122	63,122	63,122		4.00
5.01 01160	COMMUNICATIONS	0	28,853	28,853	255	29,108	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04 00570	ADMITTING	0	95,491	95,491	1,401	840	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	863,000	863,000	2,600	835	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	14,341,565	14,341,565	1,034	778	6.00
7.00 00700	OPERATION OF PLANT	0	585,695	585,695	549	397	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	194,894	194,894	1,440	1,502	9.00
10.00 01000	DIETARY	0	257,430	257,430	891	877	10.00
11.00 01100	CAFETERIA	0	134,179	134,179	330	295	11.00
13.00 01300	NURSING ADMINISTRATION	0	148,716	148,716	4,693	822	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	327,362	327,362	1	0	14.00
15.00 01500	PHARMACY	0	105,120	105,120	2,227	960	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00 01080	PATIENT TRANSPORTATION	0	11,370	11,370	382	362	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,522	1,013	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	614,707	614,707	174	123	22.00
23.00 02300	PARAMED PRGM	0	3,294	3,294	88	35	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	3,000,182	3,000,182	15,063	6,086	30.00
31.00 03100	INTENSIVE CARE UNIT	0	438,056	438,056	3,966	1,453	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	141,083	141,083	1,064	364	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	158,313	158,313	812	364	41.00
43.00 04300	NURSERY	0	68,095	68,095	225	88	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	541,940	541,940	2,830	1,512	50.00
51.00 05100	RECOVERY ROOM	0	128,525	128,525	867	420	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	186,913	186,913	1,042	364	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	981,643	981,643	3,467	1,679	54.00
57.00 05700	CT SCAN	0	27,618	27,618	565	240	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	220,928	220,928	1,035	457	59.00
60.00 06000	LABORATORY	0	284,922	284,922	0	760	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	75,791	75,791	1,725	733	65.00
65.01 06501	SLEEP LAB	0	0	0	176	116	65.01
66.00 06600	PHYSICAL THERAPY	0	247,390	247,390	1,659	898	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	38,070	38,070	388	187	67.00
68.00 06800	SPEECH PATHOLOGY	0	9,106	9,106	246	114	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	258,808	258,808	494	297	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	14,062	14,062	730	264	73.01
74.00 07400	RENAL DIALYSIS	0	46,210	46,210	0	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	414	254	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	6,572	6,572	249	122	76.98
77.00 07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	SUBSTANCE ABUSE CLINIC	0	101,050	101,050	201	125	90.01
90.02 09002	PAIN CLINIC	0	355,408	355,408	131	79	90.02
90.03 09003	ONCOLOGY CLINIC	0	113,782	113,782	1,074	468	90.03
91.00 09100	EMERGENCY	0	534,482	534,482	4,384	1,938	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	69,425	69,425	391	150	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	11,323	11,323	0	0	95.00
102.00 10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	25,834,495	25,834,495	60,785	28,371	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	120	120	190.00
191.00	19100 RESEARCH	0	29,613	29,613	293	178	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	36	15	194.01
194.02	07952 PAVILLION PHARMACY	0	40,224	40,224	399	164	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	80,336	80,336	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	377,087	377,087	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	1,171,375	1,171,375	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRALTC	0	186,406	186,406	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	0	48,157	48,157	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	0	106,101	106,101	576	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	35,219	35,219	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	77,834	77,834	280	119	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	362	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	13,492	13,492	7	7	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	391,657	391,657	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	71,357	71,357	264	134	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	349,248	349,248	0	0	194.35
200.00	Cross Foot Adjustments			0			200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	28,812,601	28,812,601	63,122	29,108	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 11:47 am		
Cost Center Description			DATA PROCESSING	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
			5.02	5.04	5.05	5.06	6.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING	0				5.02
5.04	00570	ADMITTING		97,732			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	866,435	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	49,002	14,392,379
7.00	00700	OPERATION OF PLANT	0	0	0	17,799	628,107
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,601	0
9.00	00900	HOUSEKEEPING	0	0	0	11,520	209,007
10.00	01000	DIETARY	0	0	0	6,587	276,071
11.00	01100	CAFETERIA	0	0	0	2,867	143,895
13.00	01300	NURSING ADMINISTRATION	0	0	0	31,678	159,485
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	20,945	351,067
15.00	01500	PHARMACY	0	0	0	17,576	112,731
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	0	0	0	2,398	12,194
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	8,885	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9,533	659,219
23.00	02300	PARAMED ED PRGM	0	0	0	564	3,532
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	12,536	0	138,508	3,217,432
31.00	03100	INTENSIVE CARE UNIT	0	2,612	0	35,265	469,777
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	682	0	8,889	151,299
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	451	0	5,999	169,776
43.00	04300	NURSERY	0	131	0	1,729	73,026
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	8,701	0	35,356	581,183
51.00	05100	RECOVERY ROOM	0	1,167	0	6,864	137,832
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,057	0	9,228	200,447
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,121	0	40,342	1,052,726
57.00	05700	CT SCAN	0	2,266	0	5,951	29,618
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	5,101	0	13,684	236,926
60.00	06000	LABORATORY	0	4,820	0	36,441	305,553
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	333	0	2,925	0
65.00	06500	RESPIRATORY THERAPY	0	1,343	0	15,954	81,279
65.01	06501	SLEEP LAB	0	350	0	1,610	0
66.00	06600	PHYSICAL THERAPY	0	901	0	11,931	265,304
67.00	06700	OCCUPATIONAL THERAPY	0	296	0	3,011	40,827
68.00	06800	SPEECH PATHOLOGY	0	183	0	1,778	9,765
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	2,012	0	9,348	277,549
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,994	0	27,028	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,487	0	23,124	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,119	0	117,999	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	357	0	19,066	15,081
74.00	07400	RENAL DIALYSIS	0	170	0	3,627	49,556
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	283	0	2,851	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	917	0	3,983	7,048
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	0	34	0	1,631	108,367
90.02	09002	PAIN CLINIC	0	63	0	1,651	381,144
90.03	09003	ONCOLOGY CLINIC	0	2,107	0	9,681	122,021
91.00	09100	EMERGENCY	0	11,793	0	48,768	573,184
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	345	0	3,453	74,452
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	22	12,143
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	97,732	0	829,652	11,198,623
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,826	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.02	5.04	5.05	5.06	6.00	
191.00	19100 RESEARCH	0	0	0	1,923	31,758	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	104	0	194.01
194.02	07952 PAVILLION PHARMACY	0	0	0	16,642	43,136	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	0	0	0	160	86,153	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	0	0	740	404,393	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	0	0	3,874	1,256,196	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	0	0	0	366	199,904	194.10
194.11	07961 IU HEALTH HOSPICE	0	0	0	95	51,645	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	0	0	0	3,926	113,784	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	0	69	37,770	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	0	0	2,659	83,470	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	282	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	0	0	199	14,469	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	769	420,017	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	12	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	2,451	76,524	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	686	374,537	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	97,732	0	866,435	14,392,379	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 11:47 am
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,232,547				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,601			8.00
9.00	00900	HOUSEKEEPING	18,716	0	437,079		9.00
10.00	01000	DIETARY	24,721	0	10,886	577,463	10.00
11.00	01100	CAFETERIA	12,885	0	5,674	0	300,125
13.00	01300	NURSING ADMINISTRATION	14,281	0	6,289	0	10,460
14.00	01400	CENTRAL SERVICES & SUPPLY	31,437	0	13,843	0	0
15.00	01500	PHARMACY	10,095	0	4,445	0	12,214
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	1,092	0	481	0	4,609
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	12,893
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	59,031	0	25,890	0	1,571
23.00	02300	PARAMED ED PRGM	316	0	139	0	451
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	288,113	1,497	127,140	493,378	77,433
31.00	03100	INTENSIVE CARE UNIT	42,067	221	18,523	22,712	18,486
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	13,548	7	5,966	1,681	4,635
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	15,203	53	6,694	30,749	4,635
43.00	04300	NURSERY	6,539	13	2,879	0	1,124
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,043	199	22,916	0	19,247
51.00	05100	RECOVERY ROOM	12,342	76	5,435	0	5,344
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,949	101	7,904	0	4,627
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,268	65	40,717	0	21,367
57.00	05700	CT SCAN	2,652	0	1,168	0	3,050
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	21,216	21	9,342	0	5,815
60.00	06000	LABORATORY	27,361	1	11,933	0	9,673
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	7,278	0	3,205	0	9,329
65.01	06501	SLEEP LAB	0	0	0	0	1,480
66.00	06600	PHYSICAL THERAPY	23,757	5	2,325	0	11,429
67.00	06700	OCCUPATIONAL THERAPY	3,656	0	1,610	0	2,376
68.00	06800	SPEECH PATHOLOGY	874	0	385	0	1,448
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	24,854	31	10,944	0	3,783
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,350	0	0	0	3,363
74.00	07400	RENAL DIALYSIS	4,438	4	1,954	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3,230
76.98	07698	HYPERBARIC OXYGEN THERAPY	631	0	0	0	1,552
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	9,704	0	4,273	0	1,589
90.02	09002	PAIN CLINIC	34,130	0	15,029	0	1,001
90.03	09003	ONCOLOGY CLINIC	10,927	33	4,811	0	5,960
91.00	09100	EMERGENCY	51,327	239	22,601	0	24,658
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	6,667	28	2,936	0	1,913
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,087	0	479	0	0
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	946,555	2,594	398,816	548,520	290,745
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,530
191.00	19100	RESEARCH	2,844	0	1,252	0	2,265

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	0	189	194.01
194.02	07952 PAVILLION PHARMACY	3,863	0	1,701	0	2,088	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	7,715	7	3,397	0	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	36,212	0	6,167	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	112,488	0	16,831	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRA LTAC	17,901	0	0	28,943	0	194.10
194.11	07961 IU HEALTH HOSPICE	4,625	0	2,036	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 PEDIATRIC THERAPIES	10,189	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	3,382	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	7,474	0	3,291	0	1,512	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	1,296	0	571	0	95	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	37,611	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	0	0	2	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	6,853	0	3,017	0	1,699	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	33,539	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	1,232,547	2,601	437,079	577,463	300,125	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION		
	13.00	14.00	15.00	16.00	18.00		
	GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 01160 COMMUNICATIONS						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.04 00570 ADMINITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION	376,424					13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	0	744,655				14.00	
15.00 01500 PHARMACY	0	3,637	269,005			15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00	
18.00 01080 PATIENT TRANSPORTATION	192	0	0	0	33,080	18.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	176,599	28,055	1,150	0	4,280	30.00	
31.00 03100 INTENSIVE CARE UNIT	42,715	11,414	803	0	892	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	11,947	2,230	52	0	233	35.00	
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - I RF	10,814	617	12	0	154	41.00	
43.00 04300 NURSERY	2,731	0	0	0	45	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	14,328	118,061	520	0	2,971	50.00	
51.00 05100 RECOVERY ROOM	13,436	1,390	274	0	398	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,874	3,410	162	0	361	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	10,185	29,238	1,352	0	3,798	54.00	
57.00 05700 CT SCAN	0	2,230	907	0	774	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	7,662	26,516	333	0	1,742	59.00	
60.00 06000 LABORATORY	0	0	0	0	1,646	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	2	0	0	114	63.00	
65.00 06500 RESPIRATORY THERAPY	5	11,539	0	0	459	65.00	
65.01 06501 SLEEP LAB	0	1,040	0	0	119	65.01	
66.00 06600 PHYSICAL THERAPY	317	437	1	0	308	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	6	0	0	101	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	62	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	2,003	209	859	0	687	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	272,029	0	0	1,364	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	210,243	0	0	1,874	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	202,789	0	5,212	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	7	30,222	0	122	73.01	
74.00 07400 RENAL DIALYSIS	0	173	3	0	58	74.00	
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	339	12	0	0	96	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	2,786	6,498	0	0	313	76.98	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 SUBSTANCE ABUSE CLINIC	476	43	0	0	12	90.01	
90.02 09002 PAIN CLINIC	799	123	2	0	21	90.02	
90.03 09003 ONCOLOGY CLINIC	10,447	2,898	332	0	719	90.03	
91.00 09100 EMERGENCY	50,272	11,941	1,665	0	4,027	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	4,285	208	36	0	118	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	373,212	744,206	241,475	0	33,080	118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	OTHER GENERAL	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	SERVICE	
	13.00	14.00	15.00	16.00	PATIENT TRANSPORTATION	18.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10	0	0	0	0 190.00
191.00 19100 RESEARCH	3,207	2	0	0	0	0 191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	0 194.01
194.02 07952 PAVILLION PHARMACY	0	364	27,530	0	0	0 194.02
194.03 07953 VENDING	0	0	0	0	0	0 194.03
194.04 07954 CARELINE	0	0	0	0	0	0 194.04
194.05 07955 WELLNESS CENTER	0	1	0	0	0	0 194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0 194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0 194.07
194.08 07958 RENTAL PROPERTY	0	0	0	0	0	0 194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0 194.09
194.10 07960 INTEGRA LTAC	0	0	0	0	0	0 194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	0 194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0 194.12
194.13 07963 PEDIATRIC THERAPIES	0	72	0	0	0	0 194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0 194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0 194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	0 194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0 194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0 194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0 194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0 194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0 194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	0 194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	0	0	0	0 194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0 194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	5	0	0	0	0	0 194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	0 194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0 194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0 194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0 194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0 194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0 194.32
194.33 07983 LAB CORP	0	0	0	0	0	0 194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0 194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0 194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118 through 201)	376,424	744,655	269,005	0	33,080	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
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To 12/31/2022

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 01160 COMMUNICATIONS							5.01
5.02 00550 DATA PROCESSING							5.02
5.04 00570 ADMITTING							5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
18.00 01080 PATIENT TRANSPORTATION							18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	24,313						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,370,249					22.00
23.00 02300 PARAMED PRGM			8,419				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS					7,587,452	0	30.00
31.00 03100 INTENSIVE CARE UNIT					1,108,962	0	31.00
32.00 03200 CORONARY CARE UNIT					0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT					343,680	0	35.00
40.00 04000 SUBPROVIDER - IPF					0	0	40.00
41.00 04100 SUBPROVIDER - IRF					404,646	0	41.00
43.00 04300 NURSERY					156,625	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM					1,401,807	0	50.00
51.00 05100 RECOVERY ROOM					314,370	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					444,439	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					2,291,968	0	54.00
57.00 05700 CT SCAN					77,039	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION					550,778	0	59.00
60.00 06000 LABORATORY					683,110	0	60.00
60.01 06001 BLOOD LABORATORY					0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.					3,374	0	63.00
65.00 06500 RESPIRATORY THERAPY					208,640	0	65.00
65.01 06501 SLEEP LAB					4,891	0	65.01
66.00 06600 PHYSICAL THERAPY					566,662	0	66.00
67.00 06700 OCCUPATIONAL THERAPY					90,528	0	67.00
68.00 06800 SPEECH PATHOLOGY					23,961	0	68.00
68.01 06801 AUDIOLOGY					0	0	68.01
69.00 06900 ELECTROCARDIOLOGY					591,878	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					304,415	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT					240,728	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					342,119	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES					84,624	0	73.01
74.00 07400 RENAL DIALYSIS					106,193	0	74.00
76.00 03160 CARDIOPULMONARY					0	0	76.00
76.97 07697 CARDIAC REHABILITATION					7,479	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY					30,671	0	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION					0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC					0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC					227,505	0	90.01
90.02 09002 PAIN CLINIC					789,581	0	90.02
90.03 09003 ONCOLOGY CLINIC					285,260	0	90.03
91.00 09100 EMERGENCY					1,341,279	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)					164,407	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES					25,054	0	95.00
102.00 10200 OPIOID TREATMENT PROGRAM					0	0	102.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	20,804,125	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				3,606	0 190.00
191.00	19100	RESEARCH				73,335	0 191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS				0	0 194.00
194.01	07951	BSU PHARMACY				344	0 194.01
194.02	07952	PAVILLION PHARMACY				136,111	0 194.02
194.03	07953	VENDING				0	0 194.03
194.04	07954	CARELINE				0	0 194.04
194.05	07955	WELLNESS CENTER				177,769	0 194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS				824,599	0 194.06
194.07	07957	PERINATAL CLINIC				0	0 194.07
194.08	07958	RENTAL PROPERTY				2,560,764	0 194.08
194.09	07959	ADVERTISING				0	0 194.09
194.10	07960	INTEGRA LTAC				433,520	0 194.10
194.11	07961	IU HEALTH HOSPICE				106,558	0 194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS				0	0 194.12
194.13	07963	PEDIATRIC THERAPIES				234,648	0 194.13
194.14	07964	NEW CASTLE ONCOLOGY				0	0 194.14
194.15	07965	MARKETING/PUBLIC RELATIONS				76,440	0 194.15
194.16	07966	JAY COUNTY HOSPITAL				176,639	0 194.16
194.17	07967	CARDINAL HEALTH CHOICE				0	0 194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES				0	0 194.18
194.19	07969	HEALTH CARE CONNECTIONS				0	0 194.19
194.20	07970	MEALS ON WHEELS				0	0 194.20
194.21	07971	ST MARY'S SCHOOL				0	0 194.21
194.22	07972	THERAPIES TO OTHER ENTITIES				644	0 194.22
194.23	07973	CANCER CENTER BOUTIQUE				30,136	0 194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY				850,054	0 194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH				19	0 194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL				162,299	0 194.26
194.27	07977	MIDWEST HEALTH STRATEGIES				0	0 194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP				0	0 194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI				0	0 194.29
194.30	07980	CARDINAL HEALTH ALLIANCE				0	0 194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS				0	0 194.31
194.32	07982	RENAL DIALYSIS				0	0 194.32
194.33	07983	LAB CORP				0	0 194.33
194.34	07984	H.O. MATERIALS MGMT				0	0 194.34
194.35	07985	LEASED SPACE				758,010	0 194.35
200.00		Cross Foot Adjustments	24,313	1,370,249	8,419	1,402,981	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	24,313	1,370,249	8,419	28,812,601	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 11:47 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01080 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	7,587,452	30.00
31.00	03100 INTENSIVE CARE UNIT	1,108,962	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	343,680	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	404,646	41.00
43.00	04300 NURSERY	156,625	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,401,807	50.00
51.00	05100 RECOVERY ROOM	314,370	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	444,439	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,291,968	54.00
57.00	05700 CT SCAN	77,039	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	550,778	59.00
60.00	06000 LABORATORY	683,110	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,374	63.00
65.00	06500 RESPIRATORY THERAPY	208,640	65.00
65.01	06501 SLEEP LAB	4,891	65.01
66.00	06600 PHYSICAL THERAPY	566,662	66.00
67.00	06700 OCCUPATIONAL THERAPY	90,528	67.00
68.00	06800 SPEECH PATHOLOGY	23,961	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	591,878	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	304,415	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	240,728	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	342,119	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	84,624	73.01
74.00	07400 RENAL DIALYSIS	106,193	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	7,479	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	30,671	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	227,505	90.01
90.02	09002 PAIN CLINIC	789,581	90.02
90.03	09003 ONCOLOGY CLINIC	285,260	90.03
91.00	09100 EMERGENCY	1,341,279	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	164,407	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	25,054	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	102.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	20,804,125	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,606	190.00
191.00	19100 RESEARCH	73,335	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B
Part II
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		Total	
		26.00	
194.01	07951 BSU PHARMACY	344	194.01
194.02	07952 PAVILLION PHARMACY	136,111	194.02
194.03	07953 VENDING	0	194.03
194.04	07954 CARELINE	0	194.04
194.05	07955 WELLNESS CENTER	177,769	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	824,599	194.06
194.07	07957 PERINATAL CLINIC	0	194.07
194.08	07958 RENTAL PROPERTY	2,560,764	194.08
194.09	07959 ADVERTISING	0	194.09
194.10	07960 INTEGRALTC	433,520	194.10
194.11	07961 IU HEALTH HOSPICE	106,558	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13	07963 PEDIATRIC THERAPIES	234,648	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	76,440	194.15
194.16	07966 JAY COUNTY HOSPITAL	176,639	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	194.19
194.20	07970 MEALS ON WHEELS	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	644	194.22
194.23	07973 CANCER CENTER BOUTIQUE	30,136	194.23
194.24	07974 BOSCH BALL OUTPATIENT SURGERY	850,054	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	19	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	162,299	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32	07982 RENAL DIALYSIS	0	194.32
194.33	07983 LAB CORP	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	194.34
194.35	07985 LEASED SPACE	758,010	194.35
200.00	Cross Foot Adjustments	1,402,981	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118 through 201)	28,812,601	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5.01	5.02	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,819,434				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,986	161,401,274			4.00
5.01	01160	COMMUNICATIONS	1,822	652,835	183,968		5.01
5.02	00550	DATA PROCESSING	0	0	0	2,411,468,366	5.02
5.04	00570	ADMITTING	6,030	3,582,118	5,306	0	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	54,496	6,649,675	5,278	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	905,629	2,644,683	4,918	0	6.00
7.00	00700	OPERATION OF PLANT	36,985	1,403,601	2,511	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	12,307	3,682,106	9,492	0	9.00
10.00	01000	DIETARY	16,256	2,278,886	5,544	0	10.00
11.00	01100	CAFETERIA	8,473	844,146	1,864	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,391	12,003,339	5,195	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	20,672	1,537	0	0	14.00
15.00	01500	PHARMACY	6,638	5,696,776	6,066	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	718	975,988	2,289	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,892,880	6,403	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	38,817	444,188	780	0	22.00
23.00	02300	PARAMED PRGM	208	225,277	224	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	189,453	38,486,779	38,457	305,744,825	30.00
31.00	03100	INTENSIVE CARE UNIT	27,662	10,143,834	9,181	63,710,127	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	8,909	2,720,525	2,302	16,627,694	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	9,997	2,076,764	2,302	10,998,507	41.00
43.00	04300	NURSERY	4,300	575,516	558	3,191,346	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,222	7,238,063	9,559	212,222,017	50.00
51.00	05100	RECOVERY ROOM	8,116	2,218,513	2,654	28,455,281	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,803	2,665,295	2,298	25,779,651	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,988	8,865,811	10,612	271,253,196	54.00
57.00	05700	CT SCAN	1,744	1,443,949	1,515	55,266,914	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,951	2,647,672	2,888	124,409,814	59.00
60.00	06000	LABORATORY	17,992	75	4,804	117,573,047	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	8,127,724	63.00
65.00	06500	RESPIRATORY THERAPY	4,786	4,412,320	4,633	32,754,097	65.00
65.01	06501	SLEEP LAB	0	450,987	735	8,527,309	65.01
66.00	06600	PHYSICAL THERAPY	15,622	4,243,735	5,676	21,971,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,404	991,092	1,180	7,231,574	67.00
68.00	06800	SPEECH PATHOLOGY	575	630,245	719	4,451,366	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	16,343	1,263,413	1,879	49,074,644	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	97,405,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	133,830,989	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	420,989,398	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	888	1,867,055	1,670	8,700,391	73.01
74.00	07400	RENAL DIALYSIS	2,918	0	0	4,143,363	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	1,057,837	1,604	6,890,400	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	415	636,241	771	22,354,521	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	6,381	513,257	789	828,500	90.01
90.02	09002	PAIN CLINIC	22,443	335,051	497	1,527,174	90.02
90.03	09003	ONCOLOGY CLINIC	7,185	2,747,347	2,960	51,380,518	90.03
91.00	09100	EMERGENCY	33,751	11,212,059	12,246	287,627,447	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,384	1,000,142	950	8,419,974	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	715	0	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)			
	NEW BLDG & FIXT (SQUARE FEET)							
	1.00	4.00	5.01	5.02	5.04			
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,631,375	155,421,612	179,309	2,411,468,366	2,411,468,366	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	306,807	760	0	0	190.00
191.00	19100	RESEARCH	1,870	750,574	1,125	0	0	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	91,591	94	0	0	194.01
194.02	07952	PAVILLION PHARMACY	2,540	1,020,947	1,037	0	0	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	5,073	0	0	0	0	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	23,812	0	0	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	73,969	0	0	0	0	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRA LTAC	11,771	0	0	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	3,041	0	0	0	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	6,700	1,473,423	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	2,224	0	0	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	4,915	715,731	751	0	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	926,090	0	0	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	852	18,224	47	0	0	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	24,732	0	0	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	750	1	0	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	4,506	675,525	844	0	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	22,054	0	0	0	0	194.35
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	28,812,601	25,037,959	839,492	19,460,039	15,792,094	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.836024	0.155129	4.563250	0.008070	0.006549	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)		63,122	29,108	0	97,732	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)		0.000391	0.158223	0.000000	0.000041	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2022
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Worksheet B-1

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Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	2,411,468,366	-41,450,277	441,460,224			5.06
6.00	00600	0	0	24,963,027	847,471		6.00
7.00	00700	0	0	9,067,052	36,985	810,486	7.00
8.00	00800	0	0	1,324,806	0	0	8.00
9.00	00900	0	0	5,868,786	12,307	12,307	9.00
10.00	01000	0	0	3,355,429	16,256	16,256	10.00
11.00	01100	0	0	1,460,642	8,473	8,473	11.00
13.00	01300	0	0	16,137,716	9,391	9,391	13.00
14.00	01400	0	0	10,670,110	20,672	20,672	14.00
15.00	01500	0	0	8,953,791	6,638	6,638	15.00
16.00	01600	0	0	0	0	0	16.00
18.00	01080	0	0	1,221,491	718	718	18.00
21.00	02100	0	0	4,525,997	0	0	21.00
22.00	02200	0	0	4,856,097	38,817	38,817	22.00
23.00	02300	0	0	287,565	208	208	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	305,744,825	0	70,636,207	189,453	189,453	30.00
31.00	03100	63,710,127	0	17,964,642	27,662	27,662	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	16,627,694	0	4,528,499	8,909	8,909	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	10,998,507	0	3,056,112	9,997	9,997	41.00
43.00	04300	3,191,346	0	881,003	4,300	4,300	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	212,222,017	0	18,011,336	34,222	34,222	50.00
51.00	05100	28,455,281	0	3,496,500	8,116	8,116	51.00
52.00	05200	25,779,651	0	4,701,177	11,803	11,803	52.00
54.00	05400	271,253,196	0	20,551,425	61,988	61,988	54.00
57.00	05700	55,266,914	0	3,031,426	1,744	1,744	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	124,409,814	0	6,971,173	13,951	13,951	59.00
60.00	06000	117,573,047	0	18,564,034	17,992	17,992	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	8,127,724	0	1,490,312	0	0	63.00
65.00	06500	32,754,097	0	8,127,366	4,786	4,786	65.00
65.01	06501	8,527,309	0	820,093	0	0	65.01
66.00	06600	21,971,123	0	6,077,901	15,622	15,622	66.00
67.00	06700	7,231,574	0	1,533,901	2,404	2,404	67.00
68.00	06800	4,451,366	0	905,785	575	575	68.00
68.01	06801	0	0	0	0	0	68.01
69.00	06900	49,074,644	0	4,762,150	16,343	16,343	69.00
71.00	07100	97,405,435	0	13,768,576	0	0	71.00
72.00	07200	133,830,989	0	11,780,050	0	0	72.00
73.00	07300	420,989,398	0	60,111,740	0	0	73.00
73.01	07301	8,700,391	0	9,712,547	888	888	73.01
74.00	07400	4,143,363	0	1,847,523	2,918	2,918	74.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	6,890,400	0	1,452,381	0	0	76.97
76.98	07698	22,354,521	0	2,029,113	415	415	76.98
77.00	07700	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	828,500	0	831,078	6,381	6,381	90.01
90.02	09002	1,527,174	0	840,837	22,443	22,443	90.02
90.03	09003	51,380,518	0	4,931,584	7,185	7,185	90.03
91.00	09100	287,627,447	0	24,843,374	33,751	33,751	91.00
92.00	09200						92.00
92.01	09201	8,419,974	0	1,759,079	4,384	4,384	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	11,323	715	715	95.00
102.00	10200	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
		2,411,468,366	-41,450,277	422,722,756	659,412	622,427	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
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To 12/31/2022

Worksheet B-1

Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	929,972	0	0
191.00	19100	RESEARCH	0	0	979,557	1,870	1,870
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	52,869	0	0
194.02	07952	PAVILLION PHARMACY	0	0	8,477,981	2,540	2,540
194.03	07953	VENDING	0	0	0	0	0
194.04	07954	CARELINE	0	0	0	0	0
194.05	07955	WELLNESS CENTER	0	0	81,458	5,073	5,073
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	377,087	23,812	23,812
194.07	07957	PERINATAL CLINIC	0	0	0	0	0
194.08	07958	RENTAL PROPERTY	0	0	1,973,489	73,969	73,969
194.09	07959	ADVERTISING	0	0	0	0	0
194.10	07960	INTEGRALTC	0	0	186,406	11,771	11,771
194.11	07961	IU HEALTH HOSPICE	0	0	48,157	3,041	3,041
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0
194.13	07963	PEDIATRIC THERAPIES	0	0	2,000,145	6,700	6,700
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	35,219	2,224	2,224
194.16	07966	JAY COUNTY HOSPITAL	0	0	1,354,370	4,915	4,915
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0
194.20	07970	MEALS ON WHEELS	0	0	0	0	0
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	143,663	0	0
194.23	07973	CANCER CENTER BOUTIQUE	0	0	101,520	852	852
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	391,657	24,732	24,732
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	6,226	0	0
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	1,248,444	4,506	4,506
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.32	07982	RENAL DIALYSIS	0	0	0	0	0
194.33	07983	LAB CORP	0	0	0	0	0
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0
194.35	07985	LEASED SPACE	0	0	349,248	22,054	22,054
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	11,631,020		41,450,277	27,306,905	11,110,111
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004823		0.093894	32.221639	13.707962
204.00		Cost to be allocated (per Wkst. B, Part II)	0		866,435	14,392,379	1,232,547
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		0.001963	16.982739	1.520751
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,132,735				8.00	
9.00	00900	HOUSEKEEPING	0	652,713			9.00	
10.00	01000	DIETARY	0	16,256	245,586		10.00	
11.00	01100	CAFETERIA	0	8,473	0	149,055	11.00	
13.00	01300	NURSING ADMINISTRATION	0	9,391	0	5,195	68,782	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,672	0	0	0	14.00
15.00	01500	PHARMACY	75	6,638	0	6,066	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	718	0	2,289	35	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,403	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	118	38,663	0	780	0	22.00
23.00	02300	PARAMED PRGM	2	208	0	224	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	650,905	189,868	209,826	38,457	32,269	30.00
31.00	03100	INTENSIVE CARE UNIT	96,319	27,662	9,659	9,181	7,805	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	3,008	8,909	715	2,302	2,183	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	22,913	9,997	13,077	2,302	1,976	41.00
43.00	04300	NURSERY	5,606	4,300	0	558	499	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	86,677	34,222	0	9,559	2,618	50.00
51.00	05100	RECOVERY ROOM	33,269	8,116	0	2,654	2,455	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	44,015	11,803	0	2,298	1,987	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,443	60,805	0	10,612	1,861	54.00
57.00	05700	CT SCAN	0	1,744	0	1,515	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,325	13,951	0	2,888	1,400	59.00
60.00	06000	LABORATORY	251	17,820	0	4,804	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	95	4,786	0	4,633	1	65.00
65.01	06501	SLEEP LAB	0	0	0	735	0	65.01
66.00	06600	PHYSICAL THERAPY	2,205	3,472	0	5,676	58	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,404	0	1,180	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	575	0	719	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	13,694	16,343	0	1,879	366	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	1,670	0	73.01
74.00	07400	RENAL DIALYSIS	1,794	2,918	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	40	0	0	1,604	62	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	771	509	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	6,381	0	789	87	90.01
90.02	09002	PAIN CLINIC	0	22,443	0	497	146	90.02
90.03	09003	ONCOLOGY CLINIC	14,519	7,185	0	2,960	1,909	90.03
91.00	09100	EMERGENCY	104,286	33,751	0	12,246	9,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	12,034	4,384	0	950	783	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	715	0	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,129,593	595,573	233,277	144,396	68,195	118.00

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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	760	0
191.00	19100	RESEARCH	0	1,870	0	1,125	586
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	0	94	0
194.02	07952	PAVILLION PHARMACY	0	2,540	0	1,037	0
194.03	07953	VENDING	0	0	0	0	0
194.04	07954	CARELINE	0	0	0	0	0
194.05	07955	WELLNESS CENTER	3,142	5,073	0	0	0
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	9,209	0	0	0
194.07	07957	PERINATAL CLINIC	0	0	0	0	0
194.08	07958	RENTAL PROPERTY	0	25,134	0	0	0
194.09	07959	ADVERTISING	0	0	0	0	0
194.10	07960	INTEGRALTC	0	0	12,309	0	0
194.11	07961	IU HEALTH HOSPICE	0	3,041	0	0	0
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0
194.13	07963	PEDIATRIC THERAPIES	0	0	0	0	0
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	0	0
194.16	07966	JAY COUNTY HOSPITAL	0	4,915	0	751	0
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0
194.20	07970	MEALS ON WHEELS	0	0	0	0	0
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	0	0
194.23	07973	CANCER CENTER BOUTIQUE	0	852	0	47	0
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	1	1
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	4,506	0	844	0
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.32	07982	RENAL DIALYSIS	0	0	0	0	0
194.33	07983	LAB CORP	0	0	0	0	0
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0
194.35	07985	LEASED SPACE	0	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	1,449,197	6,985,086	4,591,082	2,077,625	18,257,185
203.00		Unit cost multiplier (Wkst. B, Part I)	1.279379	10.701619	18.694396	13.938647	265.435506
204.00		Cost to be allocated (per Wkst. B, Part II)	2,601	437,079	577,463	300,125	376,424
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002296	0.669634	2.351368	2.013518	5.472711
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	18.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMI TTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	32,507,250					14.00
15.00 01500 PHARMACY	158,777	68,884,966				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	2,411,468,366			16.00
18.00 01080 PATIENT TRANSPORTATION	0	0	0	2,411,468,366		18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	5,180	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	2	271	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,224,732	294,507	305,744,825	305,744,825	3,169	30.00
31.00 03100 INTENSIVE CARE UNIT	498,275	205,735	63,710,127	63,710,127	608	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	97,369	13,435	16,627,694	16,627,694	73	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	26,925	3,050	10,998,507	10,998,507	0	41.00
43.00 04300 NURSERY	0	0	3,191,346	3,191,346	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,153,930	133,204	212,222,017	212,222,017	251	50.00
51.00 05100 RECOVERY ROOM	60,693	70,277	28,455,281	28,455,281	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	148,869	41,603	25,779,651	25,779,651	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,276,381	346,158	271,253,196	271,253,196	194	54.00
57.00 05700 CT SCAN	97,348	232,257	55,266,914	55,266,914	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,157,556	85,216	124,409,814	124,409,814	0	59.00
60.00 06000 LABORATORY	0	0	117,573,047	117,573,047	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	74	0	8,127,724	8,127,724	0	63.00
65.00 06500 RESPIRATORY THERAPY	503,749	0	32,754,097	32,754,097	145	65.00
65.01 06501 SLEEP LAB	45,390	0	8,527,309	8,527,309	0	65.01
66.00 06600 PHYSICAL THERAPY	19,084	311	21,971,123	21,971,123	8	66.00
67.00 06700 OCCUPATIONAL THERAPY	245	0	7,231,574	7,231,574	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	4,451,366	4,451,366	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	9,142	219,955	49,074,644	49,074,644	207	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,874,820	0	97,405,435	97,405,435	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	9,178,108	0	133,830,989	133,830,989	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	51,927,479	420,989,398	420,989,398	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	300	7,739,427	8,700,391	8,700,391	0	73.01
74.00 07400 RENAL DIALYSIS	7,546	797	4,143,363	4,143,363	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	529	97	6,890,400	6,890,400	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	283,668	50	22,354,521	22,354,521	0	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	1,870	0	828,500	828,500	0	90.01
90.02 09002 PAIN CLINIC	5,381	550	1,527,174	1,527,174	66	90.02
90.03 09003 ONCOLOGY CLINIC	126,516	85,094	51,380,518	51,380,518	112	90.03
91.00 09100 EMERGENCY	521,288	426,336	287,627,447	287,627,447	316	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	9,081	9,256	8,419,974	8,419,974	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
102.00 10200 OPIOID TREATMENT PROGRAM	0	0	0	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)				
	14.00	15.00	16.00	18.00	21.00				
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE				113.00			
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	32,487,648	61,835,065	2,411,468,366	2,411,468,366	5,149	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	438	0	0	0	0	190.00	
191.00	19100	RESEARCH	95	0	0	0	0	31	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	0	0	194.01
194.02	07952	PAVILLION PHARMACY	15,869	7,049,891	0	0	0	0	194.02
194.03	07953	VENDING	0	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	45	0	0	0	0	0	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	0	0	0	0	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	0	194.09
194.10	07960	INTEGRA LTAC	0	0	0	0	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	0	0	0	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	3,155	10	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	0	0	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	0	0	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	0	0	0	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	0	0	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	0	194.35
200.00		Cross Foot Adjustments							200.00
201.00		Negative Cost Centers							201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	12,842,650	10,317,791	0	1,418,039	5,040,210		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.395070	0.149783	0.000000	0.000588	973.013514		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	744,655	269,005	0	33,080	24,313		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.022907	0.003905	0.000000	0.000014	4.693629		205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)							206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)							207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
18.00	01080	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,180		22.00
23.00	02300	PARAMED PRGM		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,169	0	30.00
31.00	03100	INTENSIVE CARE UNIT	608	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	73	0	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	251	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	194	0	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	145	0	65.00
65.01	06501	SLEEP LAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	8	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	207	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	90.01
90.02	09002	PAIN CLINIC	66	0	90.02
90.03	09003	ONCOLOGY CLINIC	112	0	90.03
91.00	09100	EMERGENCY	316	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	102.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00	23.00		
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	5,149	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	31	0	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	194.02
194.03	07953	VENDING	0	0	194.03
194.04	07954	CARELINE	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	194.08
194.09	07959	ADVERTISING	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963	PEDIATRIC THERAPIES	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	194.32
194.33	07983	LAB CORP	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	194.34
194.35	07985	LEASED SPACE	0	0	194.35
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	7,519,726	329,470	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,451.684556	3,294.700000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,370,249	8,419	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	264.526834	84.190000	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 11:47 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	102,566,177	102,566,177	0	102,566,177	30.00
31.00	03100 INTENSIVE CARE UNIT	23,986,572	23,986,572	0	23,986,572	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	6,137,230	6,137,230	0	6,137,230	35.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	4,757,135	4,757,135	0	4,757,135	41.00
43.00	04300 NURSERY	1,356,517	1,356,517	0	1,356,517	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	24,760,471	24,760,471	0	24,760,471	50.00
51.00	05100 RECOVERY ROOM	5,066,856	5,066,856	0	5,066,856	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,506,973	6,506,973	0	6,506,973	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,372,763	27,372,763	0	27,372,763	54.00
57.00	05700 CT SCAN	3,541,686	3,541,686	0	3,541,686	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,382,814	9,382,814	0	9,382,814	59.00
60.00	06000 LABORATORY	21,460,569	21,460,569	0	21,460,569	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,635,051	1,635,051	0	1,635,051	63.00
65.00	06500 RESPIRATORY THERAPY	9,444,754	9,444,754	0	9,444,754	65.00
65.01	06501 SLEEP LAB	930,286	930,286	0	930,286	65.01
66.00	06600 PHYSICAL THERAPY	7,521,085	7,521,085	0	7,521,085	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,834,864	1,834,864	0	1,834,864	67.00
68.00	06800 SPEECH PATHOLOGY	1,036,034	1,036,034	0	1,036,034	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	6,341,085	6,341,085	0	6,341,085	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,810,030	19,810,030	0	19,810,030	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,590,814	16,590,814	0	16,590,814	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,110,826	74,110,826	0	74,110,826	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	11,853,031	11,853,031	0	11,853,031	73.01
74.00	07400 RENAL DIALYSIS	2,194,075	2,194,075	0	2,194,075	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,631,893	1,631,893	0	1,631,893	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	2,509,770	2,509,770	0	2,509,770	76.98
77.00	07700 ALLOGENEI C HSCT ACQUISITION	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	1,305,792	1,305,792	0	1,305,792	90.01
90.02	09002 PAIN CLINIC	2,239,549	2,239,549	0	2,239,549	90.02
90.03	09003 ONCOLOGY CLINIC	6,461,015	6,461,015	0	6,461,015	90.03
91.00	09100 EMERGENCY	32,268,711	32,268,711	835,738	33,104,449	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12,058,281	12,058,281	0	12,058,281	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,418,917	2,418,917	0	2,418,917	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	52,877	52,877	0	52,877	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0	0	0	0	102.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	451,144,503	451,144,503	835,738	451,980,241	200.00
201.00	Less Observation Beds	12,058,281	12,058,281		12,058,281	201.00
202.00	Total (see instructions)	439,086,222	439,086,222	835,738	439,921,960	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 11:47 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	248,015,740		248,015,740		30.00
31.00	03100	INTENSIVE CARE UNIT	63,710,127		63,710,127		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,627,694		16,627,694		35.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	10,998,507		10,998,507		41.00
43.00	04300	NURSERY	3,191,346		3,191,346		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	101,359,961	110,862,056	212,222,017	0.116672	50.00
51.00	05100	RECOVERY ROOM	9,139,806	19,315,475	28,455,281	0.178064	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,070,618	1,709,033	25,779,651	0.252407	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,799,555	218,453,641	271,253,196	0.100912	54.00
57.00	05700	CT SCAN	21,722,063	33,544,851	55,266,914	0.064083	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,170,847	70,238,967	124,409,814	0.075419	59.00
60.00	06000	LABORATORY	56,847,395	60,725,652	117,573,047	0.182530	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORAGE, PROCESSING, & TRANS.	6,039,800	2,087,924	8,127,724	0.201170	63.00
65.00	06500	RESPIRATORY THERAPY	28,509,124	4,244,973	32,754,097	0.288353	65.00
65.01	06501	SLEEP LAB	6,204	8,521,105	8,527,309	0.109095	65.01
66.00	06600	PHYSICAL THERAPY	10,034,061	11,937,062	21,971,123	0.342317	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,955,710	275,864	7,231,574	0.253730	67.00
68.00	06800	SPEECH PATHOLOGY	4,081,808	369,558	4,451,366	0.232745	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	21,118,865	27,955,779	49,074,644	0.129213	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,355,038	54,050,397	97,405,435	0.203377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	77,605,730	56,225,259	133,830,989	0.123968	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	119,699,061	301,290,337	420,989,398	0.176040	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,700,391	8,700,391	1.362356	73.01
74.00	07400	RENAL DIALYSIS	3,850,956	292,407	4,143,363	0.529540	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,330,632	5,559,768	6,890,400	0.236836	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,475	22,300,046	22,354,521	0.112271	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	304	828,196	828,500	1.576092	90.01
90.02	09002	PAIN CLINIC	0	1,527,174	1,527,174	1.466466	90.02
90.03	09003	ONCOLOGY CLINIC	364,706	51,015,812	51,380,518	0.125748	90.03
91.00	09100	EMERGENCY	86,251,507	201,375,940	287,627,447	0.112189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	777,216	56,951,869	57,729,085	0.208877	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	39,076	8,380,898	8,419,974	0.287283	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0		102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,072,727,932	1,338,740,434	2,411,468,366		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,072,727,932	1,338,740,434	2,411,468,366		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.116672	50.00
51.00	05100	RECOVERY ROOM	0.178064	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.252407	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.100912	54.00
57.00	05700	CT SCAN	0.064083	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.075419	59.00
60.00	06000	LABORATORY	0.182530	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.201170	63.00
65.00	06500	RESPIRATORY THERAPY	0.288353	65.00
65.01	06501	SLEEP LAB	0.109095	65.01
66.00	06600	PHYSICAL THERAPY	0.342317	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.253730	67.00
68.00	06800	SPEECH PATHOLOGY	0.232745	68.00
68.01	06801	AUDIOLOGY	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0.129213	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.123968	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176040	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.362356	73.01
74.00	07400	RENAL DIALYSIS	0.529540	74.00
76.00	03160	CARDIOPULMONARY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.236836	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.112271	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	1.576092	90.01
90.02	09002	PAIN CLINIC	1.466466	90.02
90.03	09003	ONCOLOGY CLINIC	0.125748	90.03
91.00	09100	EMERGENCY	0.115095	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.208877	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.287283	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
102.00	10200	OPIOID TREATMENT PROGRAM		102.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period: From 01/01/2022 To 12/31/2022

Worksheet C Part I Date/Time Prepared: 5/26/2023 11:47 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	102,566,177		102,566,177	0	102,566,177	30.00
31.00	03100 INTENSIVE CARE UNIT	23,986,572		23,986,572	0	23,986,572	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	6,137,230		6,137,230	0	6,137,230	35.00
40.00	04000 SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	4,757,135		4,757,135	0	4,757,135	41.00
43.00	04300 NURSERY	1,356,517		1,356,517	0	1,356,517	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	24,760,471		24,760,471	0	24,760,471	50.00
51.00	05100 RECOVERY ROOM	5,066,856		5,066,856	0	5,066,856	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	6,506,973		6,506,973	0	6,506,973	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,372,763		27,372,763	0	27,372,763	54.00
57.00	05700 CT SCAN	3,541,686		3,541,686	0	3,541,686	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	9,382,814		9,382,814	0	9,382,814	59.00
60.00	06000 LABORATORY	21,460,569		21,460,569	0	21,460,569	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,635,051		1,635,051	0	1,635,051	63.00
65.00	06500 RESPIRATORY THERAPY	9,444,754	0	9,444,754	0	9,444,754	65.00
65.01	06501 SLEEP LAB	930,286	0	930,286	0	930,286	65.01
66.00	06600 PHYSICAL THERAPY	7,521,085	0	7,521,085	0	7,521,085	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,834,864	0	1,834,864	0	1,834,864	67.00
68.00	06800 SPEECH PATHOLOGY	1,036,034	0	1,036,034	0	1,036,034	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	6,341,085		6,341,085	0	6,341,085	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,810,030		19,810,030	0	19,810,030	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	16,590,814		16,590,814	0	16,590,814	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	74,110,826		74,110,826	0	74,110,826	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	11,853,031		11,853,031	0	11,853,031	73.01
74.00	07400 RENAL DIALYSIS	2,194,075		2,194,075	0	2,194,075	74.00
76.00	03160 CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,631,893		1,631,893	0	1,631,893	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	2,509,770		2,509,770	0	2,509,770	76.98
77.00	07700 ALLOGENEI C HSCT ACQUISITION	0		0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	1,305,792		1,305,792	0	1,305,792	90.01
90.02	09002 PAIN CLINIC	2,239,549		2,239,549	0	2,239,549	90.02
90.03	09003 ONCOLOGY CLINIC	6,461,015		6,461,015	0	6,461,015	90.03
91.00	09100 EMERGENCY	32,268,711		32,268,711	835,738	33,104,449	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	12,058,281		12,058,281	0	12,058,281	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2,418,917		2,418,917	0	2,418,917	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	52,877		52,877	0	52,877	95.00
102.00	10200 OPIOID TREATMENT PROGRAM	0		0	0	0	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	451,144,503	0	451,144,503	835,738	451,980,241	200.00
201.00	Less Observation Beds	12,058,281		12,058,281		12,058,281	201.00
202.00	Total (see instructions)	439,086,222	0	439,086,222	835,738	439,921,960	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet C
Part I
Date/Time Prepared:
5/26/2023 11:47 am

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	248,015,740		248,015,740		30.00
31.00	03100	INTENSIVE CARE UNIT	63,710,127		63,710,127		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	16,627,694		16,627,694		35.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	10,998,507		10,998,507		41.00
43.00	04300	NURSERY	3,191,346		3,191,346		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	101,359,961	110,862,056	212,222,017	0.116672	50.00
51.00	05100	RECOVERY ROOM	9,139,806	19,315,475	28,455,281	0.178064	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,070,618	1,709,033	25,779,651	0.252407	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,799,555	218,453,641	271,253,196	0.100912	54.00
57.00	05700	CT SCAN	21,722,063	33,544,851	55,266,914	0.064083	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,170,847	70,238,967	124,409,814	0.075419	59.00
60.00	06000	LABORATORY	56,847,395	60,725,652	117,573,047	0.182530	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	6,039,800	2,087,924	8,127,724	0.201170	63.00
65.00	06500	RESPIRATORY THERAPY	28,509,124	4,244,973	32,754,097	0.288353	65.00
65.01	06501	SLEEP LAB	6,204	8,521,105	8,527,309	0.109095	65.01
66.00	06600	PHYSICAL THERAPY	10,034,061	11,937,062	21,971,123	0.342317	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,955,710	275,864	7,231,574	0.253730	67.00
68.00	06800	SPEECH PATHOLOGY	4,081,808	369,558	4,451,366	0.232745	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	21,118,865	27,955,779	49,074,644	0.129213	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	43,355,038	54,050,397	97,405,435	0.203377	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	77,605,730	56,225,259	133,830,989	0.123968	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	119,699,061	301,290,337	420,989,398	0.176040	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,700,391	8,700,391	1.362356	73.01
74.00	07400	RENAL DIALYSIS	3,850,956	292,407	4,143,363	0.529540	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,330,632	5,559,768	6,890,400	0.236836	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	54,475	22,300,046	22,354,521	0.112271	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	304	828,196	828,500	1.576092	90.01
90.02	09002	PAIN CLINIC	0	1,527,174	1,527,174	1.466466	90.02
90.03	09003	ONCOLOGY CLINIC	364,706	51,015,812	51,380,518	0.125748	90.03
91.00	09100	EMERGENCY	86,251,507	201,375,940	287,627,447	0.112189	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	777,216	56,951,869	57,729,085	0.208877	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	39,076	8,380,898	8,419,974	0.287283	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
102.00	10200	OPIOID TREATMENT PROGRAM	0	0	0	0.000000	102.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	1,072,727,932	1,338,740,434	2,411,468,366		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	1,072,727,932	1,338,740,434	2,411,468,366		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet C Part I Date/Time Prepared: 5/26/2023 11:47 am
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital
					Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
65.01	06501	SLEEP LAB	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
68.01	06801	AUDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0.000000		73.01
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000		76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000		77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.000000		90.01
90.02	09002	PAIN CLINIC	0.000000		90.02
90.03	09003	ONCOLOGY CLINIC	0.000000		90.03
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
102.00	10200	OPIOID TREATMENT PROGRAM			102.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Prepared: 5/26/2023 11:47 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	7,587,452	0	7,587,452	77,905	97.39	30.00
31.00	INTENSIVE CARE UNIT	1,108,962		1,108,962	8,749	126.75	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	343,680		343,680	3,196	107.53	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	404,646	0	404,646	4,278	94.59	41.00
43.00	NURSERY	156,625		156,625	2,012	77.85	43.00
200.00	Total (lines 30 through 199)	9,601,365		9,601,365	96,140		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	22,700	2,210,753				
31.00	INTENSIVE CARE UNIT	2,372	300,651				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	1,660	157,019				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	26,732	2,668,423				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet D
Part II
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		Title XVIII			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	1,401,807	212,222,017	0.006605	35,482,355	234,361	50.00
51.00	05100	RECOVERY ROOM	314,370	28,455,281	0.011048	3,313,217	36,604	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,439	25,779,651	0.017240	153,793	2,651	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,291,968	271,253,196	0.008450	17,116,070	144,631	54.00
57.00	05700	CT SCAN	77,039	55,266,914	0.001394	7,693,976	10,725	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	550,778	124,409,814	0.004427	16,889,857	74,771	59.00
60.00	06000	LABORATORY	683,110	117,573,047	0.005810	17,618,192	102,362	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,374	8,127,724	0.000415	1,992,049	827	63.00
65.00	06500	RESPIRATORY THERAPY	208,640	32,754,097	0.006370	8,365,755	53,290	65.00
65.01	06501	SLEEP LAB	4,891	8,527,309	0.000574	6,204	4	65.01
66.00	06600	PHYSICAL THERAPY	566,662	21,971,123	0.025791	2,495,361	64,358	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,528	7,231,574	0.012518	944,955	11,829	67.00
68.00	06800	SPEECH PATHOLOGY	23,961	4,451,366	0.005383	1,000,622	5,386	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	591,878	49,074,644	0.012061	7,456,349	89,931	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	304,415	97,405,435	0.003125	13,708,134	42,838	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	240,728	133,830,989	0.001799	33,978,764	61,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	342,119	420,989,398	0.000813	36,505,104	29,679	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	84,624	8,700,391	0.009726	0	0	73.01
74.00	07400	RENAL DIALYSIS	106,193	4,143,363	0.025630	1,411,071	36,166	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,479	6,890,400	0.001085	455,069	494	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	30,671	22,354,521	0.001372	39,904	55	76.98
77.00	07700	ALLOGENEI C HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	227,505	828,500	0.274599	173	48	90.01
90.02	09002	PAIN CLINIC	789,581	1,527,174	0.517021	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	285,260	51,380,518	0.005552	176,553	980	90.03
91.00	09100	EMERGENCY	1,341,279	287,627,447	0.004663	30,049,988	140,123	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	892,023	57,729,085	0.015452	210,385	3,251	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	164,407	8,419,974	0.019526	26,716	522	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	12,069,729	2,068,924,952		237,090,616	1,147,014	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part III Date/Time Prepared: 5/26/2023 11:47 am
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	77,905	0.00	22,700	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	8,749	0.00	2,372	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,196	0.00	0	35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	4,278	0.00	1,660	41.00	
43.00	04300	NURSERY	0	0	2,012	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	96,140		26,732	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
40.00	04000	SUBPROVIDER - IPF	0						40.00
41.00	04100	SUBPROVIDER - IRF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 11:47 am
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Cost Center Description	Title XVIII						Hospital	
	Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
65.01 06501 SLEEP LAB	0	0	0	0	0	0	65.01	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	329,470	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	0	73.01	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0	0	90.01	
90.02 09002 PAIN CLINIC	0	0	0	0	0	0	90.02	
90.03 09003 ONCOLOGY CLINIC	0	0	0	0	0	0	90.03	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	329,470	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 11:47 am
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	212,222,017	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	28,455,281	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	25,779,651	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	271,253,196	0.000000	54.00
57.00 05700 CT SCAN	0	0	0	55,266,914	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	124,409,814	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	117,573,047	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	8,127,724	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	32,754,097	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	8,527,309	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	21,971,123	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	7,231,574	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	4,451,366	0.000000	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	49,074,644	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	97,405,435	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	133,830,989	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	329,470	329,470	420,989,398	0.000783	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	8,700,391	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,143,363	0.000000	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	6,890,400	0.000000	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	22,354,521	0.000000	76.98
77.00 07700 ALLOGENEI C HSCT ACQUISITION	0	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	828,500	0.000000	90.01
90.02 09002 PAIN CLINIC	0	0	0	1,527,174	0.000000	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	51,380,518	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	287,627,447	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	57,729,085	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	8,419,974	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00 Total (lines 50 through 199)	0	329,470	329,470	2,068,924,952		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 11:47 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	35,482,355	0	21,470,754	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	3,313,217	0	4,347,362	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	153,793	0	7,531	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	17,116,070	0	56,656,717	0	54.00	
57.00	05700 CT SCAN	0.000000	7,693,976	0	6,872,332	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	16,889,857	0	21,371,180	0	59.00	
60.00	06000 LABORATORY	0.000000	17,618,192	0	6,216,196	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	1,992,049	0	545,445	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	8,365,755	0	588,917	0	65.00	
65.01	06501 SLEEP LAB	0.000000	6,204	0	1,651,169	0	65.01	
66.00	06600 PHYSICAL THERAPY	0.000000	2,495,361	0	147,994	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	944,955	0	945	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	1,000,622	0	4,455	0	68.00	
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	0.000000	7,456,349	0	7,343,332	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,708,134	0	17,798,645	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	33,978,764	0	15,496,538	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000783	36,505,104	28,583	102,262,786	80,072	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	1,411,071	0	64,027	0	74.00	
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	455,069	0	1,838,424	0	76.97	
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	39,904	0	7,324,507	0	76.98	
77.00	07700 ALLOGENEI C HSCT ACQUISITION	0.000000	0	0	0	0	77.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000	173	0	22,195	0	90.01	
90.02	09002 PAIN CLINIC	0.000000	0	0	306,821	0	90.02	
90.03	09003 ONCOLOGY CLINIC	0.000000	176,553	0	16,459,491	0	90.03	
91.00	09100 EMERGENCY	0.000000	30,049,988	0	24,354,150	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	210,385	0	6,101,698	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	26,716	0	1,405,966	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (Lines 50 through 199)		237,090,616	28,583	320,659,577	80,072	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 11:47 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	0.116672	21,470,754	0	0	2,505,036	50.00
51.00 05100 RECOVERY ROOM	0.178064	4,347,362	0	0	774,109	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.252407	7,531	0	0	1,901	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.100912	56,656,717	0	0	5,717,343	54.00
57.00 05700 CT SCAN	0.064083	6,872,332	0	0	440,400	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.075419	21,371,180	0	0	1,611,793	59.00
60.00 06000 LABORATORY	0.182530	6,216,196	0	0	1,134,642	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.201170	545,445	0	0	109,727	63.00
65.00 06500 RESPIRATORY THERAPY	0.288353	588,917	0	0	169,816	65.00
65.01 06501 SLEEP LAB	0.109095	1,651,169	0	0	180,134	65.01
66.00 06600 PHYSICAL THERAPY	0.342317	147,994	0	0	50,661	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.253730	945	0	0	240	67.00
68.00 06800 SPEECH PATHOLOGY	0.232745	4,455	0	0	1,037	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.129213	7,343,332	0	0	948,854	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203377	17,798,645	0	0	3,619,835	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.123968	15,496,538	0	0	1,921,075	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.176040	102,262,786	0	62,205	18,002,341	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.362356	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.529540	64,027	0	0	33,905	74.00
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.236836	1,838,424	0	0	435,405	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.112271	7,324,507	3,471	0	822,330	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	1.576092	22,195	0	0	34,981	90.01
90.02 09002 PAIN CLINIC	1.466466	306,821	0	0	449,943	90.02
90.03 09003 ONCOLOGY CLINIC	0.125748	16,459,491	0	0	2,069,748	90.03
91.00 09100 EMERGENCY	0.112189	24,354,150	0	101	2,732,268	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.208877	6,101,698	0	0	1,274,504	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.287283	1,405,966	0	0	403,910	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)	320,659,577	3,471	62,306	45,445,938	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00	Net Charges (line 200 - line 201)	320,659,577	3,471	62,306	45,445,938	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	06501 SLEEP LAB	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,951	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03160 CARDIOPULMONARY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	390	0	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0	90.01
90.02	09002 PAIN CLINIC	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	90.03
91.00	09100 EMERGENCY	0	11	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	390	10,962	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 - line 201)	390	10,962	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2022 To 12/31/2022		Worksheet D Part II Date/Time Prepared: 5/26/2023 11:47 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	1,401,807	212,222,017	0.006605	29,795	197	50.00
51.00	05100	RECOVERY ROOM	314,370	28,455,281	0.011048	4,400	49	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	444,439	25,779,651	0.017240	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,291,968	271,253,196	0.008450	78,227	661	54.00
57.00	05700	CT SCAN	77,039	55,266,914	0.001394	43,373	60	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	550,778	124,409,814	0.004427	0	0	59.00
60.00	06000	LABORATORY	683,110	117,573,047	0.005810	261,559	1,520	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,374	8,127,724	0.000415	8,057	3	63.00
65.00	06500	RESPIRATORY THERAPY	208,640	32,754,097	0.006370	59,350	378	65.00
65.01	06501	SLEEP LAB	4,891	8,527,309	0.000574	0	0	65.01
66.00	06600	PHYSICAL THERAPY	566,662	21,971,123	0.025791	1,385,072	35,722	66.00
67.00	06700	OCCUPATIONAL THERAPY	90,528	7,231,574	0.012518	1,542,099	19,304	67.00
68.00	06800	SPEECH PATHOLOGY	23,961	4,451,366	0.005383	483,461	2,602	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	591,878	49,074,644	0.012061	28,244	341	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	304,415	97,405,435	0.003125	29,408	92	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	240,728	133,830,989	0.001799	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	342,119	420,989,398	0.000813	670,331	545	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	84,624	8,700,391	0.009726	0	0	73.01
74.00	07400	RENAL DIALYSIS	106,193	4,143,363	0.025630	41,655	1,068	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,479	6,890,400	0.001085	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	30,671	22,354,521	0.001372	0	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0.000000	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	227,505	828,500	0.274599	0	0	90.01
90.02	09002	PAIN CLINIC	789,581	1,527,174	0.517021	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	285,260	51,380,518	0.005552	0	0	90.03
91.00	09100	EMERGENCY	1,341,279	287,627,447	0.004663	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	57,729,085	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	164,407	8,419,974	0.019526	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	11,177,706	2,068,924,952		4,665,031	62,542	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 11:47 am
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description			Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	
			1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501	SLEEP LAB	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	329,470	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50 through 199)	0	0	0	0	329,470	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 11:47 am		
Title XVIII			Subprovider - IRF	PPS		
Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	212,222,017	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	0	28,455,281	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	25,779,651	0.000000	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	271,253,196	0.000000	54.00
57.00	05700 CT SCAN	0	0	55,266,914	0.000000	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	124,409,814	0.000000	59.00
60.00	06000 LABORATORY	0	0	117,573,047	0.000000	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	8,127,724	0.000000	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	32,754,097	0.000000	65.00
65.01	06501 SLEEP LAB	0	0	8,527,309	0.000000	65.01
66.00	06600 PHYSICAL THERAPY	0	0	21,971,123	0.000000	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	7,231,574	0.000000	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	4,451,366	0.000000	68.00
68.01	06801 AUDIOLOGY	0	0	0	0.000000	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	49,074,644	0.000000	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	97,405,435	0.000000	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	133,830,989	0.000000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	329,470	329,470	0.000783	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	8,700,391	0.000000	73.01
74.00	07400 RENAL DIALYSIS	0	0	4,143,363	0.000000	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0.000000	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	6,890,400	0.000000	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	22,354,521	0.000000	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0.000000	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0.000000	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0	828,500	0.000000	90.01
90.02	09002 PAIN CLINIC	0	0	1,527,174	0.000000	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	51,380,518	0.000000	90.03
91.00	09100 EMERGENCY	0	0	287,627,447	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	57,729,085	0.000000	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	8,419,974	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50 through 199)	0	329,470	329,470	2,068,924,952	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part IV Date/Time Prepared: 5/26/2023 11:47 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	29,795	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	4,400	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	78,227	0	278	0	54.00
57.00	05700 CT SCAN	0.000000	43,373	0	837	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	261,559	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	8,057	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	59,350	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,385,072	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,542,099	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	483,461	0	0	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	28,244	0	2,923	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	29,408	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000783	670,331	525	804	1	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	41,655	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	0	0	0	76.98
77.00	07700 ALLOGENEI C HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PAIN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	0	0	993	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		4,665,031	525	5,835	1	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 11:47 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.116672	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.178064	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.252407	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.100912	278	0	0	28	54.00
57.00 05700 CT SCAN	0.064083	837	0	0	54	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.075419	0	0	0	0	59.00
60.00 06000 LABORATORY	0.182530	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.201170	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.288353	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0.109095	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.342317	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.253730	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.232745	0	0	0	0	68.00
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.129213	2,923	0	0	378	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203377	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.123968	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.176040	804	0	948	142	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.362356	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0.529540	0	0	0	0	74.00
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0.236836	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.112271	0	0	0	0	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0	0	0	77.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	1.576092	0	0	0	0	90.01
90.02 09002 PAIN CLINIC	1.466466	0	0	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0.125748	0	0	0	0	90.03
91.00 09100 EMERGENCY	0.112189	993	0	0	111	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.208877	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.287283	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00	Subtotal (see instructions)		5,835	0	948	713 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 - line 201)		5,835	0	948	713 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet D Part V Date/Time Prepared: 5/26/2023 11:47 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	167	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	77.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	90.01
90.02 09002 PAIN CLINIC	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	167	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	167	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 11:47 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)		77,905	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		77,905	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)		68,746	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)		22,700	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)		102,566,177	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)		102,566,177	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)		102,566,177	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)		1,316.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		29,885,685	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)		29,885,685	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 11:47 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	23,986,572	8,749	2,741.64	2,372	6,503,170	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	6,137,230	3,196	1,920.28	0	0	47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				34,401,267		48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)				0		48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)				70,790,122		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				2,511,404		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				1,175,597		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				3,687,001		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				67,103,121		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
55.01	Permanent adjustment amount per discharge				0.00		55.01
55.02	Adjustment amount per discharge (contractor use only)				0.00		55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)				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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)				0.00		59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)				0.00		60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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)				9,159		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,316.55		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				12,058,281		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1 Date/Time Prepared: 5/26/2023 11:47 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	7,587,452	102,566,177	0.073976	12,058,281	892,023	90.00
91.00	Nursing Program cost	0	102,566,177	0.000000	12,058,281	0	91.00
92.00	Allied health cost	0	102,566,177	0.000000	12,058,281	0	92.00
93.00	All other Medical Education	0	102,566,177	0.000000	12,058,281	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,278	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,278	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,278	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)		1,660	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,757,135	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,757,135	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,757,135	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)		1,112.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,845,920	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)		1,845,920	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2022 To 12/31/2022		Worksheet D-1		
		Component CCN: 15-T089				Date/Time Prepared: 5/26/2023 11:47 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00	
Cost Center Description								
		1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						1,209,036	48.00
48.01	Program inpatient cellular therapy acquisition cost (Worksheet D-6, Part III, line 10, column 1)						0	48.01
49.00	Total Program inpatient costs (sum of lines 41 through 48.01)(see instructions)						3,054,956	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)						157,019	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						63,067	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						220,086	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						2,834,870	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
55.01	Permanent adjustment amount per discharge						0.00	55.01
55.02	Adjustment amount per discharge (contractor use only)						0.00	55.02
56.00	Target amount (line 54 x sum of lines 55, 55.01, and 55.02)						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	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						0.00	59.00
60.00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						0.00	60.00
61.00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 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

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Prepared: 5/26/2023 11:47 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description						1.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
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	404,646	4,757,135	0.085061	0	0	90.00
91.00	Nursing Program cost	0	4,757,135	0.000000	0	0	91.00
92.00	Allied health cost	0	4,757,135	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,757,135	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 11:47 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		83,821,964	30.00
31.00	03100	INTENSIVE CARE UNIT		17,892,654	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.116672	35,482,355	50.00
51.00	05100	RECOVERY ROOM	0.178064	3,313,217	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.252407	153,793	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.100912	17,116,070	54.00
57.00	05700	CT SCAN	0.064083	7,693,976	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.075419	16,889,857	59.00
60.00	06000	LABORATORY	0.182530	17,618,192	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.201170	1,992,049	63.00
65.00	06500	RESPIRATORY THERAPY	0.288353	8,365,755	65.00
65.01	06501	SLEEP LAB	0.109095	6,204	65.01
66.00	06600	PHYSICAL THERAPY	0.342317	2,495,361	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.253730	944,955	67.00
68.00	06800	SPEECH PATHOLOGY	0.232745	1,000,622	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.129213	7,456,349	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203377	13,708,134	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.123968	33,978,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176040	36,505,104	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.362356	0	73.01
74.00	07400	RENAL DIALYSIS	0.529540	1,411,071	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.236836	455,069	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.112271	39,904	76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	1.576092	173	90.01
90.02	09002	PAIN CLINIC	1.466466	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.125748	176,553	90.03
91.00	09100	EMERGENCY	0.115095	30,049,988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.208877	210,385	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.287283	26,716	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		237,090,616	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)		237,090,616	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF		4,301,560	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.116672	29,795	3,476 50.00
51.00	05100 RECOVERY ROOM	0.178064	4,400	783 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.252407	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.100912	78,227	7,894 54.00
57.00	05700 CT SCAN	0.064083	43,373	2,779 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.075419	0	0 59.00
60.00	06000 LABORATORY	0.182530	261,559	47,742 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.201170	8,057	1,621 63.00
65.00	06500 RESPIRATORY THERAPY	0.288353	59,350	17,114 65.00
65.01	06501 SLEEP LAB	0.109095	0	0 65.01
66.00	06600 PHYSICAL THERAPY	0.342317	1,385,072	474,134 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.253730	1,542,099	391,277 67.00
68.00	06800 SPEECH PATHOLOGY	0.232745	483,461	112,523 68.00
68.01	06801 AUDIOLOGY	0.000000	0	0 68.01
69.00	06900 ELECTROCARDIOLOGY	0.129213	28,244	3,649 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203377	29,408	5,981 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.123968	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.176040	670,331	118,005 73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.362356	0	0 73.01
74.00	07400 RENAL DIALYSIS	0.529540	41,655	22,058 74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	0.236836	0	0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.112271	0	0 76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	1.576092	0	0 90.01
90.02	09002 PAIN CLINIC	1.466466	0	0 90.02
90.03	09003 ONCOLOGY CLINIC	0.125748	0	0 90.03
91.00	09100 EMERGENCY	0.115095	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.208877	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.287283	0	0 92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		4,665,031	1,209,036 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net charges (line 200 minus line 201)		4,665,031	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 11:47 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		6,702,050	30.00
31.00	03100	INTENSIVE CARE UNIT		2,501,178	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		1,460,712	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		175,728	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.116672	1,124,067	131,147 50.00
51.00	05100	RECOVERY ROOM	0.178064	121,000	21,546 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.252407	477,774	120,594 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.100912	1,280,362	129,204 54.00
57.00	05700	CT SCAN	0.064083	574,780	36,834 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.075419	379,407	28,614 59.00
60.00	06000	LABORATORY	0.182530	1,695,141	309,414 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.201170	133,449	26,846 63.00
65.00	06500	RESPIRATORY THERAPY	0.288353	1,221,784	352,305 65.00
65.01	06501	SLEEP LAB	0.109095	0	0 65.01
66.00	06600	PHYSICAL THERAPY	0.342317	151,872	51,988 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.253730	88,554	22,469 67.00
68.00	06800	SPEECH PATHOLOGY	0.232745	128,261	29,852 68.00
68.01	06801	AUDIOLOGY	0.000000	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.129213	427,702	55,265 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203377	568,138	115,546 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.123968	584,469	72,455 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176040	3,650,654	642,661 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.362356	0	0 73.01
74.00	07400	RENAL DIALYSIS	0.529540	59,036	31,262 74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	0.236836	32,466	7,689 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.112271	0	0 76.98
77.00	07700	ALLOGENEIC HSCT ACQUISITION	0.000000	0	0 77.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	1.576092	0	0 90.01
90.02	09002	PAIN CLINIC	1.466466	0	0 90.02
90.03	09003	ONCOLOGY CLINIC	0.125748	8,899	1,119 90.03
91.00	09100	EMERGENCY	0.112189	2,337,437	262,235 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.208877	6,558	1,370 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.287283	0	0 92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50 through 94 and 96 through 98)		15,051,810	2,450,415 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		15,051,810	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet D-3 Date/Time Prepared: 5/26/2023 11:47 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF		199,892	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.116672	0	50.00
51.00	05100 RECOVERY ROOM	0.178064	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.252407	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.100912	2,275	54.00
57.00	05700 CT SCAN	0.064083	1,498	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.075419	0	59.00
60.00	06000 LABORATORY	0.182530	8,777	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.201170	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.288353	2,818	65.00
65.01	06501 SLEEP LAB	0.109095	0	65.01
66.00	06600 PHYSICAL THERAPY	0.342317	62,169	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.253730	69,854	67.00
68.00	06800 SPEECH PATHOLOGY	0.232745	28,988	68.00
68.01	06801 AUDIOLOGY	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.129213	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.203377	3,064	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.123968	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.176040	25,421	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.362356	0	73.01
74.00	07400 RENAL DIALYSIS	0.529540	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.236836	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.112271	0	76.98
77.00	07700 ALLOGENEIC HSCT ACQUISITION	0.000000	0	77.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	1.576092	0	90.01
90.02	09002 PAIN CLINIC	1.466466	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.125748	0	90.03
91.00	09100 EMERGENCY	0.112189	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.208877	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.287283	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES			95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		204,864	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)		204,864	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/26/2023 11:47 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)		38,093,209	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,275,122	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)		700,389	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		108,082	2.04
3.00	Managed Care Simulated Payments		40,480,406	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		293.07	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		50.70	5.00
5.01	FTE cap adjustment for qualifying hospitals under §131 of the CAA 2021 (see instructions)		0.00	5.01
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
6.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)		0.00	6.26
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
7.02	Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		0.00	7.02
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		12.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
8.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)		0.00	8.21
9.00	Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		61.27	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)		61.27	12.00
13.00	Total allowable FTE count for the prior year.		62.70	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		62.70	14.00
15.00	Sum of lines 12 through 14 divided by 3.		62.22	15.00
16.00	Adjustment for residents in initial years of the program (see instructions)		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		62.22	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.212304	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.209521	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.209521	21.00
22.00	IME payment adjustment (see instructions)		5,445,622	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		4,376,580	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.43	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)		5,445,622	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		4,376,580	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.53	30.00
31.00	Percentage of Medicaid patient days (see instructions)		27.15	31.00
32.00	Sum of lines 30 and 31		32.68	32.00
33.00	Allowable disproportionate share percentage (see instructions)		16.18	33.00
34.00	Disproportionate share adjustment (see instructions)		2,037,399	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Payment Adjustment				
35.00	Total uncompensated care amount (see instructions)	7,192,008,710	6,874,403,459	35.00
35.01	Factor 3 (see instructions)	0.000371403	0.000358160	35.01
35.02	Hospital UCP, including supplemental UCP (If line 34 is zero, enter zero on this line) (see instructions)	2,671,132	2,462,134	35.02
35.03	Pro rata share of the hospital UCP, including supplemental UCP (see instructions)	1,997,860	620,593	35.03
36.00	Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	2,618,453		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	61,278,276		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)		65,654,856	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		4,416,913	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,668,064	52.00
53.00	Nursing and Allied Health Managed Care payment		27,171	53.00
54.00	Special add-on payments for new technologies		358,747	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
55.01	Cellular therapy acquisition cost (see instructions)		0	55.01
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)		28,583	58.00
59.00	Total (sum of amounts on lines 49 through 58)		73,154,334	59.00
60.00	Primary payer payments		26,363	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		73,127,971	61.00
62.00	Deductibles billed to program beneficiaries		5,105,224	62.00
63.00	Coinurance billed to program beneficiaries		367,814	63.00
64.00	Allowable bad debts (see instructions)		739,415	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		480,620	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		119,915	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		68,135,553	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
70.75	N95 respirator payment adjustment amount (see instructions)		0	70.75
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)		0	70.93
70.94	HRR adjustment amount (see instructions)		-23,822	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Prepared: 5/26/2023 11:47 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)			68,111,731	71.00
71.01	Sequestration adjustment (see instructions)			858,207	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM or CHART pass-throughs			0	71.03
72.00	Interim payments			66,570,162	72.00
72.01	Interim payments-PARHM or CHART				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM or CHART (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			683,362	74.00
74.01	Balance due provider/program-PARHM or CHART (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			1,207,420	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)				90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the §410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2023 11:47 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	38,093,209	0	38,093,209		38,093,209	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,275,122	0		12,275,122	12,275,122	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	700,389	0	700,389		700,389	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	108,082	0		108,082	108,082	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	40,480,406	0	30,707,936	9,772,470	40,480,406	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.209521	0.209521	0.209521	0.209521		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,445,622	0	4,118,485	1,327,137	5,445,622	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,376,580	0	3,320,020	1,056,560	4,376,580	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	5,445,622	0	4,118,485	1,327,137	5,445,622	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,376,580	0	3,320,020	1,056,560	4,376,580	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1618	0.1618	0.1618	0.1618		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,037,399	0	1,540,870	496,529	2,037,399	11.00
11.01	Uncompensated care payments	36.00	2,618,453	0	1,997,860	620,593	2,618,453	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	61,278,276	0	46,450,813	14,827,463	61,278,276	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	65,654,856	0	49,770,833	15,884,023	65,654,856	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,416,913	0	3,358,334	1,058,579	4,416,913	16.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/26/2023 11:47 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	358,747	0	342,461	16,286	358,747	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	53,471,628	16,958,888	70,430,516	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	3,799,535	0	2,882,570	916,965	3,799,535	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	48,208	0	43,955	4,253	48,208	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	0.0814	0.0814	0.0814	0.0814		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	309,282	0	234,641	74,641	309,282	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0684	0.0684	0.0684	0.0684		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	259,888	0	197,168	62,720	259,888	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,416,913	0	3,358,334	1,058,579	4,416,913	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/26/2023 11:47 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	38,093,209	38,093,209		38,093,209	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	12,275,122		12,275,122	12,275,122	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	700,389	700,389		700,389	2.02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	108,082		108,082	108,082	2.03
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	40,480,406	30,707,936	9,772,470	40,480,406	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.209521	0.209521	0.209521		5.00
6.00	IME payment adjustment (see instructions)	22.00	5,445,622	4,118,485	1,327,137	5,445,622	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	4,376,580	3,320,020	1,056,560	4,376,580	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	5,445,622	4,118,485	1,327,137	5,445,622	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	4,376,580	3,320,020	1,056,560	4,376,580	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1618	0.1618	0.1618		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,037,399	1,540,870	496,529	2,037,399	11.00
11.01	Uncompensated care payments	36.00	2,618,453	1,997,860	620,593	2,618,453	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	61,278,276	46,450,813	14,827,463	61,278,276	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	65,654,856	49,770,833	15,884,023	65,654,856	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	4,416,913	3,358,334	1,058,579	4,416,913	16.00
17.00	Special add-on payments for new technologies	54.00	358,747	342,461	16,286	358,747	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			53,471,628	16,958,888	70,430,516	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/26/2023 11:47 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	3,799,535	2,882,570	916,965	3,799,535	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	48,208	43,955	4,253	48,208	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	0.0814	0.0814	0.0814		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	309,282	234,641	74,641	309,282	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0684	0.0684	0.0684		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	259,888	197,168	62,720	259,888	25.00
26.00	Total prospective capital payments (see instructions)	12.00	4,416,913	3,358,334	1,058,579	4,416,913	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	0	0	0	0	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	-23,822	-11,531	-12,291	-23,822	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,352	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		45,365,866	2.00
3.00	OPPS payments		41,190,302	3.00
4.00	Outlier payment (see instructions)		204,688	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		80,072	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,352	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		65,777	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)		65,777	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)		65,777	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		54,425	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)		11,352	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)		41,475,062	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		6,877,093	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)		34,609,321	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,642,782	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		36,252,103	30.00
31.00	Primary payer payments		6,489	31.00
32.00	Subtotal (line 30 minus line 31)		36,245,614	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)		661,437	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		429,934	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		143,023	36.00
37.00	Subtotal (see instructions)		36,675,548	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-186	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.75	N95 respirator payment adjustment amount (see instructions)		0	39.75
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)		36,675,734	40.00
40.01	Sequestration adjustment (see instructions)		462,114	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs		0	40.03
41.00	Interim payments		36,417,715	41.00
41.01	Interim payments-PARHM or CHART		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-204,095	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		5,896	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Hospital PPS
			1.00
200.00	MEDI CARE PART B ANCI LLARY COSTS Part B Combined Billed Days		0 200.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			167 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			712 2.00
3.00	OPPS payments			918 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			1 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			167 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			948 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)			948 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)			948 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			781 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)			167 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)			919 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)			94 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)			992 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)			992 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			992 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)			992 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
39.75	N95 respirator payment adjustment amount (see instructions)			0 39.75
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)			992 40.00
40.01	Sequestration adjustment (see instructions)			12 40.01
40.02	Demonstration payment adjustment amount after sequestration			0 40.02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs			40.03
41.00	Interim payments			1,004 41.00
41.01	Interim payments-PARHM or CHART			41.01
42.00	Tentative settlement (for contractors use only)			0 42.00
42.01	Tentative settlement-PARHM or CHART (for contractor use only)			42.01
43.00	Balance due provider/program (see instructions)			-24 43.00
43.01	Balance due provider/program-PARHM (see instructions)			43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 11:47 am
	Title XVIII	Subprovider - IRF	PPS
	1.00		
MEDI CARE PART B ANCILLARY COSTS			
200.00 Part B Combined Billed Days			200.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0089		Period: From 01/01/2022 To 12/31/2022		Worksheet E-1 Part I Date/Time Prepared: 5/26/2023 11:47 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		66,448,762		35,868,715	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	09/28/2022	121,400	09/28/2022	549,000	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)		121,400		549,000	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)		66,570,162		36,417,715	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		683,362		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		204,095	6.02	
7.00	Total Medicare program liability (see instructions)		67,253,524		36,213,620	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

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

Period:
From 01/01/2022
To 12/31/2022

Worksheet E-1
Part I
Date/Time Prepared:
5/26/2023 11:47 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,668,945		1,004	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)		2,668,945		1,004	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		54,327		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		24	6.02
7.00	Total Medicare program liability (see instructions)		2,723,272		980	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Prepared: 5/26/2023 11:47 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 (see instructions)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (see instructions)			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part III Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,566,328 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0256 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			129,600 3.00
4.00	Outlier Payments			79,255 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.720548 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)			2,775,183 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)			2,775,183 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,775,183 19.00
20.00	Deductibles			7,708 20.00
21.00	Subtotal (line 19 minus line 20)			2,767,475 21.00
22.00	Coinsurance			10,892 22.00
23.00	Subtotal (line 21 minus line 22)			2,756,583 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,408 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			915 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)			2,757,498 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)			525 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.98	Recovery of accelerated depreciation.			0 31.98
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,758,023 32.00
32.01	Sequestration adjustment (see instructions)			34,751 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			2,668,945 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)			54,327 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			82,379 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			79,255 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00
FOR COST REPORTING PERIODS ENDING AFTER FEBRUARY 29, 2020 AND BEGINNING BEFORE THE END OF THE COVID-19 PHE				
99.00	Teaching Adjustment Factor for the cost reporting period immediately preceding February 29, 2020.			0.000000 99.00
99.01	Calculated Teaching Adjustment Factor for the current year. (see instructions)			0.000000 99.01

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/26/2023 11:47 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			57.92	1.00
1.01	FTE cap adjustment under §131 of the CAA 2021 (see instructions)			0.00	1.01
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
2.26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)				2.26
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
3.02	Adjustment (increase or decrease) to the hospital's rural track FTE limitation(s) for rural track programs with a rural track Medicare GME affiliation agreement in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)				3.02
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			12.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
4.21	The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see instructions)				4.21
5.00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines 2.26 through 2.49, minus lines 3 and 3.01, plus or minus line 3.02, plus or minus line 4, plus lines 4.01 through 4.27)			69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			61.95	6.00
7.00	Enter the lesser of line 5 or line 6			61.95	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	50.95	11.00	61.95	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6. For cost reporting periods beginning on or after October 1, 2022, or if Worksheet S-2, Part I, line 68, is "Y", see instructions.	50.95	11.00	61.95	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	50.95	11.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	53.00	10.50		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	53.19	10.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	52.38	10.50		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	52.38	10.50		17.00
18.00	Per resident amount	121,682.77	115,222.92		18.00
18.01	Per resident amount under §131 of the CAA 2021				18.01
19.00	Approved amount for resident costs	6,373,743	1,209,841	7,583,584	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			4.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			119,883.12	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			7,583,584	25.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E-4 Date/Time Prepared: 5/26/2023 11:47 am	
		Title XVIII	Hospital	PPS	
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	26,732	22,976		26.00
27.00	Total Inpatient Days (see instructions)	86,128	86,128		27.00
28.00	Ratio of inpatient days to total inpatient days	0.310375	0.266766		28.00
29.00	Program direct GME amount	2,353,755	2,023,042	4,376,797	29.00
29.01	Percent reduction for MA DGME		3.26		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		65,951	65,951	30.00
31.00	Net Program direct GME amount			4,310,846	31.00
				1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)					
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)			0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)			4,143,363	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY					
Part A Reasonable Cost					
37.00	Reasonable cost (see instructions)			73,845,078	37.00
38.00	Organ acquisition and HSCT acquisition costs (see instructions)			0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)			0	39.00
40.00	Primary payer payments (see instructions)			26,363	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			73,818,715	41.00
Part B Reasonable Cost					
42.00	Reasonable cost (see instructions)			45,458,170	42.00
43.00	Primary payer payments (see instructions)			6,489	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			45,451,681	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			119,270,396	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.618919	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.381081	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B					
48.00	Total program GME payment (line 31)			4,310,846	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)			2,668,064	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			1,642,782	50.00

OUTLIER RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet E-5 Date/Time Prepared: 5/26/2023 11:47 am
Title XVIII			PPS	
			1.00	
TO BE COMPLETED BY CONTRACTOR				
1.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2		0	2.00
3.00	Operating outlier reconciliation adjustment amount (see instructions)		0	3.00
4.00	Capital outlier reconciliation adjustment amount (see instructions)		0	4.00
5.00	The rate used to calculate the time value of money (see instructions)		0.00	5.00
6.00	Time value of money for operating expenses (see instructions)		0	6.00
7.00	Time value of money for capital related expenses (see instructions)		0	7.00

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

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet G

Date/Time Prepared:
5/26/2023 11:47 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	371,092,192	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	53,676,103	0	0	0	4.00
5.00	Other receivable	3,293,442	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	13,835,113	0	0	0	7.00
8.00	Prepaid expenses	1,402,811	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)	443,299,661	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,072,523	0	0	0	12.00
13.00	Land improvements	3,429,715	0	0	0	13.00
14.00	Accumulated depreciation	-3,242,506	0	0	0	14.00
15.00	Buildings	392,767,598	0	0	0	15.00
16.00	Accumulated depreciation	-237,325,106	0	0	0	16.00
17.00	Leasehold improvements	429,120	0	0	0	17.00
18.00	Accumulated depreciation	-389,690	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	160,148,795	0	0	0	23.00
24.00	Accumulated depreciation	-107,979,697	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)	213,910,752	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	134,654,462	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	20,007,051	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	154,661,513	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	811,871,926	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	41,553,227	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,537,651	0	0	0	38.00
39.00	Payroll taxes payable	653,130	0	0	0	39.00
40.00	Notes and loans payable (short term)	223,678	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	2,766,092	0	0	0	42.00
43.00	Due to other funds	8,845,386	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	62,579,164	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,791,076	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,791,076	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	64,370,240	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	747,501,686				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	747,501,686	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	811,871,926	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-1

Date/Time Prepared:
5/26/2023 11:47 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		725,236,130		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		22,295,221			2.00
3.00	Total (sum of line 1 and line 2)		747,531,351		0	3.00
4.00	DONATED PPE	13,999		0		4.00
5.00	ROUNDING	1		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)		14,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		747,545,351		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	UNRESTRICTED FUND BALANCE	43,665		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)		43,665		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		747,501,686		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 PPE		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	Deductions (debit adjustments) (specify)		0			12.00
13.00	UNRESTRICTED FUND BALANCE		0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/26/2023 11:47 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	251,207,086		251,207,086	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	10,998,507		10,998,507	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	262,205,593		262,205,593	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	63,710,127		63,710,127	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	16,627,694		16,627,694	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	80,337,821		80,337,821	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	342,543,414		342,543,414	17.00
18.00	Ancillary services	642,751,708	1,018,660,542	1,661,412,250	18.00
19.00	Outpatient services	87,432,809	320,079,889	407,512,698	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NRCC	0	10,651,558	10,651,558	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,072,727,931	1,349,391,989	2,422,119,920	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		520,405,188		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)		520,405,188		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0089

Period:
From 01/01/2022
To 12/31/2022

Worksheet G-3

Date/Time Prepared:
5/26/2023 11:47 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,422,119,920	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,897,237,234	2.00
3.00	Net patient revenues (line 1 minus line 2)	524,882,686	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	520,405,188	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,477,498	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	17,817,723	24.00
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (sum of lines 6-24)	17,817,723	25.00
26.00	Total (line 5 plus line 25)	22,295,221	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)	22,295,221	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0089	Period: From 01/01/2022 To 12/31/2022	Worksheet L Parts I-III Date/Time Prepared: 5/26/2023 11:47 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,799,535	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		48,208	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		224.25	3.00
4.00	Number of interns & residents (see instructions)		62.22	4.00
5.00	Indirect medical education percentage (see instructions)		8.14	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)		309,282	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.53	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		27.15	8.00
9.00	Sum of lines 7 and 8		32.68	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.84	10.00
11.00	Disproportionate share adjustment (see instructions)		259,888	11.00
12.00	Total prospective capital payments (see instructions)		4,416,913	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