

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 05-31-2019

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet 5 Parts I-III Date/Time Prepared: 5/28/2019 4:13 pm
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PART I - COST REPORT STATUS

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

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

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

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

Date: 5/28/2019 Time: 4:13 pm

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL ANDERSON (15-0113) for the cost reporting period beginning 01/01/2018 and ending 12/31/2018 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Encryption Information

ECR: Date: 5/28/2019 Time: 4:13 pm
 omwvDKqEdNbmse62dJbEt1tpg85Qt0
 CHtFp0gkJB185V0GNvgGV6zJWFUUPV
 napo1Jcrbg08KQmM
 PI: Date: 5/28/2019 Time: 4:13 pm
 X1RynbZvHkc2pWsgjyR1jz1q0ba10
 dDFu10DXpB15ys.q1xb1wz1QEgFVS
 RF:i02YzNL097iNG

(Signed)

Officer or Administrator of Provider(s)

John R. Ham
 VP FINANCE & CFO

Title

Date

5-28-19

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	7,153	74,130	0	-4,704,496	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	7,153	74,130	0	-4,704,496	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 15-0113		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 4:13 pm					
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 1515 NORTH MADISON AVE			PO Box:						1.00			
2.00	City: ANDERSON			State: IN		Zip Code: 46011		County: MADISON		2.00			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00				
Hospital and Hospital-Based Component Identification:													
3.00	Hospital			COMMUNITY HOSPITAL ANDERSON	150113	26900	1	01/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF											4.00	
5.00	Subprovider - IRF											5.00	
6.00	Subprovider - (Other)											6.00	
7.00	Swing Beds - SNF											7.00	
8.00	Swing Beds - NF											8.00	
9.00	Hospital-Based SNF											9.00	
10.00	Hospital-Based NF											10.00	
11.00	Hospital-Based OLTC											11.00	
12.00	Hospital-Based HHA											12.00	
13.00	Separately Certified ASC											13.00	
14.00	Hospital-Based Hospice											14.00	
15.00	Hospital-Based Health Clinic - RHC											15.00	
16.00	Hospital-Based Health Clinic - FQHC											16.00	
17.00	Hospital-Based (CMHC) I											17.00	
17.10	Hospital-Based (CORF) I											17.10	
18.00	Renal Dialysis											18.00	
19.00	Other											19.00	
							From:	To:					
							1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2018	12/31/2018		20.00			
21.00	Type of Control (see instructions)						2		21.00				
							1.00	2.00	3.00				
Inpatient PPS Information													
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00			
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						Y	Y		22.01			
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N	N		22.02			
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N	N		Y	22.03		
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.												
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00			
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
				1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						839	190	1	0	5,791	9	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 4:13 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	S	Date of Geogr	
						1.00		2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPSS 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	Y	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
<u>Prospective Payment System (PPS)-Capital</u>									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
<u>Teaching Hospitals</u>									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, chapter 21, §2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criteria Code			
				1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under §413.85? (see instructions)					N		60.00	

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

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

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				1.00	
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00	
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00	
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00	
		V	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	Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00	
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00	
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	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.	Y	Y	98.01	
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.02	
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.03	
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N	98.04	
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.05	
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	Y	Y	98.06	
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00	
107.00	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes complete Wkst. D-2, Pt. II.	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	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (§410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.		N	110.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 4:13 pm	
		1.00	2.00		
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N			111.00
		1.00	2.00	3.00	
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		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	690,036	325,442		0118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N			122.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		HB0040	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part I Date/Time Prepared: 5/28/2019 4:13 pm
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	1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WPS	Contractor's Number: 08101	141.00			
142.00	Street: 1500 NORTH RITTER AVE	PO Box:		142.00			
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46219	143.00			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?			Y			
				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			
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			
				1.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N			
		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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC						
161.10	CORF						
				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			
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00
							1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y
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)						0
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
				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)			10/01/2012	09/30/2013	170.00	
				1.00	2.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)			N		0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 4:13 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	Y					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	05/15/2019	Y	05/15/2019		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)	N		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/28/2019 4:13 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REX		SHERA	41.00
42.00	Enter the employer/company name of the cost report preparer.	ERNST & YOUNG LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3176817519		REX.SHERA@EY.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2019 4:13 pm

		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGING DIRECTOR	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	117	44,189	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		117	44,189	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		134	50,394	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		134				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,745	593	24,479			1.00
2.00 HMO and other (see instructions)	5,977	4,431				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,745	593	24,479			7.00
8.00 INTENSIVE CARE UNIT	1,302	66	1,368			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,731	1,809			13.00
14.00 Total (see instructions)	10,047	2,390	27,656	0.17	1,123.18	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			268			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.17	1,123.18	27.00
28.00 Observation Bed Days		435	3,888			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			407			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	9	138			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,504	1,815	7,653	1.00
2.00	HMO and other (see instructions)			1,341	0		2.00
3.00	HMO IPF Subprovider				0		3.00
4.00	HMO IRF Subprovider				0		4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,504	1,815	7,653	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days				0		33.00
33.01	LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part II Date/Time Prepared: 5/28/2019 4:13 pm			
	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	70,917,019	0	70,917,019	2,336,208.20	30.36	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		804,277	0	804,277	9,205.98	87.36	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,856,286	0	2,856,286	66,507.91	42.95	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract Labor: Direct Patient Care		1,724,321	0	1,724,321	18,567.30	92.87	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		136,000	0	136,000	1,733.11	78.47	13.00
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00	14.00
14.01	Home office salaries		1,549,784	0	1,549,784	42,751.00	36.25	14.01
14.02	Related organization salaries		0	0	0	0.00	0.00	14.02
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		18,354,430	0	18,354,430			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		779,487	0	779,487			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		219,489	0	219,489			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
25.50	Home office wage-related (core)		351,808	0	351,808			25.50
25.51	Related organization wage-related (core)		0	0	0			25.51
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0			25.52
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	2,809,351	0	2,809,351	83,840.50	33.51	26.00
27.00	Administrative & General	5.00	11,534,924	0	11,534,924	379,356.96	30.41	27.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2019 4:13 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	8,493,043	0	8,493,043	152,722.70	55.61	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,386,506	0	2,386,506	83,085.62	28.72	30.00
31.00	Laundry & Linen Service	0	73,093	73,093	4,277.00	17.09	31.00
32.00	Housekeeping	1,584,735	-73,093	1,511,642	88,450.58	17.09	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,560,896	-826,297	734,599	39,846.51	18.44	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	826,297	826,297	44,821.00	18.44	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,292,410	0	1,292,410	25,323.78	51.04	38.00
39.00	Central Services and Supply	1,043,851	0	1,043,851	62,053.79	16.82	39.00
40.00	Pharmacy	2,026,966	0	2,026,966	49,146.75	41.24	40.00
41.00	Medical Records & Medical Records Library	1,266,515	0	1,266,515	47,150.61	26.86	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2019 4:13 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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)	78,605,785	0	78,605,785	2,479,724.92	31.70	1.00
2.00	Excluded area salaries (see instructions)	2,856,286	0	2,856,286	66,507.91	42.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	75,749,499	0	75,749,499	2,413,217.01	31.39	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,410,105	0	3,410,105	63,051.41	54.08	4.00
5.00	Subtotal wage-related costs (see inst.)	18,706,238	0	18,706,238	0.00	24.69	5.00
6.00	Total (sum of lines 3 thru 5)	97,865,842	0	97,865,842	2,476,268.42	39.52	6.00
7.00	Total overhead cost (see instructions)	33,999,197	0	33,999,197	1,060,075.80	32.07	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2019 4:13 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 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)			3,465,107 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			10,285,758 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			33,712 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)			176,679 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			167,910 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			5,064,490 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			75,868 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			83,881 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			19,353,405 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/28/2019 4:13 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/28/2019 4:13 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.248662	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		71,615,203	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		103,469,917	6.00	
7.00	Medicaid cost (line 1 times line 6)		25,729,037	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
Children's Health Insurance Program (CHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone CHIP		0	9.00	
10.00	Stand-alone CHIP charges		0	10.00	
11.00	Stand-alone CHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone CHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Grants, donations and total unreimbursed cost for Medicaid, CHIP and state/local indigent care programs (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		105,166	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		23,147	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
Uncompensated Care (see instructions for each line)					
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,719,444	1,298,850	6,018,294	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,173,546	1,298,850	2,472,396	21.00
22.00	Payments received from patients for amounts previously written off as charity care	9,235	80,456	89,691	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,164,311	1,218,394	2,382,705	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)		7,549,807		26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		599,836		27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		922,825		27.01
28.00	Non-Medicare bad debt expense (see instructions)		6,626,982		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		1,970,868		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		4,353,573		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,353,573		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0113		Period: From 01/01/2018 To 12/31/2018		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	6,175,465	6,175,465	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	4,818,175	4,818,175	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,809,351	14,846,580	17,655,931	-55,114	17,600,817	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,534,924	22,916,681	34,451,605	-1,789,444	32,662,161	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,386,506	7,161,729	9,548,235	-1,708,252	7,839,983	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	200,413	200,413	8.00
9.00	00900	HOUSEKEEPING	1,584,735	518,359	2,103,094	-217,157	1,885,937	9.00
10.00	01000	DIETARY	1,560,896	1,694,735	3,255,631	-2,049,846	1,205,785	10.00
11.00	01100	CAFETERIA	0	0	0	1,723,444	1,723,444	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,292,410	175,660	1,468,070	-203	1,467,867	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,043,851	995,651	2,039,502	-304,028	1,735,474	14.00
15.00	01500	PHARMACY	2,026,966	7,860,151	9,887,117	-7,528,221	2,358,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,266,515	384,229	1,650,744	-80	1,650,664	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,258,515	3,761,295	19,019,810	-3,295,753	15,724,057	30.00
31.00	03100	INTENSIVE CARE UNIT	3,083,959	1,000,002	4,083,961	-651,886	3,432,075	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,510	1,510	1,425,636	1,427,146	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,189,361	15,419,696	20,609,057	-13,868,933	6,740,124	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	804,277	2,467,651	3,271,928	-48,302	3,223,626	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,779,227	1,652,576	3,431,803	-459,636	2,972,167	54.00
54.01	05401	ULTRASOUND	296,036	59,008	355,044	-33,579	321,465	54.01
54.02	05402	WOMEN'S CENTER	355,534	106,885	462,419	-64,738	397,681	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	255,254	854,453	1,109,707	-326,091	783,616	56.00
57.00	05700	CT SCAN	485,675	597,480	1,083,155	-313,795	769,360	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	341,165	576,420	917,585	-86,088	831,497	58.00
59.00	05900	CARDIAC CATHETERIZATION	889,684	1,253,940	2,143,624	-1,072,817	1,070,807	59.00
60.00	06000	LABORATORY	2,206,286	3,945,527	6,151,813	-2,081,987	4,069,826	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	201,193	567,319	768,512	-541,035	227,477	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,249,679	266,903	1,516,582	-165,727	1,350,855	65.00
66.00	06600	PHYSICAL THERAPY	2,178,686	924,844	3,103,530	-606,507	2,497,023	66.00
67.00	06700	OCCUPATIONAL THERAPY	359,597	33,306	392,903	4,715	397,618	67.00
68.00	06800	SPEECH PATHOLOGY	243,270	42,179	285,449	8,664	294,113	68.00
69.00	06900	ELECTROCARDIOLOGY	424,887	217,341	642,228	-152,749	489,479	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	526,016	233,687	759,703	-60,959	698,744	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,181,192	12,181,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,710,228	7,710,228	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,162,806	7,162,806	73.00
74.00	07400	RENAL DIALYSIS	0	366,153	366,153	-13,761	352,392	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	358,907	1,063,384	1,422,291	-247,496	1,174,795	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0113		Period: From 01/01/2018 To 12/31/2018		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	
90.03	09003	ONCOLOGY	1,700,895	3,804,989	5,505,884	-1,670,094	3,835,790	90.03
90.04	09004	MUNCIE CLINIC	0	83,392	83,392	-35,185	48,207	90.04
90.05	09005	ANTI COAGULATION CLINIC	297,203	80,176	377,379	-33,893	343,486	90.05
90.06	09006	PREGNANCY PLUS	0	686	686	-686	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	55,542	55,542	-54,867	675	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	405,315	58,446	463,761	-1,549	462,212	90.11
91.00	09100	EMERGENCY	3,663,958	1,135,979	4,799,937	-688,093	4,111,844	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,060,733	97,184,544	165,245,277	1,182,187	166,427,464	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	332,257	310,103	642,360	-59,202	583,158	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	341,636	50,181	391,817	-22,198	369,619	190.03
190.04	19004	SUMMIT CONV. (LTC)	201,190	14,677	215,867	0	215,867	190.04
190.05	19005	PARKVIEW CONV. (LTC)	260,104	18,290	278,394	0	278,394	190.05
190.06	19006	MONTICELLO HSE.	0	213,009	213,009	-3,085	209,924	190.06
190.07	19007	NH PARK PLACE (LTC)	27,679	1,853	29,532	0	29,532	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	594,797	225,091	819,888	-39,977	779,911	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	87,977	31,890	119,867	-493	119,374	190.12
190.13	19013	RHEUMATOLOGY	419,922	518,848	938,770	-26,764	912,006	190.13
190.14	19014	ROCK STEADY BOXING	87,887	47,968	135,855	-19,482	116,373	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,336,268	2,336,268	-859,610	1,476,658	192.00
192.01	19201	MUNCIE MD OFFICES	0	141,978	141,978	-123,200	18,778	192.01
192.02	19202	FOUNDATION	233,887	666,684	900,571	0	900,571	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	268,950	54,294	323,244	-5,878	317,366	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	7	7	0	7	192.07
192.08	19208	RENTAL PROPERTY	0	28,966	28,966	-11,649	17,317	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	11,028	11,028	-3,718	7,310	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	7,176	7,176	-6,931	245	192.10
200.00		TOTAL (SUM OF LINES 118 through 199)	70,917,019	101,862,855	172,779,874	0	172,779,874	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-291,285	5,884,180	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,818,175	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-3,046,751	14,554,066	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-11,491,476	21,170,685	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-36,877	7,803,106	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	200,413	8.00
9.00	00900	HOUSEKEEPING	0	1,885,937	9.00
10.00	01000	DIETARY	0	1,205,785	10.00
11.00	01100	CAFETERIA	-1,015,861	707,583	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	86,470	1,554,337	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	683,059	2,418,533	14.00
15.00	01500	PHARMACY	0	2,358,896	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-846	1,649,818	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,598	12,598	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	20,189	20,189	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	82,136	15,806,193	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,432,075	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,427,146	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	6,740,124	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-3,172,305	51,321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-278,936	2,693,231	54.00
54.01	05401	ULTRASOUND	0	321,465	54.01
54.02	05402	WOMEN'S CENTER	0	397,681	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	783,616	56.00
57.00	05700	CT SCAN	0	769,360	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	831,497	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,070,807	59.00
60.00	06000	LABORATORY	0	4,069,826	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	227,477	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,350,855	65.00
66.00	06600	PHYSICAL THERAPY	-19,525	2,477,498	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	397,618	67.00
68.00	06800	SPEECH PATHOLOGY	0	294,113	68.00
69.00	06900	ELECTROCARDIOLOGY	61,154	550,633	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	698,744	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,181,192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,710,228	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,162,806	73.00
74.00	07400	RENAL DIALYSIS	0	352,392	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	-774,637	400,158	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	90.02
90.03	09003	ONCOLOGY	-851,995	2,983,795	90.03
90.04	09004	MUNCIE CLINIC	-63,900	-15,693	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.05	09005	ANTI COAGULATION CLINIC	0	343,486	90.05
90.06	09006	PREGNANCY PLUS	0	0	90.06
90.07	09007	O/P LAB	0	0	90.07
90.08	09008	O/P LAB	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	675	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	462,212	90.11
91.00	09100	EMERGENCY	-23,147	4,088,697	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-20,121,935	146,305,529	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	583,158	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	369,619	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	215,867	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	278,394	190.05
190.06	19006	MONTICELLO HSE.	0	209,924	190.06
190.07	19007	NH PARK PLACE (LTC)	0	29,532	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	779,911	190.10
190.11	19011	ONCOLOGIST	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	119,374	190.12
190.13	19013	RHEUMATOLOGY	0	912,006	190.13
190.14	19014	ROCK STEADY BOXING	0	116,373	190.14
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,476,658	192.00
192.01	19201	MUNCIE MD OFFICES	0	18,778	192.01
192.02	19202	FOUNDATION	0	900,571	192.02
192.03	19203	SPOE	0	0	192.03
192.04	19204	HEALTHY HEART	0	317,366	192.04
192.05	19205	VACANT SPACE	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	7	192.07
192.08	19208	RENTAL PROPERTY	0	17,317	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	7,310	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	245	192.10
200.00		TOTAL (SUM OF LINES 118 through 199)	-20,121,935	152,657,939	200.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6

Date/Time Prepared:
5/28/2019 4:13 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,019,173	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,139,284	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
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
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
0			0	9,158,457	
B - DRUGS & SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,181,192	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	7,710,228	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,162,806	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
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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
33.00		0.00	0	0	33.00
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
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
45.00		0.00	0	0	45.00
0				27,054,226	
C - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	842,315	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	605,454	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
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
0				1,447,769	
D - LABOR & DELIVERY					
1.00	NURSERY	43.00	1,146,914	280,232	1.00
0			1,146,914	280,232	
E - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	856,724	930,183	1.00
0			856,724	930,183	
F - SPECIAL MEALS					
1.00	DIETARY	10.00	30,427	33,036	1.00
0			30,427	33,036	
G - INTEREST & INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	177,414	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	136,563	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	73,437	3.00
0				387,414	
H - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	73,093	127,320	1.00
0			73,093	127,320	
I - POB UTILITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,328	1.00
2.00	LABORATORY	60.00	0	3,357	2.00
3.00	PHYSICAL THERAPY	66.00	0	12,123	3.00
4.00	OCCUPATIONAL THERAPY	67.00	0	8,364	4.00
5.00	SPEECH PATHOLOGY	68.00	0	10,060	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	16,545	6.00
7.00	ONCOLOGY	90.03	0	39,748	7.00
0				96,525	
500.00	Grand Total: Increases		2,107,158	39,515,162	500.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Date/Time Prepared:
5/28/2019 4:13 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DEPRECIATION							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	15,258	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,294,209	9		2.00
3.00	OPERATION OF PLANT	7.00	0	1,662,084	0		3.00
4.00	HOUSEKEEPING	9.00	0	8,809	0		4.00
5.00	DIETARY	10.00	0	326,385	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	203	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	82,601	0		7.00
8.00	PHARMACY	15.00	0	4,980	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	301,486	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	189,508	0		10.00
11.00	NURSERY	43.00	0	1,510	0		11.00
12.00	OPERATING ROOM	50.00	0	1,402,823	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	6,700	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	356,969	0		14.00
15.00	ULTRASOUND	54.01	0	19,567	0		15.00
16.00	WOMEN'S CENTER	54.02	0	5,972	0		16.00
17.00	RADIOISOTOPE	56.00	0	42,849	0		17.00
18.00	CT SCAN	57.00	0	196,844	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	75,207	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	182,475	0		20.00
21.00	LABORATORY	60.00	0	247,775	0		21.00
22.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	1,948	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	38,154	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	75,341	0		24.00
26.00	SPEECH PATHOLOGY	68.00	0	86	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	29,570	0		27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	27,405	0		28.00
29.00	WOUND/OSTOMY CLINIC	90.01	0	20,603	0		29.00
30.00	ONCOLOGY	90.03	0	1,567,600	0		30.00
31.00	MUNCIE CLINIC	90.04	0	35,185	0		31.00
32.00	ANTI COAGULATION CLINIC	90.05	0	6,418	0		32.00
33.00	PREGNANCY PLUS	90.06	0	686	0		33.00
34.00	FORTVILLE CLINIC	90.09	0	6,105	0		34.00
35.00	DIABETIC PLUS CLINIC	90.11	0	286	0		35.00
36.00	EMERGENCY	91.00	0	124,557	0		36.00
38.00	NORTHVIEW CONV. (LTC)	190.03	0	20,162	0		38.00
39.00	MONTICELLO HSE.	190.06	0	3,085	0		39.00
40.00	CLINICAL RESEARCH CENTER	190.10	0	1,709	0		40.00
42.00	RHEUMATOLOGY	190.13	0	2,368	0		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	761,847	0		43.00
44.00	HEALTHY HEART	192.04	0	479	0		44.00
45.00	RESIDENTIAL PROPERTY (1430 N MADISON	192.09	0	3,718	0		45.00
46.00	HOSPITAL RENTAL (1927 N MADISON AVE)	192.10	0	6,931	0		46.00
				9,158,457			
B - DRUGS & SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	39,856	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	114,149	0		2.00
3.00	OPERATION OF PLANT	7.00	0	46,168	0		3.00
4.00	HOUSEKEEPING	9.00	0	7,935	0		4.00
5.00	DIETARY	10.00	0	17	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,267	0		6.00
7.00	PHARMACY	15.00	0	7,194,698	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	80	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,567,121	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	462,378	0		10.00
11.00	OPERATING ROOM	50.00	0	12,466,110	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	41,602	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	102,667	0		13.00
14.00	ULTRASOUND	54.01	0	14,012	0		14.00
15.00	WOMEN'S CENTER	54.02	0	58,766	0		15.00
17.00	RADIOISOTOPE	56.00	0	283,242	0		17.00
18.00	CT SCAN	57.00	0	116,951	0		18.00
19.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,881	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	890,342	0		20.00
21.00	LABORATORY	60.00	0	1,786,408	0		21.00
22.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	539,087	0		22.00
23.00	RESPIRATORY THERAPY	65.00	0	121,869	0		23.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-6
Date/Time Prepared:
5/28/2019 4:13 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
24.00	PHYSICAL THERAPY	66.00	0	15,860	0		24.00	
25.00	OCCUPATIONAL THERAPY	67.00	0	3,649	0		25.00	
26.00	SPEECH PATHOLOGY	68.00	0	1,310	0		26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	13,572	0		27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	27,493	0		28.00	
29.00	RENAL DIALYSIS	74.00	0	13,761	0		29.00	
30.00	WOUND/OSTOMY CLINIC	90.01	0	226,893	0		30.00	
31.00	ONCOLOGY	90.03	0	142,242	0		31.00	
33.00	ANTI COAGULATION CLINIC	90.05	0	27,475	0		33.00	
35.00	DIABETIC PLUS CLINIC	90.11	0	1,263	0		35.00	
36.00	EMERGENCY	91.00	0	563,536	0		36.00	
37.00	WELLNESS CENTERS	190.01	0	59,202	0		37.00	
38.00	NORTHVIEW CONV. (LTC)	190.03	0	2,036	0		38.00	
41.00	MEDICAL INTERNIST	190.12	0	493	0		41.00	
42.00	ROCK STEADY BOXING	190.14	0	198	0		42.00	
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,238	0		43.00	
45.00	HEALTHY HEART	192.04	0	5,399	0		45.00	
			0	27,054,226				
C - RENT								
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	137,160	10		1.00	
2.00	PHARMACY	15.00	0	328,543	10		2.00	
3.00	LABORATORY	60.00	0	51,161	0		3.00	
4.00	RESPIRATORY THERAPY	65.00	0	5,704	0		4.00	
5.00	PHYSICAL THERAPY	66.00	0	527,429	0		5.00	
6.00	ELECTROCARDIOLOGY	69.00	0	126,152	0		6.00	
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,061	0		7.00	
9.00	FORTVILLE CLINIC	90.09	0	48,762	0		9.00	
10.00	CLINICAL RESEARCH CENTER	190.10	0	38,268	0		10.00	
11.00	RHEUMATOLOGY	190.13	0	24,396	0		11.00	
12.00	ROCK STEADY BOXING	190.14	0	19,284	0		12.00	
13.00	MUNCIE MD OFFICES	192.01	0	123,200	0		13.00	
14.00	RENTAL PROPERTY	192.08	0	11,649	0		14.00	
			0	1,447,769				
D - LABOR & DELIVERY								
1.00	ADULTS & PEDIATRICS	30.00	1,146,914	280,232	0		1.00	
			1,146,914	280,232				
E - CAFETERIA RECLASS								
1.00	DIETARY	10.00	856,724	930,183	0		1.00	
			856,724	930,183				
F - SPECIAL MEALS								
1.00	CAFETERIA	11.00	30,427	33,036	0		1.00	
			30,427	33,036				
G - INTEREST & INSURANCE								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	177,414	11		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	210,000	12		2.00	
3.00		0.00	0	0	12		3.00	
			0	387,414				
H - LAUNDRY								
1.00	HOUSEKEEPING	9.00	73,093	127,320	0		1.00	
			73,093	127,320				
I - POB UTILITIES								
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	96,525	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	
			0	96,525				
500.00	Grand Total: Decreases		2,107,158	39,515,162			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,128,238	30,000	0	30,000	0	1.00
2.00	Land Improvements	1,956,043	33,191	0	33,191	0	2.00
3.00	Buildings and Fixtures	72,419,891	804,633	1,731,624	2,536,257	-208,555	3.00
4.00	Building Improvements	1,197,015	93,139	0	93,139	-93,139	4.00
5.00	Fixed Equipment	20,462,609	601,180	0	601,180	-240,408	5.00
6.00	Movable Equipment	55,265,125	1,770,795	498,985	2,269,780	-1,116,381	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	157,428,921	3,332,938	2,230,609	5,563,547	-1,658,483	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	157,428,921	3,332,938	2,230,609	5,563,547	-1,658,483	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	6,158,238	0				1.00
2.00	Land Improvements	1,989,234	1,667,669				2.00
3.00	Buildings and Fixtures	75,164,703	23,274,919				3.00
4.00	Building Improvements	1,383,293	0				4.00
5.00	Fixed Equipment	21,304,197	10,629,291				5.00
6.00	Movable Equipment	58,651,286	28,648,789				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	164,650,951	64,220,668				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	164,650,951	64,220,668				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2019 4:13 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet A-7 Part III Date/Time Prepared: 5/28/2019 4:13 pm
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	104,915,461	0	104,915,461	0.650300	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	56,418,523	0	56,418,523	0.349700	0	2.00
3.00	Total (sum of lines 1-2)	161,333,984	0	161,333,984	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	5,019,173	842,315	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,139,284	605,454	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,158,457	1,447,769	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-113,871	136,563	0	0	5,884,180	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	73,437	0	0	4,818,175	2.00
3.00	Total (sum of lines 1-2)	-113,871	210,000	0	0	10,702,355	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-291,285	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-13,961	ADMINISTRATIVE & GENERAL		5.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-114,906	ADMINISTRATIVE & GENERAL		5.00	0 7.00
8.00 Television and radio service (chapter 21)	A	-36,727	OPERATION OF PLANT		7.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-8,609,142				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-921	ADMINISTRATIVE & GENERAL		5.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,589,069				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-915,640	CAFETERIA		11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-846	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines		0			0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS		30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8

Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.	
			Cost Center	Line #			
			1.00	2.00			3.00
33.00 NONREIMBURSABLE PHYSICIAN PTO SOLD	A		0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.00
33.01 PHYSICIAN RECRUITMENT			0		0.00	0	33.01
33.02 RADIOLOGY, DIAGNOSTIC			0		0.00	0	33.02
33.03 ADVERTISING	A	-104,364		ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 MUNCIE CLINIC	B	-63,900		MUNCIE CLINIC	90.04	0	33.04
33.05 OUTSIDE SERVICES - SPD	B	-2,248		CENTRAL SERVICES & SUPPLY	14.00	0	33.05
33.06 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.06
33.07 MISC A&G	B	-151,964		ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08 SEXUAL RESPONSE UNIT	B	-23,147		EMERGENCY	91.00	0	33.08
33.09 MISC A&P	B	2,406		ADULTS & PEDIATRICS	30.00	0	33.09
33.10 MISC EMPLOYEE BENEFITS	B	-30,482		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.10
33.11 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.11
33.12 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.12
33.13 MISC OPERATION OF PLANTS	B	-150		OPERATION OF PLANT	7.00	0	33.13
33.14 GUEST MEALS	A	-18,160		CAFETERIA	11.00	0	33.14
33.15 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.15
33.16 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.16
33.17 MISC OTHER OPERATING REVENUE	B	-1,365,604		ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18 ONCOLOGY SERVICES	B	-531,673		ONCOLOGY	90.03	0	33.18
33.19 ESPRESSO TO GO	B	-82,061		CAFETERIA	11.00	0	33.19
33.20 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.20
33.21 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.21
33.22 PROCARE ADMINISTRATION	B	-19,525		PHYSICAL THERAPY	66.00	0	33.22
33.23 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.23
33.24 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.24
33.25 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.25
33.26 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.26
33.27 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.27
33.28 HOSPITAL ASSESSMENT FEES (HAF)	B	-6,158,566		ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.29
33.30 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.30
33.31 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.31
33.32 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-20,121,935					50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/28/2019 4:13 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	SELF INSURANCE	0	3,080,184
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	64,726	0
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	2,153,135	1,720,692
4.00	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	48,498	0
4.01	69.00	ELECTROCARDIOLOGY	HOME OFFICE	61,154	0
4.02	13.00	NURSING ADMINISTRATION	HOME OFFICE	86,470	0
4.03	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	685,307	0
4.04	30.00	ADULTS & PEDIATRICS	HOME OFFICE	79,730	0
4.05	0.00			0	0
4.06	21.00	I&R SERVICES-SALARY & FRINGE	I&R SERVICES-SALARY & FRINGE	12,598	0
4.07	22.00	I&R SERVICES-OTHER PRGM. COS	I&R SERVICES-OTHER PRGM. COS	20,189	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			3,211,807	4,800,876

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

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

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

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

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

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

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

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

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-1

Date/Time Prepared:
5/28/2019 4:13 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-3,080,184	0		1.00
2.00	64,726	0		2.00
3.00	432,443	0		3.00
4.00	48,498	0		4.00
4.01	61,154	0		4.01
4.02	86,470	0		4.02
4.03	685,307	0		4.03
4.04	79,730	0		4.04
4.05	0	0		4.05
4.06	12,598	0		4.06
4.07	20,189	0		4.07
5.00	-1,589,069			5.00

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

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

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

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

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

6.00			6.00
7.00			7.00
8.00	CANCER CARE		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet A-8-2

Date/Time Prepared:
5/28/2019 4:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	811	811	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	4,149,633	4,013,633	136,000	211,500	1,733	2.00
3.00	53.00	ANESTHESIOLOGY	3,172,305	3,172,305	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	327,434	327,434	0	0	0	4.00
5.00	90.01	WOUND/OSTOMY CLINIC	774,637	774,637	0	0	0	5.00
6.00	90.03	ONCOLOGY	320,322	320,322	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,745,142	8,609,142	136,000		1,733	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	176,216	8,811	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	90.01	WOUND/OSTOMY CLINIC	0	0	0	0	0	5.00
6.00	90.03	ONCOLOGY	0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			176,216	8,811	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	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	811	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	176,216	0	4,013,633	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	3,172,305	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	327,434	4.00
5.00	90.01	WOUND/OSTOMY CLINIC	0	0	0	774,637	5.00
6.00	90.03	ONCOLOGY	0	0	0	320,322	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	176,216	0	8,609,142	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,884,180	5,884,180			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,818,175		4,818,175		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	14,554,066	31,881	11,162	14,597,109	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	21,170,685	493,314	714,055	2,472,211	24,850,265
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	7,803,106	598,143	300,385	511,486	9,213,120
8.00 00800	LAUNDRY & LINEN SERVICE	200,413	67,057	0	15,666	283,136
9.00 00900	HOUSEKEEPING	1,885,937	139,947	10,275	323,981	2,360,140
10.00 01000	DIETARY	1,205,785	208,962	141,701	157,442	1,713,890
11.00 01100	CAFETERIA	707,583	39,556	0	177,095	924,234
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,554,337	51,572	237	276,994	1,883,140
14.00 01400	CENTRAL SERVICES & SUPPLY	2,418,533	98,473	5,567	223,722	2,746,295
15.00 01500	PHARMACY	2,358,896	62,154	5,306	434,427	2,860,783
16.00 01600	MEDICAL RECORDS & LIBRARY	1,649,818	78,801	0	271,445	2,000,064
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,598	0	0	0	12,598
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	20,189	0	0	0	20,189
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	15,806,193	1,007,324	237,157	3,024,456	20,075,130
31.00 03100	INTENSIVE CARE UNIT	3,432,075	134,036	160,751	660,966	4,387,828
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,427,146	36,242	583	245,811	1,709,782
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,740,124	429,338	1,466,223	1,112,205	9,747,890
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	51,321	5,272	7,815	172,376	236,784
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,693,231	373,735	235,699	381,331	3,683,996
54.01 05401	ULTRASOUND	321,465	0	56,533	63,448	441,446
54.02 05402	WOMEN'S CENTER	397,681	0	12,482	76,199	486,362
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	783,616	28,741	8,573	54,707	875,637
57.00 05700	CT SCAN	769,360	8,721	339	104,092	882,512
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	831,497	18,140	17,126	73,120	939,883
59.00 05900	CARDIAC CATHETERIZATION	1,070,807	72,677	200,731	190,681	1,534,896
60.00 06000	LABORATORY	4,069,826	151,711	215,608	472,860	4,910,005
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	227,477	11,338	2,272	43,120	284,207
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,350,855	9,574	44,502	267,836	1,672,767
66.00 06600	PHYSICAL THERAPY	2,477,498	52,037	2,854	466,945	2,999,334
67.00 06700	OCCUPATIONAL THERAPY	397,618	47,793	0	77,070	522,481
68.00 06800	SPEECH PATHOLOGY	294,113	39,556	0	52,139	385,808
69.00 06900	ELECTROCARDIOLOGY	550,633	29,710	34,490	91,063	705,896
70.00 07000	ELECTROENCEPHALOGRAPHY	698,744	39,168	29,016	112,738	879,666
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,181,192	0	0	0	12,181,192
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,710,228	0	0	0	7,710,228
73.00 07300	DRUGS CHARGED TO PATIENTS	7,162,806	0	0	0	7,162,806
74.00 07400	RENAL DIALYSIS	352,392	3,644	0	0	356,036
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.01 09001 WOUND/OSTOMY CLINIC	400,158	197,353	5,010	76,922	679,443	90.01
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY	2,983,795	332,707	750,198	364,543	4,431,243	90.03
90.04 09004 MUNCIE CLINIC	-15,693	0	0	0	-15,693	90.04
90.05 09005 ANTI COAGULATION CLINIC	343,486	0	2,657	63,698	409,841	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	675	0	0	0	675	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	462,212	0	334	86,869	549,415	90.11
91.00 09100 EMERGENCY	4,088,697	151,769	126,059	785,274	5,151,799	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	146,305,529	5,050,446	4,805,700	13,984,938	144,847,149	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,373	0	0	23,373	190.00
190.01 19001 WELLNESS CENTERS	583,158	23,780	0	71,211	678,149	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	369,619	17,772	0	73,221	460,612	190.03
190.04 19004 SUMMIT CONV. (LTC)	215,867	17,772	0	43,120	276,759	190.04
190.05 19005 PARKVIEW CONV. (LTC)	278,394	17,772	0	55,747	351,913	190.05
190.06 19006 MONTICELLO HSE.	209,924	85,604	0	0	295,528	190.06
190.07 19007 NH PARK PLACE (LTC)	29,532	0	0	5,932	35,464	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	779,911	40,157	1,993	127,479	949,540	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	119,374	0	0	18,856	138,230	190.12
190.13 19013 RHEUMATOLOGY	912,006	0	2,404	89,999	1,004,409	190.13
190.14 19014 ROCK STEADY BOXING	116,373	34,556	0	18,836	169,765	190.14
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,476,658	359,491	7,519	0	1,843,668	192.00
192.01 19201 MUNCIE MD OFFICES	18,778	111,341	0	0	130,119	192.01
192.02 19202 FOUNDATION	900,571	6,899	0	50,128	957,598	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	317,366	0	559	57,642	375,567	192.04
192.05 19205 VACANT SPACE	0	11,764	0	0	11,764	192.05
192.07 19207 PARK PLACE CENTER	7	0	0	0	7	192.07
192.08 19208 RENTAL PROPERTY	17,317	28,218	0	0	45,535	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	7,310	24,226	0	0	31,536	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	245	31,009	0	0	31,254	192.10
200.00 20000 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 20100 Negative Cost Centers	0	0	0	0	0	201.00
202.00 20200 TOTAL (sum lines 118 through 201)	152,657,939	5,884,180	4,818,175	14,597,109	152,657,939	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/28/2019 4:13 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	24,850,265				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	1,791,132	0	11,004,252		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	55,045	0	154,996	493,177	8.00
9.00	00900	HOUSEKEEPING	458,837	0	323,475	7,424	3,149,876
10.00	01000	DIETARY	333,199	0	482,996	5,812	56,293
11.00	01100	CAFETERIA	179,681	0	91,430	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	366,103	0	119,203	0	12,425
14.00	01400	CENTRAL SERVICES & SUPPLY	533,910	0	227,611	688	20,539
15.00	01500	PHARMACY	556,168	0	143,662	0	11,664
16.00	01600	MEDICAL RECORDS & LIBRARY	388,834	0	182,142	0	4,311
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,449	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	3,925	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,902,825	0	2,328,342	210,200	890,039
31.00	03100	INTENSIVE CARE UNIT	853,042	0	309,812	32,428	164,822
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	332,400	0	83,769	0	9,129
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,895,097	0	992,376	113,124	338,012
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	46,033	0	12,185	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	716,209	0	863,855	20,509	39,050
54.01	05401	ULTRASOUND	85,822	0	0	0	0
54.02	05402	WOMEN'S CENTER	94,554	0	0	6,207	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	170,233	0	66,433	2,609	8,621
57.00	05700	CT SCAN	171,570	0	20,158	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	182,724	0	41,929	0	6,593
59.00	05900	CARDIAC CATHETERIZATION	298,401	0	167,987	2,455	4,311
60.00	06000	LABORATORY	954,559	0	350,667	0	21,047
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	55,253	0	26,206	0	4,311
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	325,204	0	22,129	0	11,157
66.00	06600	PHYSICAL THERAPY	583,104	0	120,279	1,271	5,071
67.00	06700	OCCUPATIONAL THERAPY	101,576	0	110,468	0	3,804
68.00	06800	SPEECH PATHOLOGY	75,005	0	91,430	0	2,282
69.00	06900	ELECTROCARDIOLOGY	137,234	0	68,673	4,251	3,804
70.00	07000	ELECTROENCEPHALOGRAPHY	171,017	0	90,534	3,789	14,961
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,368,158	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,498,953	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,392,528	0	0	0	0
74.00	07400	RENAL DIALYSIS	69,217	0	8,422	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	132,091	0	456,162	5,118	36,261
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0
90.03	09003	ONCOLOGY	861,482	0	769,021	5,173	0
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	79,678	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	131	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	106,812	0	0	1,506	0	90.11
91.00	09100	EMERGENCY	1,001,566	0	350,801	70,459	117,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	23,331,761	0	9,077,153	493,023	1,786,165	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,544	0	54,025	0	0	190.00
190.01	19001	WELLNESS CENTERS	131,840	0	54,965	0	23,075	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	89,548	0	41,078	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	53,805	0	41,078	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	68,416	0	41,078	0	0	190.05
190.06	19006	MONTICELLO HSE.	57,454	0	197,866	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	6,895	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	184,601	0	92,818	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	26,873	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	195,268	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	33,004	0	79,872	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	358,429	0	830,930	0	1,340,636	192.00
192.01	19201	MUNCIE MD OFFICES	25,297	0	257,356	0	0	192.01
192.02	19202	FOUNDATION	186,168	0	15,948	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	73,014	0	0	154	0	192.04
192.05	19205	VACANT SPACE	2,287	0	27,191	0	0	192.05
192.07	19207	PARK PLACE CENTER	1	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	8,853	0	65,224	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	6,131	0	55,996	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	6,076	0	71,674	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	24,850,265	0	11,004,252	493,177	3,149,876	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,592,190					10.00
11.00	01100		1,195,345				11.00
12.00	01200			0			12.00
13.00	01300		18,772		2,399,643		13.00
14.00	01400		45,999			3,575,042	14.00
15.00	01500		36,431			10,066	15.00
16.00	01600		34,952			338	16.00
17.00	01700						17.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100		27				21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,249,851	346,515	0	1,454,544	198,355	30.00
31.00	03100	333,861	75,255	0	315,892	59,353	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	24,451	0	102,635	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	355	125,446	0	526,572	594,652	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	6,824	0	0	267	53.00
54.00	05400	0	38,418	0	0	2,561	54.00
54.01	05401	0	5,260	0	0	433	54.01
54.02	05402	0	7,625	0	0	537	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	4,675	0	0	862	56.00
57.00	05700	0	10,880	0	0	13,235	57.00
58.00	05800	0	8,356	0	0	565	58.00
59.00	05900	0	18,225	0	0	0	59.00
60.00	06000	0	64,498	0	0	8,143	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	4,509	0	0	31	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	31,530	0	0	1,475	65.00
66.00	06600	0	48,086	0	0	1,075	66.00
67.00	06700	0	6,304	0	0	67	67.00
68.00	06800	0	4,764	0	0	26	68.00
69.00	06900	0	11,456	0	0	1,371	69.00
70.00	07000	0	11,857	0	0	531	70.00
71.00	07100	0	0	0	0	1,575,942	71.00
72.00	07200	0	0	0	0	997,696	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	498	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	7,746	0	0	19,911	90.01
90.02	09002	0	0	0	0	0	90.02
90.03	09003	0	40,843	0	0	13,101	90.03
90.04	09004	0	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	ANTI COAGULATION CLINIC	0	6,061	0	0	145	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	7,834	0	0	64	90.11
91.00	09100	EMERGENCY	8,123	92,446	0	0	72,406	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	2,592,190	1,146,045	0	2,399,643	3,573,706	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	7,985	0	0	13	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	4,841	0	0	283	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	3,410	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	4,326	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	369	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	15,429	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	2,529	0	0	82	190.12
190.13	19013	RHEUMATOLOGY	0	1,237	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	2,459	0	0	31	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	172	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	2,686	0	0	2	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	4,029	0	0	753	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	2,592,190	1,195,345	0	2,399,643	3,575,042	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/28/2019 4:13 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	3,618,774				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,610,641			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7	760,767	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	36	9,912	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,478	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	503,047	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	19,626	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	831	66,908	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	WOMEN'S CENTER	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	46	0	0	0	56.00
57.00	05700	CT SCAN	9	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16	12,390	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	167,269	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	94	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	10	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	12	11,151	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,596,932	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	200	505,525	0	0	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	90.02
90.03	09003	ONCOLOGY	343	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	230	0	0	0	0	90.11
91.00	09100	EMERGENCY	371	472,071	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	3,618,766	2,511,518	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	7	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	99,123	0	0	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	1	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	3,618,774	2,610,641	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL							20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	15,074						21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		24,114					22.00
23.00 02300 PARAMED PRGM-(EMS)				0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	15,074	24,114		0	32,455,763	-39,188	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		0	6,542,241	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0		0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0		0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0		0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	0	42.00
43.00 04300 NURSERY	0	0		0	2,264,644	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0		0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0		0	14,836,571	0	50.00
51.00 05100 RECOVERY ROOM	0	0		0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0		0	321,719	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		0	5,432,337	0	54.00
54.01 05401 ULTRASOUND	0	0		0	532,961	0	54.01
54.02 05402 WOMEN'S CENTER	0	0		0	595,285	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		0	0	0	55.00
56.00 05600 RADIOLOGY-SOTOPE	0	0		0	1,129,116	0	56.00
57.00 05700 CT SCAN	0	0		0	1,098,364	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	1,192,456	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		0	2,026,275	0	59.00
60.00 06000 LABORATORY	0	0		0	6,476,188	0	60.00
60.01 06001 BLOOD LABORATORY	0	0		0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0	374,517	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0		0	2,064,262	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0		0	3,758,314	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		0	744,703	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0	559,315	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		0	932,695	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0	1,183,518	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	16,125,292	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		0	10,206,877	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	12,152,266	0	73.00
74.00 07400 RENAL DIALYSIS	0	0		0	434,173	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	0	89.00
90.00 09000 CLINIC	0	0		0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS	PARAMED PRGM-(EMS)				
		21.00	22.00	23.00				24.00
90.01	09001	WOUND/OSTOMY CLINIC	0	0	0	1,842,457	0	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0	6,121,206	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	-15,693	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	495,725	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	806	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	0	665,861	0	90.11
91.00	09100	EMERGENCY	0	0	0	7,337,700	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	15,074	24,114	0	139,887,914	-39,188	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	81,942	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	896,027	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	596,362	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	375,052	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	465,733	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	550,848	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	42,728	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	1,242,395	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	167,714	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	1,200,914	0	190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	285,131	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,472,958	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	412,772	0	192.01
192.02	19202	FOUNDATION	0	0	0	1,162,402	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	453,518	0	192.04
192.05	19205	VACANT SPACE	0	0	0	41,242	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	8	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	119,612	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	93,663	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	109,004	0	192.10
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	15,074	24,114	0	152,657,939	-39,188	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	32,416,575	30.00
31.00	03100 INTENSIVE CARE UNIT	6,542,241	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	2,264,644	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	14,836,571	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	321,719	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,432,337	54.00
54.01	05401 ULTRASOUND	532,961	54.01
54.02	05402 WOMEN'S CENTER	595,285	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIO SOTOPE	1,129,116	56.00
57.00	05700 CT SCAN	1,098,364	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,192,456	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,026,275	59.00
60.00	06000 LABORATORY	6,476,188	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	374,517	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,064,262	65.00
66.00	06600 PHYSICAL THERAPY	3,758,314	66.00
67.00	06700 OCCUPATIONAL THERAPY	744,703	67.00
68.00	06800 SPEECH PATHOLOGY	559,315	68.00
69.00	06900 ELECTROCARDIOLOGY	932,695	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,183,518	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	16,125,292	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,206,877	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,152,266	73.00
74.00	07400 RENAL DIALYSIS	434,173	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	1,842,457	90.01
90.02	09002 KIDS PLUS CLINIC	0	90.02
90.03	09003 ONCOLOGY	6,121,206	90.03
90.04	09004 MUNCI E CLINIC	-15,693	90.04
90.05	09005 ANTI COAGULATION CLINIC	495,725	90.05
90.06	09006 PREGNANCY PLUS	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Total	
			26.00	
90.07	09007	O/P LAB	0	90.07
90.08	09008	O/P LAB	0	90.08
90.09	09009	FORTVILLE CLINIC	806	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	665,861	90.11
91.00	09100	EMERGENCY	7,337,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	139,848,726	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81,942	190.00
190.01	19001	WELLNESS CENTERS	896,027	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	596,362	190.03
190.04	19004	SUMMIT CONV. (LTC)	375,052	190.04
190.05	19005	PARKVIEW CONV. (LTC)	465,733	190.05
190.06	19006	MONTICELLO HSE.	550,848	190.06
190.07	19007	NH PARK PLACE (LTC)	42,728	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009	SPINE SURGEON	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	1,242,395	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	167,714	190.12
190.13	19013	RHEUMATOLOGY	1,200,914	190.13
190.14	19014	ROCK STEADY BOXING	285,131	190.14
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,472,958	192.00
192.01	19201	MUNCIE MD OFFICES	412,772	192.01
192.02	19202	FOUNDATION	1,162,402	192.02
192.03	19203	SPOE	0	192.03
192.04	19204	HEALTHY HEART	453,518	192.04
192.05	19205	VACANT SPACE	41,242	192.05
192.07	19207	PARK PLACE CENTER	8	192.07
192.08	19208	RENTAL PROPERTY	119,612	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	93,663	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	109,004	192.10
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	152,618,751	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	31,881	11,162	43,043	43,043 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	493,314	714,055	1,207,369	7,290 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	598,143	300,385	898,528	1,508 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	67,057	0	67,057	46 8.00
9.00 00900	HOUSEKEEPING	0	139,947	10,275	150,222	955 9.00
10.00 01000	DIETARY	0	208,962	141,701	350,663	464 10.00
11.00 01100	CAFETERIA	0	39,556	0	39,556	522 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	51,572	237	51,809	817 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	98,473	5,567	104,040	660 14.00
15.00 01500	PHARMACY	0	62,154	5,306	67,460	1,281 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	78,801	0	78,801	800 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,007,324	237,157	1,244,481	8,919 30.00
31.00 03100	INTENSIVE CARE UNIT	0	134,036	160,751	294,787	1,949 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	36,242	583	36,825	725 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	429,338	1,466,223	1,895,561	3,280 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	5,272	7,815	13,087	508 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	373,735	235,699	609,434	1,124 54.00
54.01 05401	ULTRASOUND	0	0	56,533	56,533	187 54.01
54.02 05402	WOMEN'S CENTER	0	0	12,482	12,482	225 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	28,741	8,573	37,314	161 56.00
57.00 05700	CT SCAN	0	8,721	339	9,060	307 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	18,140	17,126	35,266	216 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	72,677	200,731	273,408	562 59.00
60.00 06000	LABORATORY	0	151,711	215,608	367,319	1,394 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	11,338	2,272	13,610	127 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	9,574	44,502	54,076	790 65.00
66.00 06600	PHYSICAL THERAPY	0	52,037	2,854	54,891	1,377 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	47,793	0	47,793	227 67.00
68.00 06800	SPEECH PATHOLOGY	0	39,556	0	39,556	154 68.00
69.00 06900	ELECTROCARDIOLOGY	0	29,710	34,490	64,200	269 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	39,168	29,016	68,184	332 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	3,644	0	3,644	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	WOUND/OSTOMY CLINIC	0	197,353	5,010	202,363	227 90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY	0	332,707	750,198	1,082,905	1,075	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	2,657	2,657	188	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	334	334	256	90.11
91.00 09100 EMERGENCY	0	151,769	126,059	277,828	2,316	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1 through 117)	0	5,050,446	4,805,700	9,856,146	41,238	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,373	0	23,373	0	190.00
190.01 19001 WELLNESS CENTERS	0	23,780	0	23,780	210	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	17,772	0	17,772	216	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	17,772	0	17,772	127	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	17,772	0	17,772	164	190.05
190.06 19006 MONTICELLO HSE.	0	85,604	0	85,604	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	17	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	40,157	1,993	42,150	376	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	56	190.12
190.13 19013 RHEUMATOLOGY	0	0	2,404	2,404	265	190.13
190.14 19014 ROCK STEADY BOXING	0	34,556	0	34,556	56	190.14
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	359,491	7,519	367,010	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	111,341	0	111,341	0	192.01
192.02 19202 FOUNDATION	0	6,899	0	6,899	148	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	559	559	170	192.04
192.05 19205 VACANT SPACE	0	11,764	0	11,764	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08 19208 RENTAL PROPERTY	0	28,218	0	28,218	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	24,226	0	24,226	0	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	31,009	0	31,009	0	192.10
200.00 20000 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 20100 Negative Cost Centers	0	0	0	0	0	201.00
202.00 20200 TOTAL (sum lines 118 through 201)	0	5,884,180	4,818,175	10,702,355	43,043	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 4:13 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,214,659				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	87,552	0	987,588		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,691	0	13,910	83,704	8.00
9.00	00900	HOUSEKEEPING	22,428	0	29,031	1,260	203,896
10.00	01000	DIETARY	16,287	0	43,347	986	3,644
11.00	01100	CAFETERIA	8,783	0	8,205	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	17,895	0	10,698	0	804
14.00	01400	CENTRAL SERVICES & SUPPLY	26,098	0	20,427	117	1,330
15.00	01500	PHARMACY	27,186	0	12,893	0	755
16.00	01600	MEDICAL RECORDS & LIBRARY	19,007	0	16,347	0	279
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	120	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	192	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	190,729	0	208,958	35,674	57,614
31.00	03100	INTENSIVE CARE UNIT	41,698	0	27,804	5,504	10,669
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	16,248	0	7,518	0	591
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	92,634	0	89,062	19,200	21,880
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	2,250	0	1,094	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	35,009	0	77,528	3,481	2,528
54.01	05401	ULTRASOUND	4,195	0	0	0	0
54.02	05402	WOMEN'S CENTER	4,622	0	0	1,053	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	8,321	0	5,962	443	558
57.00	05700	CT SCAN	8,387	0	1,809	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,932	0	3,763	0	427
59.00	05900	CARDIAC CATHETERIZATION	14,586	0	15,076	417	279
60.00	06000	LABORATORY	46,660	0	31,471	0	1,362
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,701	0	2,352	0	279
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	15,896	0	1,986	0	722
66.00	06600	PHYSICAL THERAPY	28,503	0	10,795	216	328
67.00	06700	OCCUPATIONAL THERAPY	4,965	0	9,914	0	246
68.00	06800	SPEECH PATHOLOGY	3,666	0	8,205	0	148
69.00	06900	ELECTROCARDIOLOGY	6,708	0	6,163	722	246
70.00	07000	ELECTROENCEPHALOGRAPHY	8,359	0	8,125	643	968
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	115,758	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	73,270	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	68,068	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,383	0	756	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	6,457	0	40,939	869	2,347
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0
90.03	09003	ONCOLOGY	42,110	0	69,017	878	0
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	3,895	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	6	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	5,221	0	0	256	0	90.11
91.00	09100	EMERGENCY	48,958	0	31,483	11,959	7,616	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,140,434	0	814,638	83,678	115,620	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	222	0	4,848	0	0	190.00
190.01	19001	WELLNESS CENTERS	6,444	0	4,933	0	1,494	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	4,377	0	3,687	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	2,630	0	3,687	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	3,344	0	3,687	0	0	190.05
190.06	19006	MONTICELLO HSE.	2,808	0	17,758	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	337	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	9,023	0	8,330	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	1,314	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	9,545	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	1,613	0	7,168	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	17,520	0	74,573	0	86,782	192.00
192.01	19201	MUNCIE MD OFFICES	1,237	0	23,097	0	0	192.01
192.02	19202	FOUNDATION	9,100	0	1,431	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	3,569	0	0	26	0	192.04
192.05	19205	VACANT SPACE	112	0	2,440	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	433	0	5,854	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	300	0	5,025	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	297	0	6,432	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,214,659	0	987,588	83,704	203,896	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/28/2019 4:13 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	415,391					10.00
11.00	01100	CAFETERIA	0	57,066				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	896		82,919		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,196		0	154,868	14.00
15.00	01500	PHARMACY	0	1,739		0	436	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,669		0	15	16.00
17.00	01700	SOCIAL SERVICE	0	0		0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	360,532	16,544	0	50,260	8,592	30.00
31.00	03100	INTENSIVE CARE UNIT	53,500	3,593	0	10,916	2,571	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,167	0	3,547	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	57	5,989	0	18,196	25,758	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	326	0	0	12	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,834	0	0	111	54.00
54.01	05401	ULTRASOUND	0	251	0	0	19	54.01
54.02	05402	WOMEN'S CENTER	0	364	0	0	23	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	223	0	0	37	56.00
57.00	05700	CT SCAN	0	519	0	0	573	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	399	0	0	24	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	870	0	0	0	59.00
60.00	06000	LABORATORY	0	3,079	0	0	353	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	215	0	0	1	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,505	0	0	64	65.00
66.00	06600	PHYSICAL THERAPY	0	2,296	0	0	47	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	301	0	0	3	67.00
68.00	06800	SPEECH PATHOLOGY	0	227	0	0	1	68.00
69.00	06900	ELECTROCARDIOLOGY	0	547	0	0	59	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	566	0	0	23	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	68,276	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	43,216	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	22	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	370	0	0	862	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	1,950	0	0	567	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	ANTI COAGULATION CLINIC	0	289	0	0	0	6 90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	0 90.06
90.07	09007	O/P LAB	0	0	0	0	0	0 90.07
90.08	09008	O/P LAB	0	0	0	0	0	0 90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	0 90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	0 90.10
90.11	09011	DIABETIC PLUS CLINIC	0	374	0	0	0	3 90.11
91.00	09100	EMERGENCY	1,302	4,413	0	0	3,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0 97.00
99.00	09900	CMHC	0	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0	0 99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0 115.00
116.00	11600	HOSPICE	0	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	415,391	54,712	0	82,919	154,810	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
190.01	19001	WELLNESS CENTERS	0	381	0	0	0	1 190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	0 190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	231	0	0	0	12 190.03
190.04	19004	SUMMIT CONV. (LTC)	0	163	0	0	0	0 190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	207	0	0	0	0 190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	0 190.06
190.07	19007	NH PARK PLACE (LTC)	0	18	0	0	0	0 190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	0 190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	0 190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	737	0	0	0	0 190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	0 190.11
190.12	19012	MEDICAL INTERNIST	0	121	0	0	0	4 190.12
190.13	19013	RHEUMATOLOGY	0	59	0	0	0	0 190.13
190.14	19014	ROCK STEADY BOXING	0	117	0	0	0	1 190.14
191.00	19100	RESEARCH	0	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	7 192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	0 192.01
192.02	19202	FOUNDATION	0	128	0	0	0	0 192.02
192.03	19203	SPOE	0	0	0	0	0	0 192.03
192.04	19204	HEALTHY HEART	0	192	0	0	0	33 192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	0 192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	0 192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0	0 192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	0 192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	0 192.10
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)	415,391	57,066	0	82,919	154,868	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 4:13 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	111,750				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	116,918			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	34,072	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1	444	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	111	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	22,529	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	606	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26	2,996	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
54.02	05402	WOMEN'S CENTER	0	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	1	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	555	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	7,491	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	3	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	499	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	111,078	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	WOUND/OSTOMY CLINIC	6	22,640	0		90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0		90.02
90.03	09003	ONCOLOGY	11	0	0		90.03
90.04	09004	MUNCIE CLINIC	0	0	0		90.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.05	09005	ANTI COAGULATION CLINIC	0	0	0			90.05
90.06	09006	PREGNANCY PLUS	0	0	0			90.06
90.07	09007	O/P LAB	0	0	0			90.07
90.08	09008	O/P LAB	0	0	0			90.08
90.09	09009	FORTVILLE CLINIC	0	0	0			90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0			90.10
90.11	09011	DIABETIC PLUS CLINIC	7	0	0			90.11
91.00	09100	EMERGENCY	11	21,142	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	111,750	112,479	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	WELLNESS CENTERS	0	0	0			190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0			190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0			190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0			190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0			190.05
190.06	19006	MONTICELLO HSE.	0	0	0			190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0			190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0			190.08
190.09	19009	SPI NE SURGEON	0	0	0			190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0			190.10
190.11	19011	ONCOLOGIST	0	0	0			190.11
190.12	19012	MEDICAL INTERNIST	0	0	0			190.12
190.13	19013	RHEUMATOLOGY	0	0	0			190.13
190.14	19014	ROCK STEADY BOXING	0	0	0			190.14
191.00	19100	RESEARCH	0	0	0			191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,439	0			192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0			192.01
192.02	19202	FOUNDATION	0	0	0			192.02
192.03	19203	SPOE	0	0	0			192.03
192.04	19204	HEALTHY HEART	0	0	0			192.04
192.05	19205	VACANT SPACE	0	0	0			192.05
192.07	19207	PARK PLACE CENTER	0	0	0			192.07
192.08	19208	RENTAL PROPERTY	0	0	0			192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0			192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0			192.10
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118 through 201)	111,750	116,918	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 4:13 pm
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Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS	PARAMED PRGM-(EMS)		
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	121				21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		192			22.00
23.00 02300 PARAMED PRGM-(EMS)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS				2,216,375	0 30.00
31.00 03100 INTENSIVE CARE UNIT				453,436	0 31.00
32.00 03200 CORONARY CARE UNIT				0	0 32.00
33.00 03300 BURN INTENSIVE CARE UNIT				0	0 33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT				0	0 34.00
40.00 04000 SUBPROVIDER - I PF				0	0 40.00
41.00 04100 SUBPROVIDER - I RF				0	0 41.00
42.00 04200 SUBPROVIDER				0	0 42.00
43.00 04300 NURSERY				66,732	0 43.00
44.00 04400 SKILLED NURSING FACILITY				0	0 44.00
45.00 04500 NURSING FACILITY				0	0 45.00
46.00 04600 OTHER LONG TERM CARE				0	0 46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM				2,194,146	0 50.00
51.00 05100 RECOVERY ROOM				0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM				0	0 52.00
53.00 05300 ANESTHESIOLOGY				17,883	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC				734,071	0 54.00
54.01 05401 ULTRASOUND				61,185	0 54.01
54.02 05402 WOMEN'S CENTER				18,769	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC				0	0 55.00
56.00 05600 RADIOISOTOPE				53,020	0 56.00
57.00 05700 CT SCAN				20,655	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)				49,582	0 58.00
59.00 05900 CARDIAC CATHETERIZATION				305,198	0 59.00
60.00 06000 LABORATORY				459,129	0 60.00
60.01 06001 BLOOD LABORATORY				0	0 60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				19,285	0 62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.				0	0 63.00
64.00 06400 INTRAVENOUS THERAPY				0	0 64.00
65.00 06500 RESPIRATORY THERAPY				75,039	0 65.00
66.00 06600 PHYSICAL THERAPY				98,456	0 66.00
67.00 06700 OCCUPATIONAL THERAPY				63,449	0 67.00
68.00 06800 SPEECH PATHOLOGY				51,957	0 68.00
69.00 06900 ELECTROCARDIOLOGY				78,914	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY				87,699	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				184,034	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS				116,486	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS				179,146	0 73.00
74.00 07400 RENAL DIALYSIS				7,805	0 74.00
75.00 07500 ASC (NON-DISTINCT PART)				0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC				0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				0	0 89.00
90.00 09000 CLINIC				0	0 90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B
Part II
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00	23.00				
			24.00	25.00			
90.01 09001 WOUND/OSTOMY CLINIC					277,080	0	90.01
90.02 09002 KIDS PLUS CLINIC					0	0	90.02
90.03 09003 ONCOLOGY					1,198,513	0	90.03
90.04 09004 MUNCIE CLINIC					0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC					7,035	0	90.05
90.06 09006 PREGNANCY PLUS					0	0	90.06
90.07 09007 O/P LAB					0	0	90.07
90.08 09008 O/P LAB					0	0	90.08
90.09 09009 FORTVILLE CLINIC					6	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)					0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC					6,451	0	90.11
91.00 09100 EMERGENCY					410,164	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS					0	0	94.00
95.00 09500 AMBULANCE SERVICES					0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED					0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD					0	0	97.00
99.00 09900 CMHC					0	0	99.00
99.10 09910 CORF					0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM					0	0	100.00
101.00 10100 HOME HEALTH AGENCY					0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION					0	0	105.00
106.00 10600 HEART ACQUISITION					0	0	106.00
107.00 10700 LIVER ACQUISITION					0	0	107.00
108.00 10800 LUNG ACQUISITION					0	0	108.00
109.00 10900 PANCREAS ACQUISITION					0	0	109.00
110.00 11000 INTESTINAL ACQUISITION					0	0	110.00
111.00 11100 ISLET ACQUISITION					0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	0	115.00
116.00 11600 HOSPICE					0	0	116.00
118.00					9,511,700	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					28,443	0	190.00
190.01 19001 WELLNESS CENTERS					37,243	0	190.01
190.02 19002 EMPLOYED ORTHO MD					0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)					26,295	0	190.03
190.04 19004 SUMMIT CONV. (LTC)					24,379	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)					25,174	0	190.05
190.06 19006 MONTICELLO HSE.					106,170	0	190.06
190.07 19007 NH PARK PLACE (LTC)					372	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)					0	0	190.08
190.09 19009 SPINE SURGEON					0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER					60,616	0	190.10
190.11 19011 ONCOLOGIST					0	0	190.11
190.12 19012 MEDICAL INTERNIST					1,495	0	190.12
190.13 19013 RHEUMATOLOGY					12,273	0	190.13
190.14 19014 ROCK STEADY BOXING					43,511	0	190.14
191.00 19100 RESEARCH					0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					550,331	0	192.00
192.01 19201 MUNCIE MD OFFICES					135,675	0	192.01
192.02 19202 FOUNDATION					17,706	0	192.02
192.03 19203 SPOE					0	0	192.03
192.04 19204 HEALTHY HEART					4,549	0	192.04
192.05 19205 VACANT SPACE					14,316	0	192.05
192.07 19207 PARK PLACE CENTER					0	0	192.07
192.08 19208 RENTAL PROPERTY					34,505	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON					29,551	0	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)					37,738	0	192.10
200.00		121	192	0	313	0	200.00
201.00		0	0	0	0	0	201.00
202.00		121	192	0	10,702,355	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 4:13 pm
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Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	2,216,375	30.00
31.00	03100	INTENSIVE CARE UNIT	453,436	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	66,732	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,194,146	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	17,883	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	734,071	54.00
54.01	05401	ULTRASOUND	61,185	54.01
54.02	05402	WOMEN'S CENTER	18,769	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	53,020	56.00
57.00	05700	CT SCAN	20,655	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	49,582	58.00
59.00	05900	CARDIAC CATHETERIZATION	305,198	59.00
60.00	06000	LABORATORY	459,129	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	19,285	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	75,039	65.00
66.00	06600	PHYSICAL THERAPY	98,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	63,449	67.00
68.00	06800	SPEECH PATHOLOGY	51,957	68.00
69.00	06900	ELECTROCARDIOLOGY	78,914	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,699	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	184,034	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,486	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,146	73.00
74.00	07400	RENAL DIALYSIS	7,805	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	277,080	90.01
90.02	09002	KIDS PLUS CLINIC	0	90.02
90.03	09003	ONCOLOGY	1,198,513	90.03
90.04	09004	MUNCIE CLINIC	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	7,035	90.05
90.06	09006	PREGNANCY PLUS	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/28/2019 4:13 pm
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Cost Center Description			Total	
			26.00	
90.07	09007	O/P LAB	0	90.07
90.08	09008	O/P LAB	0	90.08
90.09	09009	FORTVILLE CLINIC	6	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	6,451	90.11
91.00	09100	EMERGENCY	410,164	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,511,700	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,443	190.00
190.01	19001	WELLNESS CENTERS	37,243	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	26,295	190.03
190.04	19004	SUMMIT CONV. (LTC)	24,379	190.04
190.05	19005	PARKVIEW CONV. (LTC)	25,174	190.05
190.06	19006	MONTICELLO HSE.	106,170	190.06
190.07	19007	NH PARK PLACE (LTC)	372	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009	SPINE SURGEON	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	60,616	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	1,495	190.12
190.13	19013	RHEUMATOLOGY	12,273	190.13
190.14	19014	ROCK STEADY BOXING	43,511	190.14
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	550,331	192.00
192.01	19201	MUNCIE MD OFFICES	135,675	192.01
192.02	19202	FOUNDATION	17,706	192.02
192.03	19203	SPOE	0	192.03
192.04	19204	HEALTHY HEART	4,549	192.04
192.05	19205	VACANT SPACE	14,316	192.05
192.07	19207	PARK PLACE CENTER	0	192.07
192.08	19208	RENTAL PROPERTY	34,505	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	29,551	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	37,738	192.10
200.00		Cross Foot Adjustments	313	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,702,355	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	303,612				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,130,847			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	1,645	9,570	68,107,668		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	25,454	612,193	11,534,924	-24,850,265	127,823,367
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	30,863	257,534	2,386,506	0	9,213,120
8.00 00800	LAUNDRY & LINEN SERVICE	3,460	0	73,093	0	283,136
9.00 00900	HOUSEKEEPING	7,221	8,809	1,511,642	0	2,360,140
10.00 01000	DIETARY	10,782	121,487	734,599	0	1,713,890
11.00 01100	CAFETERIA	2,041	0	826,297	0	924,234
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,661	203	1,292,410	0	1,883,140
14.00 01400	CENTRAL SERVICES & SUPPLY	5,081	4,773	1,043,851	0	2,746,295
15.00 01500	PHARMACY	3,207	4,549	2,026,966	0	2,860,783
16.00 01600	MEDICAL RECORDS & LIBRARY	4,066	0	1,266,515	0	2,000,064
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	12,598
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	20,189
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	51,976	203,326	14,111,601	0	20,075,130
31.00 03100	INTENSIVE CARE UNIT	6,916	137,819	3,083,959	0	4,387,828
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,870	500	1,146,914	0	1,709,782
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,153	1,257,062	5,189,361	0	9,747,890
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	272	6,700	804,277	0	236,784
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,284	202,076	1,779,227	0	3,683,996
54.01 05401	ULTRASOUND	0	48,468	296,036	0	441,446
54.02 05402	WOMEN'S CENTER	0	10,701	355,534	0	486,362
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	1,483	7,350	255,254	0	875,637
57.00 05700	CT SCAN	450	291	485,675	0	882,512
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	936	14,683	341,165	0	939,883
59.00 05900	CARDIAC CATHETERIZATION	3,750	172,096	889,684	0	1,534,896
60.00 06000	LABORATORY	7,828	184,851	2,206,286	0	4,910,005
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	585	1,948	201,193	0	284,207
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	494	38,154	1,249,679	0	1,672,767
66.00 06600	PHYSICAL THERAPY	2,685	2,447	2,178,686	0	2,999,334
67.00 06700	OCCUPATIONAL THERAPY	2,466	0	359,597	0	522,481
68.00 06800	SPEECH PATHOLOGY	2,041	0	243,270	0	385,808
69.00 06900	ELECTROCARDIOLOGY	1,533	29,570	424,887	0	705,896
70.00 07000	ELECTROENCEPHALOGRAPHY	2,021	24,877	526,016	0	879,666
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,181,192
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,710,228
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	7,162,806
74.00 07400	RENAL DIALYSIS	188	0	0	0	356,036
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
90.01	09001 WOUND/OSTOMY CLINIC	10,183	4,295	358,907	0	679,443	90.01
90.02	09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003 ONCOLOGY	17,167	643,180	1,700,895	0	4,431,243	90.03
90.04	09004 MUNCIE CLINIC	0	0	0	15,693	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	0	2,278	297,203	0	409,841	90.05
90.06	09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007 O/P LAB	0	0	0	0	0	90.07
90.08	09008 O/P LAB	0	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0	0	0	0	675	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	0	286	405,315	0	549,415	90.11
91.00	09100 EMERGENCY	7,831	108,076	3,663,958	0	5,151,799	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1 through 117)	260,593	4,120,152	65,251,382	-24,834,572	120,012,577	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,206	0	0	0	23,373	190.00
190.01	19001 WELLNESS CENTERS	1,227	0	332,257	0	678,149	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	917	0	341,636	0	460,612	190.03
190.04	19004 SUMMIT CONV. (LTC)	917	0	201,190	0	276,759	190.04
190.05	19005 PARKVIEW CONV. (LTC)	917	0	260,104	0	351,913	190.05
190.06	19006 MONTICELLO HSE.	4,417	0	0	0	295,528	190.06
190.07	19007 NH PARK PLACE (LTC)	0	0	27,679	0	35,464	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	2,072	1,709	594,797	0	949,540	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	0	87,977	0	138,230	190.12
190.13	19013 RHEUMATOLOGY	0	2,061	419,922	0	1,004,409	190.13
190.14	19014 ROCK STEADY BOXING	1,783	0	87,887	0	169,765	190.14
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	18,549	6,446	0	0	1,843,668	192.00
192.01	19201 MUNCIE MD OFFICES	5,745	0	0	0	130,119	192.01
192.02	19202 FOUNDATION	356	0	233,887	0	957,598	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	479	268,950	0	375,567	192.04
192.05	19205 VACANT SPACE	607	0	0	0	11,764	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	7	192.07
192.08	19208 RENTAL PROPERTY	1,456	0	0	0	45,535	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	1,250	0	0	0	31,536	192.09
192.10	19210 HOSPITAL RENTAL (1927 N MADISON AVE)	1,600	0	0	0	31,254	192.10
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,884,180	4,818,175	14,597,109		24,850,265	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.380591	1.166389	0.214324		0.194411	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			43,043		1,214,659	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00	Unit cost multiplier (Wkst. B, Part II)					205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0.000632		0.009503	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		245,650				7.00
8.00	00800		3,460	736,911			8.00
9.00	00900	0	7,221	11,093	12,422		9.00
10.00	01000		10,782	8,684	222	146,147	10.00
11.00	01100		2,041	0	0	0	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		2,661	0	49	0	13.00
14.00	01400		5,081	1,028	81	0	14.00
15.00	01500		3,207	0	46	0	15.00
16.00	01600		4,066	0	17	0	16.00
17.00	01700		0	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		51,976	314,082	3,510	126,846	30.00
31.00	03100		6,916	48,455	650	18,823	31.00
32.00	03200		0	0	0	0	32.00
33.00	03300		0	0	0	0	33.00
34.00	03400		0	0	0	0	34.00
40.00	04000		0	0	0	0	40.00
41.00	04100		0	0	0	0	41.00
42.00	04200		0	0	0	0	42.00
43.00	04300		1,870	0	36	0	43.00
44.00	04400		0	0	0	0	44.00
45.00	04500		0	0	0	0	45.00
46.00	04600		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		22,153	169,031	1,333	20	50.00
51.00	05100		0	0	0	0	51.00
52.00	05200		0	0	0	0	52.00
53.00	05300		272	0	0	0	53.00
54.00	05400		19,284	30,645	154	0	54.00
54.01	05401		0	0	0	0	54.01
54.02	05402		0	9,274	0	0	54.02
55.00	05500		0	0	0	0	55.00
56.00	05600		1,483	3,898	34	0	56.00
57.00	05700		450	0	0	0	57.00
58.00	05800		936	0	26	0	58.00
59.00	05900		3,750	3,669	17	0	59.00
60.00	06000		7,828	0	83	0	60.00
60.01	06001		0	0	0	0	60.01
61.00	06100						61.00
62.00	06200		585	0	17	0	62.00
63.00	06300		0	0	0	0	63.00
64.00	06400		0	0	0	0	64.00
65.00	06500		494	0	44	0	65.00
66.00	06600		2,685	1,899	20	0	66.00
67.00	06700		2,466	0	15	0	67.00
68.00	06800		2,041	0	9	0	68.00
69.00	06900		1,533	6,352	15	0	69.00
70.00	07000		2,021	5,661	59	0	70.00
71.00	07100		0	0	0	0	71.00
72.00	07200		0	0	0	0	72.00
73.00	07300		0	0	0	0	73.00
74.00	07400		188	0	0	0	74.00
75.00	07500		0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800		0	0	0	0	88.00
89.00	08900		0	0	0	0	89.00
90.00	09000		0	0	0	0	90.00
90.01	09001		10,183	7,648	143	0	90.01
90.02	09002		0	0	0	0	90.02
90.03	09003		17,167	7,730	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	2,251	0	0	90.11
91.00	09100	EMERGENCY	0	7,831	105,281	464	458	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	202,631	736,681	7,044	146,147	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,206	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	1,227	0	91	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	917	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	917	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	917	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	4,417	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIRE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	2,072	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	1,783	0	0	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	18,549	0	5,287	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	5,745	0	0	0	192.01
192.02	19202	FOUNDATION	0	356	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	230	0	0	192.04
192.05	19205	VACANT SPACE	0	607	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	1,456	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	1,250	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	1,600	0	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	11,004,252	493,177	3,149,876	2,592,190	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	44.796467	0.669249	253.572372	17.736868	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	987,588	83,704	203,896	415,391	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	4.020305	0.113588	16.414104	2.842282	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: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,612,567					11.00
12.00	01200		0				12.00
13.00	01300	25,324	0	771,203			13.00
14.00	01400	62,054	0	0	27,628,011		14.00
15.00	01500	49,147	0	0	77,788	7,206,299	15.00
16.00	01600	47,151	0	0	2,610	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	37	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	467,465	0	467,465	1,532,896	14	30.00
31.00	03100	101,522	0	101,522	458,683	71	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	32,985	0	32,985	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	169,231	0	169,231	4,595,494	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	9,206	0	0	2,064	39,083	53.00
54.00	05400	51,827	0	0	19,791	1,655	54.00
54.01	05401	7,096	0	0	3,349	0	54.01
54.02	05402	10,287	0	0	4,153	0	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	6,307	0	0	6,661	92	56.00
57.00	05700	14,678	0	0	102,277	18	57.00
58.00	05800	11,272	0	0	4,365	32	58.00
59.00	05900	24,586	0	0	0	0	59.00
60.00	06000	87,010	0	0	62,933	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	6,083	0	0	240	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	42,535	0	0	11,396	0	65.00
66.00	06600	64,870	0	0	8,304	188	66.00
67.00	06700	8,504	0	0	516	6	67.00
68.00	06800	6,427	0	0	199	0	68.00
69.00	06900	15,454	0	0	10,592	20	69.00
70.00	07000	15,995	0	0	4,106	23	70.00
71.00	07100	0	0	0	12,178,902	0	71.00
72.00	07200	0	0	0	7,710,228	0	72.00
73.00	07300	0	0	0	0	7,162,805	73.00
74.00	07400	0	0	0	3,848	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	10,449	0	0	153,870	398	90.01
90.02	09002	0	0	0	0	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description			CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
90.03	09003	ONCOLOGY	55,099	0	0	101,244	683	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	8,176	0	0	1,122	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	10,569	0	0	495	458	90.11
91.00	09100	EMERGENCY	124,713	0	0	559,555	738	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,546,059	0	771,203	27,617,681	7,206,284	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	10,772	0	0	99	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	6,531	0	0	2,189	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	4,600	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	5,836	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	498	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIKE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	20,814	0	0	0	14	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	3,412	0	0	633	0	190.12
190.13	19013	RHEUMATOLOGY	1,669	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	3,317	0	0	239	0	190.14
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,331	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	3,624	0	0	19	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	5,435	0	0	5,820	1	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,195,345	0	2,399,643	3,575,042	3,618,774	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.741268	0.000000	3.111558	0.129399	0.502168	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	57,066	0	82,919	154,868	111,750	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.035388	0.000000	0.107519	0.005605	0.015507	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:13 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	52,675					16.00
17.00	01700	0	452				17.00
19.00	01900	0	0	0			19.00
20.00	02000	0	0		0		20.00
21.00	02100	0	0			37	21.00
22.00	02200	0	0				22.00
23.00	02300	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,350	451	0	0	37	30.00
31.00	03100	200	1	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	50	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	10,150	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	1,350	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	250	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,375	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	225	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	10,200	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
90.02 09002 KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY	0	0	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	0	0	90.11
91.00 09100 EMERGENCY	9,525	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	50,675	452	0	0	37	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	0	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06 19006 MONTICELLO HSE.	0	0	0	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14 19014 ROCK STEADY BOXING	0	0	0	0	0	190.14
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,000	0	0	0	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08 19208 RENTAL PROPERTY	0	0	0	0	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,610,641	0	0	0	15,074	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	49.561291	0.000000	0.000000	0.000000	407.405405	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	116,918	0	0	0	121	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.219611	0.000000	0.000000	0.000000	3.270270	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1

Date/Time Prepared:
5/28/2019 4:13 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	22.00		
GENERAL SERVICE COST CENTERS			
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING SCHOOL			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	37		22.00
23.00 02300 PARAMED PRGM-(EMS)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	37	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	42.00
43.00 04300 NURSERY	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ULTRASOUND	0	0	54.01
54.02 05402 WOMEN'S CENTER	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	22.00		
90.02 09002 KIDS PLUS CLINIC	0	0	90.02
90.03 09003 ONCOLOGY	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	90.06
90.07 09007 O/P LAB	0	0	90.07
90.08 09008 O/P LAB	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	90.11
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00 09900 CMHC	0	0	99.00
99.10 09910 CORF	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00 10500 KIDNEY ACQUISITION	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	111.00
113.00 11300 INTEREST EXPENSE			113.00
114.00 11400 UTILIZATION REVIEW-SNF			114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00 11600 HOSPICE		0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	37	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	190.05
190.06 19006 MONTICELLO HSE.	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	190.13
190.14 19014 ROCK STEADY BOXING	0	0	190.14
191.00 19100 RESEARCH	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	0	192.01
192.02 19202 FOUNDATION	0	0	192.02
192.03 19203 SPOE	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	192.04
192.05 19205 VACANT SPACE	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	192.07
192.08 19208 RENTAL PROPERTY	0	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	192.10
200.00 Cross Foot Adjustments			200.00
201.00 Negative Cost Centers			201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	24,114	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	651.729730	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	192	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	5.189189	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet B-1
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	22.00		
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)	0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 4:13 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,416,575			30.00
31.00	03100	INTENSIVE CARE UNIT	6,542,241			31.00
32.00	03200	CORONARY CARE UNIT	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			34.00
40.00	04000	SUBPROVIDER - IPF	0			40.00
41.00	04100	SUBPROVIDER - IRF	0			41.00
42.00	04200	SUBPROVIDER	0			42.00
43.00	04300	NURSERY	2,264,644			43.00
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
46.00	04600	OTHER LONG TERM CARE	0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,836,571			50.00
51.00	05100	RECOVERY ROOM	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0			52.00
53.00	05300	ANESTHESIOLOGY	321,719			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,432,337			54.00
54.01	05401	ULTRASOUND	532,961			54.01
54.02	05402	WOMEN'S CENTER	595,285			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0			55.00
56.00	05600	RADIOISOTOPE	1,129,116			56.00
57.00	05700	CT SCAN	1,098,364			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,192,456			58.00
59.00	05900	CARDIAC CATHETERIZATION	2,026,275			59.00
60.00	06000	LABORATORY	6,476,188			60.00
60.01	06001	BLOOD LABORATORY	0			60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	374,517			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0			64.00
65.00	06500	RESPIRATORY THERAPY	2,064,262	0		65.00
66.00	06600	PHYSICAL THERAPY	3,758,314	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	744,703	0		67.00
68.00	06800	SPEECH PATHOLOGY	559,315	0		68.00
69.00	06900	ELECTROCARDIOLOGY	932,695			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,183,518			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,125,292			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,206,877			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,152,266			73.00
74.00	07400	RENAL DIALYSIS	434,173			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0			75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			89.00
90.00	09000	CLINIC	0			90.00
90.01	09001	WOUND/OSTOMY CLINIC	1,842,457			90.01
90.02	09002	KIDS PLUS CLINIC	0			90.02
90.03	09003	ONCOLOGY	6,121,206			90.03
90.04	09004	MUNCIE CLINIC	0			90.04
90.05	09005	ANTI COAGULATION CLINIC	495,725			90.05
90.06	09006	PREGNANCY PLUS	0			90.06
90.07	09007	O/P LAB	0			90.07
90.08	09008	O/P LAB	0			90.08
90.09	09009	FORTVILLE CLINIC	806			90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0			90.10
90.11	09011	DIABETIC PLUS CLINIC	665,861			90.11
91.00	09100	EMERGENCY	7,337,700			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,443,051			92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0			94.00
95.00	09500	AMBULANCE SERVICES	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0			97.00
99.00	09900	CMHC	0			99.00
99.10	09910	CORF	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0			100.00
101.00	10100	HOME HEALTH AGENCY	0			101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS	
				Total Costs	Costs		Total Costs		
					RCE Disallowance	Total Costs			
1.00	2.00	3.00	4.00	5.00					
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0		0			0	105.00
106.00	10600	HEART ACQUISITION	0		0			0	106.00
107.00	10700	LIVER ACQUISITION	0		0			0	107.00
108.00	10800	LUNG ACQUISITION	0		0			0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			0	110.00
111.00	11100	ISLET ACQUISITION	0		0			0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	144,307,470	0	144,307,470	0		144,307,470	200.00
201.00		Less Observation Beds	4,443,051		4,443,051			4,443,051	201.00
202.00		Total (see instructions)	139,864,419	0	139,864,419	0		139,864,419	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113		Period: From 01/01/2018 To 12/31/2018		Worksheet C Part I Date/Time Prepared: 5/28/2019 4:13 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	53,060,690		53,060,690				30.00
31.00	03100	INTENSIVE CARE UNIT	12,875,190		12,875,190				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	5,134,373		5,134,373				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	21,268,473	48,389,381	69,657,854	0.212992	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,823,113	1,729,180	3,552,293	0.090567	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,760,965	13,318,311	17,079,276	0.318066	0.000000		54.00
54.01	05401	ULTRASOUND	586,589	2,971,770	3,558,359	0.149777	0.000000		54.01
54.02	05402	WOMEN'S CENTER	2,888	3,051,016	3,053,904	0.194926	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	1,102,244	13,814,309	14,916,553	0.075696	0.000000		56.00
57.00	05700	CT SCAN	9,094,371	30,549,474	39,643,845	0.027706	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,038,894	10,334,902	12,373,796	0.096369	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	6,146,014	14,979,037	21,125,051	0.095918	0.000000		59.00
60.00	06000	LABORATORY	12,195,960	33,958,573	46,154,533	0.140315	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	990,041	760,066	1,750,107	0.213997	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	3,494,583	1,274,976	4,769,559	0.432799	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,288,803	9,420,885	10,709,688	0.350927	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	738,323	928,352	1,666,675	0.446820	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	502,983	404,979	907,962	0.616011	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,028,050	9,171,260	13,199,310	0.070662	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,225,353	3,434,500	4,659,853	0.253982	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,583,628	25,179,516	47,763,144	0.337610	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,718,084	10,091,805	27,809,889	0.367023	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,097,259	27,997,195	50,094,454	0.242587	0.000000		73.00
74.00	07400	RENAL DIALYSIS	520,401	0	520,401	0.834305	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	8,565,090	8,565,090	0.215112	0.000000		90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000		90.02
90.03	09003	ONCOLOGY	671,296	32,443,092	33,114,388	0.184850	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0	903,811	903,811	0.548483	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000		90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000		90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	0.000000		90.10
90.11	09011	DIABETIC PLUS CLINIC	0	2,895	2,895	230.003800	0.000000		90.11
91.00	09100	EMERGENCY	11,028,028	32,960,751	43,988,779	0.166808	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,855,683	9,855,683	0.450811	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

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	
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	215,976,596	346,490,809	562,467,405			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	215,976,596	346,490,809	562,467,405			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 4:13 pm
			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
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212992		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.090567		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.318066		54.00
54.01	05401	ULTRASOUND	0.149777		54.01
54.02	05402	WOMEN'S CENTER	0.194926		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.075696		56.00
57.00	05700	CT SCAN	0.027706		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.096369		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095918		59.00
60.00	06000	LABORATORY	0.140315		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.213997		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.432799		65.00
66.00	06600	PHYSICAL THERAPY	0.350927		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446820		67.00
68.00	06800	SPEECH PATHOLOGY	0.616011		68.00
69.00	06900	ELECTROCARDIOLOGY	0.070662		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253982		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337610		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.367023		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242587		73.00
74.00	07400	RENAL DIALYSIS	0.834305		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.215112		90.01
90.02	09002	KIDS PLUS CLINIC	0.000000		90.02
90.03	09003	ONCOLOGY	0.184850		90.03
90.04	09004	MUNCIE CLINIC	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0.548483		90.05
90.06	09006	PREGNANCY PLUS	0.000000		90.06
90.07	09007	O/P LAB	0.000000		90.07
90.08	09008	O/P LAB	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0.000000		90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000		90.10
90.11	09011	DIABETIC PLUS CLINIC	230.003800		90.11
91.00	09100	EMERGENCY	0.166808		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.450811		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 4:13 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 4:13 pm			
			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	32,416,575		32,416,575	0	32,416,575	30.00
31.00	03100	INTENSIVE CARE UNIT	6,542,241		6,542,241	0	6,542,241	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	2,264,644		2,264,644	0	2,264,644	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,836,571		14,836,571	0	14,836,571	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	321,719		321,719	0	321,719	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,432,337		5,432,337	0	5,432,337	54.00
54.01	05401	ULTRASOUND	532,961		532,961	0	532,961	54.01
54.02	05402	WOMEN'S CENTER	595,285		595,285	0	595,285	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,129,116		1,129,116	0	1,129,116	56.00
57.00	05700	CT SCAN	1,098,364		1,098,364	0	1,098,364	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,192,456		1,192,456	0	1,192,456	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,026,275		2,026,275	0	2,026,275	59.00
60.00	06000	LABORATORY	6,476,188		6,476,188	0	6,476,188	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	374,517		374,517	0	374,517	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,064,262	0	2,064,262	0	2,064,262	65.00
66.00	06600	PHYSICAL THERAPY	3,758,314	0	3,758,314	0	3,758,314	66.00
67.00	06700	OCCUPATIONAL THERAPY	744,703	0	744,703	0	744,703	67.00
68.00	06800	SPEECH PATHOLOGY	559,315	0	559,315	0	559,315	68.00
69.00	06900	ELECTROCARDIOLOGY	932,695		932,695	0	932,695	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,183,518		1,183,518	0	1,183,518	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,125,292		16,125,292	0	16,125,292	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,206,877		10,206,877	0	10,206,877	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,152,266		12,152,266	0	12,152,266	73.00
74.00	07400	RENAL DIALYSIS	434,173		434,173	0	434,173	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	1,842,457		1,842,457	0	1,842,457	90.01
90.02	09002	KIDS PLUS CLINIC	0		0	0	0	90.02
90.03	09003	ONCOLOGY	6,121,206		6,121,206	0	6,121,206	90.03
90.04	09004	MUNCIE CLINIC	0		0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	495,725		495,725	0	495,725	90.05
90.06	09006	PREGNANCY PLUS	0		0	0	0	90.06
90.07	09007	O/P LAB	0		0	0	0	90.07
90.08	09008	O/P LAB	0		0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	806		806	0	806	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0		0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	665,861		665,861	0	665,861	90.11
91.00	09100	EMERGENCY	7,337,700		7,337,700	0	7,337,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,443,051		4,443,051	0	4,443,051	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet C
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0		0		0 105.00
106.00	10600 HEART ACQUISITION	0		0		0 106.00
107.00	10700 LIVER ACQUISITION	0		0		0 107.00
108.00	10800 LUNG ACQUISITION	0		0		0 108.00
109.00	10900 PANCREAS ACQUISITION	0		0		0 109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0 110.00
111.00	11100 ISLET ACQUISITION	0		0		0 111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0 115.00
116.00	11600 HOSPICE	0		0		0 116.00
200.00	Subtotal (see instructions)	144,307,470	0	144,307,470	0	144,307,470 200.00
201.00	Less Observation Beds	4,443,051		4,443,051		4,443,051 201.00
202.00	Total (see instructions)	139,864,419	0	139,864,419	0	139,864,419 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period: From 01/01/2018 To 12/31/2018

Worksheet C Part I Date/Time Prepared: 5/28/2019 4:13 pm

		Title XIX			Hospital		Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	53,060,690		53,060,690			30.00
31.00	03100	INTENSIVE CARE UNIT	12,875,190		12,875,190			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	5,134,373		5,134,373			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	21,268,473	48,389,381	69,657,854	0.212992	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,823,113	1,729,180	3,552,293	0.090567	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,760,965	13,318,311	17,079,276	0.318066	0.000000	54.00
54.01	05401	ULTRASOUND	586,589	2,971,770	3,558,359	0.149777	0.000000	54.01
54.02	05402	WOMEN'S CENTER	2,888	3,051,016	3,053,904	0.194926	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,102,244	13,814,309	14,916,553	0.075696	0.000000	56.00
57.00	05700	CT SCAN	9,094,371	30,549,474	39,643,845	0.027706	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,038,894	10,334,902	12,373,796	0.096369	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,146,014	14,979,037	21,125,051	0.095918	0.000000	59.00
60.00	06000	LABORATORY	12,195,960	33,958,573	46,154,533	0.140315	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	990,041	760,066	1,750,107	0.213997	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	3,494,583	1,274,976	4,769,559	0.432799	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,288,803	9,420,885	10,709,688	0.350927	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	738,323	928,352	1,666,675	0.446820	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	502,983	404,979	907,962	0.616011	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,028,050	9,171,260	13,199,310	0.070662	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,225,353	3,434,500	4,659,853	0.253982	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,583,628	25,179,516	47,763,144	0.337610	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	17,718,084	10,091,805	27,809,889	0.367023	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,097,259	27,997,195	50,094,454	0.242587	0.000000	73.00
74.00	07400	RENAL DIALYSIS	520,401	0	520,401	0.834305	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	8,565,090	8,565,090	0.215112	0.000000	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0.000000	0.000000	90.02
90.03	09003	ONCOLOGY	671,296	32,443,092	33,114,388	0.184850	0.000000	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	903,811	903,811	0.548483	0.000000	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000	90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	0.000000	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	2,895	2,895	230.003800	0.000000	90.11
91.00	09100	EMERGENCY	11,028,028	32,960,751	43,988,779	0.166808	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,855,683	9,855,683	0.450811	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet C
Part I
Date/Time Prepared:
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			Title XIX			Hospital	Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	215,976,596	346,490,809	562,467,405			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	215,976,596	346,490,809	562,467,405			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 4:13 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital Cost
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
54.02	05402	WOMEN'S CENTER	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
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
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
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
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.000000		90.01
90.02	09002	KIDS PLUS CLINIC	0.000000		90.02
90.03	09003	ONCOLOGY	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0.000000		90.06
90.07	09007	O/P LAB	0.000000		90.07
90.08	09008	O/P LAB	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0.000000		90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000		90.10
90.11	09011	DIABETIC PLUS CLINIC	0.000000		90.11
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/28/2019 4:13 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/28/2019 4:13 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,216,375	0	2,216,375	28,367	78.13	30.00
31.00	INTENSIVE CARE UNIT	453,436		453,436	1,368	331.46	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	66,732		66,732	1,809	36.89	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	2,736,543		2,736,543	31,544		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	8,745	683,247				
31.00	INTENSIVE CARE UNIT	1,302	431,561				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	10,047	1,114,808				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet D
Part II
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		Capital Costs (column 3 x column 4)	
					Inpatient Program Charges	PPS		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,194,146	69,657,854	0.031499	8,027,027	252,843	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	17,883	3,552,293	0.005034	310,175	1,561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	734,071	17,079,276	0.042980	1,905,309	81,890	54.00
54.01	05401	ULTRASOUND	61,185	3,558,359	0.017195	94,553	1,626	54.01
54.02	05402	WOMEN'S CENTER	18,769	3,053,904	0.006146	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	53,020	14,916,553	0.003554	515,660	1,833	56.00
57.00	05700	CT SCAN	20,655	39,643,845	0.000521	3,952,911	2,059	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	49,582	12,373,796	0.004007	724,194	2,902	58.00
59.00	05900	CARDIAC CATHETERIZATION	305,198	21,125,051	0.014447	2,028,667	29,308	59.00
60.00	06000	LABORATORY	459,129	46,154,533	0.009948	4,965,897	49,401	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	19,285	1,750,107	0.011019	398,611	4,392	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	75,039	4,769,559	0.015733	1,532,601	24,112	65.00
66.00	06600	PHYSICAL THERAPY	98,456	10,709,688	0.009193	562,179	5,168	66.00
67.00	06700	OCCUPATIONAL THERAPY	63,449	1,666,675	0.038069	288,233	10,973	67.00
68.00	06800	SPEECH PATHOLOGY	51,957	907,962	0.057224	230,465	13,188	68.00
69.00	06900	ELECTROCARDIOLOGY	78,914	13,199,310	0.005979	1,598,073	9,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	87,699	4,659,853	0.018820	439,606	8,273	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	184,034	47,763,144	0.003853	7,956,617	30,657	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	116,486	27,809,889	0.004189	6,556,842	27,467	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	179,146	50,094,454	0.003576	6,661,546	23,822	73.00
74.00	07400	RENAL DIALYSIS	7,805	520,401	0.014998	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	277,080	8,565,090	0.032350	0	0	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0.000000	0	0	90.02
90.03	09003	ONCOLOGY	1,198,513	33,114,388	0.036193	356,425	12,900	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	7,035	903,811	0.007784	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0.000000	0	0	90.06
90.07	09007	O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008	O/P LAB	0	0	0.000000	0	0	90.08
90.09	09009	FORTVILLE CLINIC	6	0	0.000000	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	6,451	2,895	2.228325	0	0	90.11
91.00	09100	EMERGENCY	410,164	43,988,779	0.009324	4,751,340	44,301	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	303,780	9,855,683	0.030823	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	7,078,937	491,397,152		53,856,931	638,231	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/28/2019 4:13 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

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

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	28,367	0.00	8,745	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,368	0.00	1,302	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	1,809	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	31,544		10,047	200.00

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

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:13 pm
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Cost Center Description	Title XVIII					Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	WOMEN'S CENTER	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	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
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	0	0	0	90.11
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:13 pm
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Cost Center Description		Title XVIII				Hospital	PPS	
		All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)		
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	69,657,854	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	3,552,293	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	17,079,276	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	3,558,359	0.000000	54.01
54.02	05402	WOMEN'S CENTER	0	0	0	3,053,904	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	14,916,553	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	39,643,845	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	12,373,796	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	21,125,051	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	46,154,533	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,750,107	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	4,769,559	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	10,709,688	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	1,666,675	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	907,962	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	13,199,310	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,659,853	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47,763,144	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,809,889	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	50,094,454	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	520,401	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	0	0	8,565,090	0.000000	90.01
90.02	09002	KIDS PLUS CLINIC	0	0	0	0	0.000000	90.02
90.03	09003	ONCOLOGY	0	0	0	33,114,388	0.000000	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	903,811	0.000000	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0.000000	90.06
90.07	09007	O/P LAB	0	0	0	0	0.000000	90.07
90.08	09008	O/P LAB	0	0	0	0	0.000000	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0.000000	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0.000000	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	0	2,895	0.000000	90.11
91.00	09100	EMERGENCY	0	0	0	43,988,779	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	9,855,683	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00		Total (lines 50 through 199)	0	0	0	491,397,152		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/28/2019 4:13 pm
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Cost Center Description		Title XVIII					Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS	
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	8,027,027	0	13,099,412	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	310,175	0	431,730	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,905,309	0	3,834,680	0	54.00	
54.01	05401 ULTRASOUND	0.000000	94,553	0	567,899	0	54.01	
54.02	05402 WOMEN'S CENTER	0.000000	0	0	189,300	0	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	515,660	0	4,800,460	0	56.00	
57.00	05700 CT SCAN	0.000000	3,952,911	0	8,934,415	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	724,194	0	3,302,087	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,028,667	0	4,646,473	0	59.00	
60.00	06000 LABORATORY	0.000000	4,965,897	0	3,666,301	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	398,611	0	128,826	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	1,532,601	0	590,134	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	562,179	0	28,766	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	288,233	0	20,848	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	230,465	0	2,442	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,598,073	0	2,798,211	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	439,606	0	769,326	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	7,956,617	0	6,497,924	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	6,556,842	0	2,825,925	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,661,546	0	9,677,690	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 WOUND/OSTOMY CLINIC	0.000000	0	0	2,811,914	0	90.01	
90.02	09002 KIDS PLUS CLINIC	0.000000	0	0	0	0	90.02	
90.03	09003 ONCOLOGY	0.000000	356,425	0	11,613,722	0	90.03	
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0	90.04	
90.05	09005 ANTI COAGULATION CLINIC	0.000000	0	0	324,414	0	90.05	
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0	90.06	
90.07	09007 O/P LAB	0.000000	0	0	0	0	90.07	
90.08	09008 O/P LAB	0.000000	0	0	0	0	90.08	
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0	90.09	
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10	
90.11	09011 DIABETIC PLUS CLINIC	0.000000	0	0	0	0	90.11	
91.00	09100 EMERGENCY	0.000000	4,751,340	0	6,688,131	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	3,181,318	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES						95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00	
200.00	Total (lines 50 through 199)		53,856,931	0	91,432,348	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 4:13 pm
		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	0.212992	13,099,412	0	0	2,790,070	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.090567	431,730	0	0	39,100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.318066	3,834,680	0	0	1,219,681	54.00
54.01	05401	ULTRASOUND	0.149777	567,899	0	0	85,058	54.01
54.02	05402	WOMEN'S CENTER	0.194926	189,300	0	0	36,899	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.075696	4,800,460	0	0	363,376	56.00
57.00	05700	CT SCAN	0.027706	8,934,415	0	0	247,537	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.096369	3,302,087	0	0	318,219	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095918	4,646,473	25,097	0	445,680	59.00
60.00	06000	LABORATORY	0.140315	3,666,301	0	0	514,437	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.213997	128,826	0	0	27,568	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.432799	590,134	0	0	255,409	65.00
66.00	06600	PHYSICAL THERAPY	0.350927	28,766	0	0	10,095	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446820	20,848	0	0	9,315	67.00
68.00	06800	SPEECH PATHOLOGY	0.616011	2,442	0	0	1,504	68.00
69.00	06900	ELECTROCARDIOLOGY	0.070662	2,798,211	0	0	197,727	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253982	769,326	0	0	195,395	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337610	6,497,924	0	0	2,193,764	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.367023	2,825,925	0	0	1,037,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242587	9,677,690	0	72,429	2,347,682	73.00
74.00	07400	RENAL DIALYSIS	0.834305	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.215112	2,811,914	0	0	604,876	90.01
90.02	09002	KIDS PLUS CLINIC	0.000000	0	0	0	0	90.02
90.03	09003	ONCOLOGY	0.184850	11,613,722	0	0	2,146,797	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0.548483	324,414	0	0	177,936	90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0	0	0	90.06
90.07	09007	O/P LAB	0.000000	0	0	0	0	90.07
90.08	09008	O/P LAB	0.000000	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	230.003800	0	0	0	0	90.11
91.00	09100	EMERGENCY	0.166808	6,688,131	0	0	1,115,634	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.450811	3,181,318	0	0	1,434,173	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		91,432,348	25,097	72,429	17,815,111	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 - line 201)		91,432,348	25,097	72,429	17,815,111	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/28/2019 4:13 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
54.02 05402 WOMEN'S CENTER	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	2,407	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	17,570		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0		90.01
90.02 09002 KIDS PLUS CLINIC	0	0		90.02
90.03 09003 ONCOLOGY	0	0		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0		90.05
90.06 09006 PREGNANCY PLUS	0	0		90.06
90.07 09007 O/P LAB	0	0		90.07
90.08 09008 O/P LAB	0	0		90.08
90.09 09009 FORTVILLE CLINIC	0	0		90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0		90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0		90.11
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	2,407	17,570		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	2,407	17,570		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 4:13 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		28,367	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,367	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)		24,479	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)		8,745	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)		32,416,575	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)		32,416,575	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)		32,416,575	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)		1,142.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		9,993,436	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)		9,993,436	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 4:13 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,542,241	1,368	4,782.34	1,302	6,226,607	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,476,101	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,696,144	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,114,808	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					638,231	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,753,039	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,943,105	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,888	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,142.76	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,443,051	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 4:13 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,216,375	32,416,575	0.068372	4,443,051	303,780	90.00
91.00	Nursing School cost	0	32,416,575	0.000000	4,443,051	0	91.00
92.00	Allied health cost	0	32,416,575	0.000000	4,443,051	0	92.00
93.00	All other Medical Education	0	32,416,575	0.000000	4,443,051	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 4:13 pm
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		28,367	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		28,367	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)		24,479	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)		593	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,809	15.00
16.00	Nursery days (title V or XIX only)		1,731	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)		32,416,575	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)		32,416,575	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)		32,416,575	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)		1,142.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		677,657	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)		677,657	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/28/2019 4:13 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,264,644	1,809	1,251.88	1,731	2,167,004	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,542,241	1,368	4,782.34	66	315,634	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,620,645	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,780,940	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,888	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,142.76	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,443,051	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/28/2019 4:13 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,216,375	32,416,575	0.068372	4,443,051	303,780	90.00
91.00	Nursing School cost	0	32,416,575	0.000000	4,443,051	0	91.00
92.00	Allied health cost	0	32,416,575	0.000000	4,443,051	0	92.00
93.00	All other Medical Education	0	32,416,575	0.000000	4,443,051	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 4:13 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		19,643,992	30.00
31.00	03100	INTENSIVE CARE UNIT		4,448,029	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212992	8,027,027	1,709,693 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.090567	310,175	28,092 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.318066	1,905,309	606,014 54.00
54.01	05401	ULTRASOUND	0.149777	94,553	14,162 54.01
54.02	05402	WOMEN'S CENTER	0.194926	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.075696	515,660	39,033 56.00
57.00	05700	CT SCAN	0.027706	3,952,911	109,519 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.096369	724,194	69,790 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095918	2,028,667	194,586 59.00
60.00	06000	LABORATORY	0.140315	4,965,897	696,790 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.213997	398,611	85,302 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.432799	1,532,601	663,308 65.00
66.00	06600	PHYSICAL THERAPY	0.350927	562,179	197,284 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446820	288,233	128,788 67.00
68.00	06800	SPEECH PATHOLOGY	0.616011	230,465	141,969 68.00
69.00	06900	ELECTROCARDIOLOGY	0.070662	1,598,073	112,923 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253982	439,606	111,652 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337610	7,956,617	2,686,233 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.367023	6,556,842	2,406,512 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242587	6,661,546	1,616,004 73.00
74.00	07400	RENAL DIALYSIS	0.834305	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.215112	0	0 90.01
90.02	09002	KIDS PLUS CLINIC	0.000000	0	0 90.02
90.03	09003	ONCOLOGY	0.184850	356,425	65,885 90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0 90.04
90.05	09005	ANTI COAGULATION CLINIC	0.548483	0	0 90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0 90.06
90.07	09007	O/P LAB	0.000000	0	0 90.07
90.08	09008	O/P LAB	0.000000	0	0 90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0 90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0 90.10
90.11	09011	DIABETIC PLUS CLINIC	230.003800	0	0 90.11
91.00	09100	EMERGENCY	0.166808	4,751,340	792,562 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.450811	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		53,856,931	12,476,101 200.00
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)		53,856,931	12,476,101 202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/28/2019 4:13 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,632,697	30.00
31.00	03100	INTENSIVE CARE UNIT		1,495,825	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,069,763	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212992	5,057,160	1,077,135 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.090567	643,358	58,267 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.318066	329,203	104,708 54.00
54.01	05401	ULTRASOUND	0.149777	0	0 54.01
54.02	05402	WOMEN'S CENTER	0.194926	0	0 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.075696	95,475	7,227 56.00
57.00	05700	CT SCAN	0.027706	770,387	21,344 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.096369	242,135	23,334 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.095918	1,003,180	96,223 59.00
60.00	06000	LABORATORY	0.140315	1,381,787	193,885 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.213997	170,792	36,549 62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.432799	323,281	139,916 65.00
66.00	06600	PHYSICAL THERAPY	0.350927	67,708	23,761 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.446820	46,882	20,948 67.00
68.00	06800	SPEECH PATHOLOGY	0.616011	29,187	17,980 68.00
69.00	06900	ELECTROCARDIOLOGY	0.070662	307,524	21,730 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.253982	99,565	25,288 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.337610	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.367023	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.242587	2,438,652	591,585 73.00
74.00	07400	RENAL DIALYSIS	0.834305	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.215112	0	0 90.01
90.02	09002	KIDS PLUS CLINIC	0.000000	0	0 90.02
90.03	09003	ONCOLOGY	0.184850	32,003	5,916 90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0 90.04
90.05	09005	ANTI COAGULATION CLINIC	0.548483	0	0 90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0 90.06
90.07	09007	O/P LAB	0.000000	0	0 90.07
90.08	09008	O/P LAB	0.000000	0	0 90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0 90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0 90.10
90.11	09011	DIABETIC PLUS CLINIC	230.003800	0	0 90.11
91.00	09100	EMERGENCY	0.166808	928,308	154,849 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.450811	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		13,966,587	2,620,645 200.00
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)		13,966,587	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 4:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		16,032,149	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		5,344,049	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)		746,384	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
3.00	Managed Care Simulated Payments		11,773,142	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		126.68	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.17	11.00
12.00	Current year allowable FTE (see instructions)		0.17	12.00
13.00	Total allowable FTE count for the prior year.		0.44	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.07	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.23	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.23	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.001816	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.002260	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.001816	21.00
22.00	IME payment adjustment (see instructions)		21,205	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		11,679	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		21,205	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		11,679	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.11	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.22	31.00
32.00	Sum of lines 30 and 31		28.33	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.59	33.00
34.00	Disproportionate share adjustment (see instructions)		672,816	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 4:13 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000179762	0.000192671	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,216,397	1,593,939	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	909,798	401,760	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,311,558		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	24,128,161		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)		24,139,840	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,909,373	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).		7,485	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		26,056,698	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		26,056,698	61.00
62.00	Deductibles billed to program beneficiaries		2,325,544	62.00
63.00	Coinurance billed to program beneficiaries		87,429	63.00
64.00	Allowable bad debts (see instructions)		230,649	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		149,922	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		48,873	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		23,793,647	67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.50	Rural Community Hospital Demonstration Project (\$410A Demonstration) adjustment (see instructions)		0	70.50
70.87	Demonstration payment adjustment amount before sequestration		0	70.87
70.88	SCH or MDH volume decrease adjustment (contractor use only)		0	70.88
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0	70.91
70.92	Bundled Model 1 discount amount (see instructions)		0	70.92
70.93	HVBP payment adjustment amount (see instructions)		76,475	70.93
70.94	HRR adjustment amount (see instructions)		-282,089	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/28/2019 4:13 pm
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		65,348	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		23,522,685	71.00
71.01	Sequestration adjustment (see instructions)		470,454	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		23,045,078	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)		7,153	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		359,135	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)		0	90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00	94.00
95.00	Time value of money for operating expenses (see instructions)		0	95.00
96.00	Time value of money for capital related expenses (see instructions)		0	96.00
			Prior to 10/1	On/After 10/1
			1.00	2.00
HSP Bonus Payment Amount				
100.00	HSP bonus amount (see instructions)		0	100.00
HVBP Adjustment for HSP Bonus Payment				
101.00	HVBP adjustment factor (see instructions)		0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)		0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 4:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,032,149	0	16,032,149		16,032,149	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,344,049	0		5,344,049	5,344,049	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	746,384	0	0	746,384	746,384	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,773,142	0	0	11,773,142	11,773,142	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.001816	0.001816	0.001816	0.001816		5.00
6.00	IME payment adjustment (see instructions)	22.00	21,205	0	15,904	5,301	21,205	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	11,679	0	11,679	0	11,679	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	21,205	0	15,904	5,301	21,205	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	11,679	0	11,679	0	11,679	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1259	0.1259	0.1259	0.1259		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	672,816	0	504,612	168,204	672,816	11.00
11.01	Uncompensated care payments	36.00	1,311,558	0	909,798	401,760	1,311,558	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	24,128,161	0	17,462,463	6,665,698	24,128,161	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	24,139,840	0	17,474,142	6,665,698	24,139,840	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,909,373	0	0	1,909,373	1,909,373	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ aquisition 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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/28/2019 4:13 pm

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01 3.00	Period On/After 10/01 4.00	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	17,474,142	8,575,071	26,049,213	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	1,776,953	0	0	1,776,953	1,776,953	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	25,803	0	0	25,803	25,803	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	0.0009	0.0009	0.0009	0.0009		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,599	0	0	1,599	1,599	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0591	0.0591	0.0591	0.0591		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	105,018	0	0	105,018	105,018	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,909,373	0	0	1,909,373	1,909,373	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: 15-0113		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/28/2019 4:13 pm	
Title XVIII				Hospital		PPS	
	Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (col s. 2 and 3)		
	0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00					1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	16,032,149	16,032,149		16,032,149	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	5,344,049		5,344,049	5,344,049	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	746,384	559,788	186,596	746,384	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	11,773,142	8,829,857	2,943,285	11,773,142	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.001816	0.001816	0.001816		5.00
6.00	IME payment adjustment (see instructions)	22.00	21,205	15,904	5,301	21,205	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	11,679	8,759	2,920	11,679	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	21,205	15,904	5,301	21,205	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	11,679	8,759	2,920	11,679	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1259	0.1259	0.1259		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	672,816	504,612	168,204	672,816	11.00
11.01	Uncompensated care payments	36.00	1,311,558	909,798	401,760	1,311,558	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	24,128,161	18,022,251	6,105,910	24,128,161	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	24,139,840	18,031,010	6,108,830	24,139,840	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	1,909,373	1,432,030	477,343	1,909,373	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00
17.01	Net organ acquisition cost						17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	17.02
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00
19.00	SUBTOTAL			19,463,040	6,586,173	26,049,213	19.00

		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	1,776,953	1,332,715	444,238	1,776,953	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	25,803	19,352	6,451	25,803	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	0.0009	0.0009	0.0009		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	1,599	1,199	400	1,599	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0591	0.0591	0.0591		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	105,018	78,764	26,254	105,018	25.00
26.00	Total prospective capital payments (see instructions)	12.00	1,909,373	1,432,030	477,343	1,909,373	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	76,475	57,356	19,119	76,475	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	-282,089	-211,567	-70,522	-282,089	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	65,348	65,348	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/28/2019 4:13 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		19,977	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,815,111	2.00
3.00	OPPS payments		15,737,155	3.00
4.00	Outlier payment (see instructions)		32,970	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		19,977	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		97,526	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)		97,526	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)		97,526	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		77,549	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)		19,977	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)		15,770,125	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		5,019	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,991,071	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)		12,794,012	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,652	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)		12,798,664	30.00
31.00	Primary payer payments		1,682	31.00
32.00	Subtotal (line 30 minus line 31)		12,796,982	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)		692,176	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		449,914	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		519,839	36.00
37.00	Subtotal (see instructions)		13,246,896	37.00
38.00	MSP-LCC reconciliation amount from PS&R		7	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,246,889	40.00
40.01	Sequestration adjustment (see instructions)		264,938	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		12,907,821	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		74,130	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2019 4:13 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		23,045,078		12,907,821	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		23,045,078		12,907,821	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		7,153		74,130	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		23,052,231		12,981,951	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/28/2019 4:13 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2019 4:13 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		5,780,940		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,780,940	0	4.00
5.00	Inpatient primary payer payments		213,912		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		5,567,028	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		9,198,285		8.00
9.00	Ancillary service charges		13,966,587	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		23,164,872	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		23,164,872	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		17,383,932	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		5,780,940	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		5,780,940	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		5,567,028	0	31.00
32.00	Deductibles		6,463	0	32.00
33.00	Coinurance		25,520	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		5,535,045	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		5,535,045	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		5,535,045	0	40.00
41.00	Interim payments		10,239,541	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		-4,704,496	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 4:13 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			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)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.17		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.17		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.44		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.07		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.23		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.23		17.00
18.00	Per resident amount	90,325.67	90,325.67		18.00
19.00	Approved amount for resident costs	0	20,775	20,775	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			20,775	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	10,047	5,977		26.00
27.00	Total Inpatient Days (see instructions)	25,985	25,985		27.00
28.00	Ratio of inpatient days to total inpatient days	0.386646	0.230017		28.00
29.00	Program direct GME amount	8,033	4,779		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		675		30.00
31.00	Net Program direct GME amount			12,137	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/28/2019 4:13 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		520,401	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		28,696,144	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		28,696,144	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		17,835,088	42.00
43.00	Primary payer payments (see instructions)		1,682	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,833,406	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		46,529,550	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.616729	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.383271	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		12,137	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		7,485	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,652	50.00

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

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet G

Date/Time Prepared:
5/28/2019 4:13 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	36,001,568	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	76,590,141	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-52,061,870	0	0	0	6.00
7.00	Inventory	3,159,324	0	0	0	7.00
8.00	Prepaid expenses	277,486	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	9,340,489	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	73,307,138	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,158,238	0	0	0	12.00
13.00	Land improvements	1,989,234	0	0	0	13.00
14.00	Accumulated depreciation	-1,812,151	0	0	0	14.00
15.00	Buildings	75,697,942	0	0	0	15.00
16.00	Accumulated depreciation	-38,630,362	0	0	0	16.00
17.00	Leasehold improvements	1,197,015	0	0	0	17.00
18.00	Accumulated depreciation	-149,059	0	0	0	18.00
19.00	Fixed equipment	20,823,381	0	0	0	19.00
20.00	Accumulated depreciation	-14,718,927	0	0	0	20.00
21.00	Automobiles and trucks	968,366	0	0	0	21.00
22.00	Accumulated depreciation	-813,833	0	0	0	22.00
23.00	Major movable equipment	15,601,434	0	0	0	23.00
24.00	Accumulated depreciation	-11,573,132	0	0	0	24.00
25.00	Minor equipment depreciable	39,848,724	0	0	0	25.00
26.00	Accumulated depreciation	-28,716,311	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)	65,870,559	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	170,574,876	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	170,574,876	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	309,752,573	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	-3,930,840	0	0	0	37.00
38.00	Salaries, wages, and fees payable	-10,742,961	0	0	0	38.00
39.00	Payroll taxes payable	-285,570	0	0	0	39.00
40.00	Notes and loans payable (short term)	-1,613,304	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	-238,362	0	0	0	43.00
44.00	Other current liabilities	-2,654,776	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-19,465,813	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-2,015,647	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-2,015,647	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-21,481,460	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-288,271,113				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)	-288,271,113	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	-309,752,573	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-1

Date/Time Prepared:
5/28/2019 4:13 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		269,469,939		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		18,801,174			2.00
3.00	Total (sum of line 1 and line 2)		288,271,113		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		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)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		288,271,113		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		288,271,113		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2019 4:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	54,100,979		54,100,979	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	54,100,979		54,100,979	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,189,403		13,189,403	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	13,189,403		13,189,403	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	67,290,382		67,290,382	17.00
18.00	Ancillary services	135,217,165	268,622,506	403,839,671	18.00
19.00	Outpatient services	11,860,980	76,187,836	88,048,816	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	NURSERY, NRCC AND OTHER	5,202,935	11,580,604	16,783,539	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	219,571,462	356,390,946	575,962,408	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		172,779,874		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)		172,779,874		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2018
To 12/31/2018

Worksheet G-3

Date/Time Prepared:
5/28/2019 4:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	575,962,408	1.00
2.00	Less contractual allowances and discounts on patients' accounts	383,892,218	2.00
3.00	Net patient revenues (line 1 minus line 2)	192,070,190	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	172,779,874	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,290,316	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	291,285	7.00
8.00	Revenues from telephone and other miscellaneous communication services	119,390	8.00
9.00	Revenue from television and radio service	36,727	9.00
10.00	Purchase discounts	13,961	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	915,640	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	846	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	SALE OF SCRAP, WASTE, ETC	921	24.00
24.01	GENERAL NON-OPERATING REVENUE	-12,765,600	24.01
24.02	GENERAL OTHER OPERATING REVENUE	18,447,495	24.02
25.00	Total other income (sum of lines 6-24)	7,060,665	25.00
26.00	Total (line 5 plus line 25)	26,350,981	26.00
27.00	PROVISION FOR BAD DEBTS	7,549,807	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	7,549,807	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,801,174	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0113	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/28/2019 4:13 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,776,953	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		25,803	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)		72.31	3.00
4.00	Number of interns & residents (see instructions)		0.23	4.00
5.00	Indirect medical education percentage (see instructions)		0.09	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01, columns 1 and 1.01)(see instructions)		1,599	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.11	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.22	8.00
9.00	Sum of lines 7 and 8		28.33	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.91	10.00
11.00	Disproportionate share adjustment (see instructions)		105,018	11.00
12.00	Total prospective capital payments (see instructions)		1,909,373	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