

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: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet S Parts I-III Date/Time Prepared: 5/24/2019 9:59 am
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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/24/2019 Time: 9:59 am
 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 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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 BALL MEMORIAL HOSPITAL (15-0089) 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.

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

CHIEF FINANCIAL OFFICER
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-555,954	-145,374	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	51,074	-19		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
200.00 Total	0	-504,880	-145,393	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089			Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 9:59 am			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47303-3428		County: DELAWARE		
1.00 Street: 2401 UNIVERSITY AVENUE		2.00 City: MUNCIE								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	BALL MEMORIAL HOSPITAL	150089	34620	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	BMH PHYSICAL REHAB	15T089	34620	5	07/01/1986	N	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2018	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		N	22.03	
23.00	Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.					3		N	23.00	
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.									
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				1,174	191	17	88	18,784	11

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		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	412		25.00	
						Urban/Rural	Date of Geogr		
						1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
						Beginning:	Ending:		
						1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.					0		37.00	
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with FY 2016 OPPS final rule? Enter "Y" for yes or "N" for no. (see instructions)							37.01	
38.00	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.							38.00	
						Y/N	Y/N		
						1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(i), (ii), or (iii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(i), (ii), or (iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	Y	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? 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)			Y				60.00	
60.01	If line 60 is yes, complete columns 2 and 3 for each program. (see instructions)				23.00	1		60.01	

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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)	Y			12.00	12.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name		Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.				0.00	0.00	61.20
						1.00	
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)					Y	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)			2.75	15.74	0.148729	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0089

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2019 9:59 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	3.21	21.04	0.132371	65.00
65.01		INTERNAL MEDICINE	1400	4.25	13.76	0.235980	65.01
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			2.45	7.55	0.245000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	10.80	18.86	0.364127	67.00
67.01		INT MEDICINE	1400	4.94	19.16	0.204979	67.01
				1.00	2.00	3.00	
<u>Inpatient Psychiatric Facility PPS</u>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	0	71.00
<u>Inpatient Rehabilitation Facility PPS</u>							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00

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			1.00	2.00	3.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)	N	N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N			80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.	N			81.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				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	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. 1, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.00
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.01
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.02
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.03
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	N		98.04
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. 1, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.05
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.	N	Y		98.06
Rural Providers					
105.00	Does this hospital qualify as a CAH?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	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. 1, 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 9:59 am		
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00			
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00	
					1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (\$410A Demonstration) for the current cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete Worksheet E, Part A, lines 200 through 218, and Worksheet E-2, lines 200 through 215, as applicable.				N		110.00	
					1.00	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.				Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.				1			118.00
		Premiums		Losses		Insurance		
		1.00		2.00		3.00		
118.01	List amounts of malpractice premiums and paid losses:	670,465		0		0		118.01
					1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.				N			118.02
119.00	DO NOT USE THIS LINE							119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.				N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y			121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.				Y	5.06		122.00
Transplant Center Information								
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
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	15H059		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0089		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part I Date/Time Prepared: 5/24/2019 9:59 am		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: INDIANA UNIVERSITY HEALTH INC	Contractor's Name: WPS		Contractor's Number: 08101		141.00		
142.00	Street: 340 W. 10TH STREET	PO Box:				142.00		
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
						1.00	2.00	
						Y		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					Y	11/15/2018	146.00
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						Y		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						N	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						N	149.00	
						N		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
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		N	N	N			
165.00 Multi campus								
Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	
167.00 Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						168.00	
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)						168.01	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					9.99	169.00	
						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)						01/01/2018	03/31/2018	170.00
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. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						Y	1,446	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089		Period: From 01/01/2018 To 12/31/2018		Worksheet S-2 Part II Date/Time Prepared: 5/24/2019 9:59 am	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					Y	15.00
		Part A		Part B			
		Y/N	Date	Y/N	Date		
		1.00	2.00	3.00	4.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/03/2019	Y	04/03/2019		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/24/2019 9:59 am	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N	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	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	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	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	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	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	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	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y	N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	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	N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y	N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	N	40.00
		1.00		2.00	
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RHONDA	UTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093	RUTTER@IUHEALTH.ORG		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet S-2 Part II Date/Time Prepared: 5/24/2019 9:59 am
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DI RECTOR, GOVERNMENT PROGRAMS		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2019 9:59 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	261	95,265	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)		261	95,265	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	35.00	23	8,395	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		320	116,800	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,840		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		336				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		8	2,920			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2019 9:59 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30,821	809	65,576			1.00
2.00 HMO and other (see instructions)	12,155	17,660				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	210	412				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)	30,821	809	65,576			7.00
8.00 INTENSIVE CARE UNIT	4,594	323	10,075			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT	0	29	3,770			12.00
13.00 NURSERY		1,433	2,228			13.00
14.00 Total (see instructions)	35,415	2,594	81,649	63.76	1,820.76	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,529	0	4,051	0.00	23.83	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)			1,279			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				63.76	1,844.59	27.00
28.00 Observation Bed Days		141	6,607			28.00
29.00 Ambulance Trips	1,774					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	11	618			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0089

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2019 9:59 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	6,780	157	16,806	1.00
2.00 HMO and other (see instructions)			2,076	2,985		2.00
3.00 HMO IPF Subprovider				0		3.00
4.00 HMO IRF Subprovider				26		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEONATAL INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	6,780	157	16,806	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	177	0	275	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days			0			33.00
33.01 LTCH site neutral days and discharges			0			33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2019 9:59 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	110,337,713	-658,725	109,678,988	3,836,755.59	28.59
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	3,853,060	3,853,060	138,580.00	27.80
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		6,559,538	1,358,878	7,918,416	261,977.29	30.23
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		5,948,463	0	5,948,463	84,813.45	70.14
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		6,101,445	0	6,101,445	47,045.86	129.69
14.00	Home office and/or related organization salaries and wage-related costs		0	0	0	0.00	0.00
14.01	Home office salaries		31,034,682	0	31,034,682	913,652.00	33.97
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		46,764,924	0	46,764,924		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		3,702,886	0	3,702,886		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		967,620	0	967,620		
25.50	Home office wage-related (core)		8,694,683	0	8,694,683		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		
25.53	Home office & Contract Physicians Part A - Teaching - wage-related (core)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	35,920	0	35,920	2,080.40	17.27
27.00	Administrative & General	5.00	7,208,901	-535,319	6,673,582	141,880.85	47.04

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2019 9:59 am

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
28.00	Administrative & General under contract (see inst.)	203,276	0	203,276	2,052.51	99.04	28.00
29.00	Maintenance & Repairs	3,030,703	-26,378	3,004,325	131,707.68	22.81	29.00
30.00	Operation of Plant	1,462,271	-94,977	1,367,294	55,504.75	24.63	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,702,089	-18,422	2,683,667	197,166.05	13.61	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	2,602,236	-1,261,822	1,340,414	78,561.75	17.06	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	0	1,247,844	1,247,844	89,582.00	13.93	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	6,089,668	-247,152	5,842,516	186,336.26	31.35	38.00
39.00	Central Services and Supply	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	4,796,766	-347,131	4,449,635	121,749.13	36.55	40.00
41.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	41.00
42.00	Social Service	0	0	0	0.00	0.00	42.00
43.00	Other General Service	484,492	-1,296	483,196	38,002.16	12.71	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0089

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2019 9:59 am

	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)	110,540,989	-4,511,785	106,029,204	3,700,228.10	28.65	1.00
2.00	Excluded area salaries (see instructions)	6,559,538	1,358,878	7,918,416	261,977.29	30.23	2.00
3.00	Subtotal salaries (line 1 minus line 2)	103,981,451	-5,870,663	98,110,788	3,438,250.81	28.54	3.00
4.00	Subtotal other wages & related costs (see inst.)	43,084,590	0	43,084,590	1,045,511.31	41.21	4.00
5.00	Subtotal wage-related costs (see inst.)	55,459,607	0	55,459,607	0.00	56.53	5.00
6.00	Total (sum of lines 3 thru 5)	202,525,648	-5,870,663	196,654,985	4,483,762.12	43.86	6.00
7.00	Total overhead cost (see instructions)	28,616,322	-1,284,653	27,331,669	1,044,623.54	26.16	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2019 9:59 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,834,207 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)			20,595,023 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)			16,918,186 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			536,419 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			56,792 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)			812,415 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			631,494 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			7,907,977 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			17,250 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			125,666 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			51,435,429 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: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet S-3 Part V Date/Time Prepared: 5/24/2019 9:59 am
Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	5,948,463	51,435,429	1.00
2.00	Hospital	5,948,463	51,435,429	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet S-10 Date/Time Prepared: 5/24/2019 9:59 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.183991	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		54,343,960	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		335,496,342	6.00	
7.00	Medicaid cost (line 1 times line 6)		61,728,307	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)		7,384,347	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		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		7,384,347	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)	42,883,444	537,226	43,420,670	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	7,890,168	537,226	8,427,394	21.00
22.00	Payments received from patients for amounts previously written off as charity care	187,564	34,283	221,847	22.00
23.00	Cost of charity care (line 21 minus line 22)	7,702,604	502,943	8,205,547	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)		23,466,024	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)		1,506,771	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)		2,318,110	27.01	
28.00	Non-Medicare bad debt expense (see instructions)		21,147,914	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)		4,702,365	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		12,907,912	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		20,292,259	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		5,229,435	5,229,435	20,669,228	25,898,663	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	35,920	904,634	940,554	20,743,256	21,683,810	4.00
5.01	01160	COMMUNICATIONS	471,577	267,454	739,031	-164,515	574,516	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	5.02
5.04	00570	ADMINISTRATIVE	795,723	267,601	1,063,324	-197,232	866,092	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5,941,601	76,915,579	82,857,180	-1,662,168	81,195,012	5.06
6.00	00600	MAINTENANCE & REPAIRS	3,030,703	15,447,550	18,478,253	-9,012,783	9,465,470	6.00
7.00	00700	OPERATION OF PLANT	1,462,271	5,023,347	6,485,618	151,357	6,636,975	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	1,381,371	1,381,371	8.00
9.00	00900	HOUSEKEEPING	2,702,089	1,820,077	4,522,166	-1,452,882	3,069,284	9.00
10.00	01000	DIETARY	2,602,236	2,653,171	5,255,407	-3,142,300	2,113,107	10.00
11.00	01100	CAFETERIA	0	0	0	2,330,042	2,330,042	11.00
13.00	01300	NURSING ADMINISTRATION	6,089,668	2,510,397	8,600,065	-1,844,305	6,755,760	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,396,304	1,396,304	9,895,524	11,291,828	14.00
15.00	01500	PHARMACY	4,796,766	32,339,903	37,136,669	-31,701,171	5,435,498	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	484,492	161,906	646,398	-120,605	525,793	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,853,060	3,853,060	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,089,944	4,847,579	8,937,523	-5,021,390	3,916,133	22.00
23.00	02300	PARAMED PRGM	83,284	28,946	112,230	66,548	178,778	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,653,997	21,208,433	42,862,430	-8,060,915	34,801,515	30.00
31.00	03100	INTENSIVE CARE UNIT	6,730,586	3,302,806	10,033,392	-2,611,805	7,421,587	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	1,979,097	2,257,832	4,236,929	-678,921	3,558,008	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,553,285	914,505	2,467,790	-383,423	2,084,367	41.00
43.00	04300	NURSERY	0	0	0	496,384	496,384	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,310,837	25,685,119	30,995,956	-19,785,154	11,210,802	50.00
51.00	05100	RECOVERY ROOM	1,468,609	896,118	2,364,727	-766,968	1,597,759	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,885,791	1,007,477	2,893,268	-842,879	2,050,389	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,487,702	15,511,187	23,998,889	-10,961,184	13,037,705	54.00
57.00	03280	EKG AND EEG	126,321	60,668	186,989	-49,018	137,971	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,833,784	8,654,540	10,488,324	-8,396,117	2,092,207	59.00
60.00	06000	LABORATORY	0	10,037,143	10,037,143	-29,811	10,007,332	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,210,258	1,210,258	-110	1,210,148	63.00
65.00	06500	RESPIRATORY THERAPY	3,295,114	1,409,907	4,705,021	-1,198,835	3,506,186	65.00
65.01	06501	SLEEP LAB	437,932	480,263	918,195	-430,566	487,629	65.01
66.00	06600	PHYSICAL THERAPY	5,078,301	2,051,767	7,130,068	-1,613,848	5,516,220	66.00
67.00	06700	OCCUPATIONAL THERAPY	831,341	224,625	1,055,966	-104,518	951,448	67.00
68.00	06800	SPEECH PATHOLOGY	419,590	121,433	541,023	-61,055	479,968	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1,298,424	1,133,383	2,431,807	-891,604	1,540,203	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	10,617,568	10,617,568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	13,701,596	13,701,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	31,849,917	31,849,917	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1,715,159	8,513,690	10,228,849	-445,117	9,783,732	73.01
74.00	07400	RENAL DIALYSIS	0	1,470,556	1,470,556	-73,623	1,396,933	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	597,367	301,493	898,860	-176,024	722,836	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	521,833	1,196,020	1,717,853	-504,013	1,213,840	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	57,614	49,442	107,056	0	107,056	90.01
90.02	09002	PAIN CLINIC	384,853	584,659	969,512	-308,128	661,384	90.02
90.03	09003	ONCOLOGY CLINIC	694,049	543,000	1,237,049	-64,475	1,172,574	90.03
91.00	09100	EMERGENCY	6,466,884	6,916,259	13,383,143	-2,799,877	10,583,266	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,548,840	824,191	2,373,031	-477,707	1,895,324	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	106,963,584	266,380,657	373,344,241	-279,195	373,065,046	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	143,044	472,924	615,968	-43,537	572,431	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A

Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
191.00 19100 RESEARCH	693,759	215,010	908,769	-134,386	774,383	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	174,833	47,981	222,814	4,001	226,815	194.01
194.02 07952 PAVILLION PHARMACY	708,623	5,682,115	6,390,738	-71,620	6,319,118	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	3,011	52,517	55,528	-44,688	10,840	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,712,400	1,712,400	-1,103,009	609,391	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRALTC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	3,782	3,782	-558	3,224	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	307,086	55,153	362,239	898,326	1,260,565	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	1,254,862	365,932	1,620,794	-210,047	1,410,747	194.22
194.23 07973 CANCER CENTER BOUTIQUE	13,925	89,744	103,669	-1,226	102,443	194.23
194.24 07974 BOSCBALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	875	875	-205	670	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	74,986	17,639	92,625	986,144	1,078,769	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 TOTAL (SUM OF LINES 118 through 199)	110,337,713	275,096,729	385,434,442	0	385,434,442	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-52,356	25,846,307	1.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	26,635,349	48,319,159	4.00
5.01	01160	COMMUNICATIONS	-100,075	474,441	5.01
5.02	00550	DATA PROCESSING	13,189,222	13,189,222	5.02
5.04	00570	ADMITTING	7,350,786	8,216,878	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	10,419,974	10,419,974	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-50,253,265	30,941,747	5.06
6.00	00600	MAINTENANCE & REPAIRS	-418,086	9,047,384	6.00
7.00	00700	OPERATION OF PLANT	-120,063	6,516,912	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,381,371	8.00
9.00	00900	HOUSEKEEPING	-77,097	2,992,187	9.00
10.00	01000	DIETARY	-215,204	1,897,903	10.00
11.00	01100	CAFETERIA	-1,678,975	651,067	11.00
13.00	01300	NURSING ADMINISTRATION	-144,916	6,610,844	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	11,291,828	14.00
15.00	01500	PHARMACY	-513,903	4,921,595	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	-14,400	511,393	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,853,060	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-14,954	3,901,179	22.00
23.00	02300	PARAMED PRGM	-795	177,983	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-9,499,149	25,302,366	30.00
31.00	03100	INTENSIVE CARE UNIT	-17,369	7,404,218	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	-1,358,307	2,199,701	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-23,863	2,060,504	41.00
43.00	04300	NURSERY	0	496,384	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,205,278	7,005,524	50.00
51.00	05100	RECOVERY ROOM	0	1,597,759	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-12,289	2,038,100	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-656,475	12,381,230	54.00
57.00	03280	EKG AND EEG	-65,654	72,317	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-27,106	2,065,101	59.00
60.00	06000	LABORATORY	0	10,007,332	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	1,210,148	63.00
65.00	06500	RESPIRATORY THERAPY	-24	3,506,162	65.00
65.01	06501	SLEEP LAB	-11,658	475,971	65.01
66.00	06600	PHYSICAL THERAPY	-1,598,198	3,918,022	66.00
67.00	06700	OCCUPATIONAL THERAPY	-59,181	892,267	67.00
68.00	06800	SPEECH PATHOLOGY	-50,694	429,274	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	-502,176	1,038,027	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,617,568	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	13,701,596	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,849,917	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	-662,623	9,121,109	73.01
74.00	07400	RENAL DIALYSIS	0	1,396,933	74.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	-55,579	667,257	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-25,478	1,188,362	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	-107,056	0	90.01
90.02	09002	PAIN CLINIC	-230,802	430,582	90.02
90.03	09003	ONCOLOGY CLINIC	-17,398	1,155,176	90.03
91.00	09100	EMERGENCY	-785,973	9,797,293	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-2,050	1,893,274	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-15,983,138	357,081,908	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	572,431	190.00
191.00	19100	RESEARCH	0	774,383	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0089

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

Worksheet A
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.01	07951	BSU PHARMACY	-218,541	8,274	194.01
194.02	07952	PAVILLION PHARMACY	0	6,319,118	194.02
194.03	07953	VENDING	0	0	194.03
194.04	07954	CARELINE	0	0	194.04
194.05	07955	WELLNESS CENTER	0	10,840	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	609,391	194.08
194.09	07959	ADVERTISING	0	0	194.09
194.10	07960	INTEGRA LTAC	0	0	194.10
194.11	07961	IU HEALTH HOSPICE	-3,224	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	-246,180	1,014,385	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	-1,410,747	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	102,443	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	670	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	1,078,769	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	194.32
194.33	07983	LAB CORP	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	194.34
194.35	07985	LEASED SPACE	0	0	194.35
200.00		TOTAL (SUM OF LINES 118 through 199)	-17,861,830	367,572,612	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - NON-BILLABLE SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,587,374	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	926,241	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
			0	11,513,615	
B - BILLABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,617,568	1.00
2.00	RENAL DIALYSIS	74.00	0	77	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
			0	10,617,645	

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
C - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,701,596	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
0			0	13,701,596		
D - BILLABLE DRUGS						
1.00	PHARMACY	15.00	0	654,412	1.00	
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	31,849,917	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	5	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,564	4.00	
5.00	SPEECH PATHOLOGY	68.00	0	139	5.00	
6.00	BSU PHARMACY	194.01	0	97	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
0			0	32,507,134		
E - INTERN & RESIDENT SALARIES						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	3,853,060	0	1.00	
0			3,853,060	0		
F - CAFETERIA						
1.00	CAFETERIA	11.00	1,247,844	1,082,198	1.00	
0			1,247,844	1,082,198		
G - PHARMACY ADMIN COSTS						
1.00	BSU PHARMACY	194.01	28,133	10,872	1.00	
2.00	PAVILLION PHARMACY	194.02	28,133	10,872	2.00	
0			56,266	21,744		
H - AUTO & BUILDING INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	351,731	1.00	
0			0	351,731		
I - REHAB ADMIN COSTS						
1.00	OCCUPATIONAL THERAPY	67.00	52,086	3,985	1.00	
2.00	SPEECH PATHOLOGY	68.00	26,288	2,154	2.00	
3.00	THERAPIES TO OTHER ENTITIES	194.22	53,514	4,716	3.00	
0			131,888	10,855		
J - LAUNDRY						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	1,381,371	1.00	
2.00	CANCER CENTER BOUTIQUE	194.23	0	32	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	

Provider CCN: 15-0089

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

Worksheet A-6
Date/Time Prepared:
5/24/2019 9:59 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
			0	1,381,403		
M - OP ONCOLOGY INFUSION						
1.00	ONCOLOGY CLINIC	90.03	258,222	26,953		1.00
			258,222	26,953		
P - LEGAL FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,412		1.00
2.00		0.00	0	0		2.00
			0	10,412		
Q - NURSERY						
1.00	NURSERY	43.00	456,373	40,011		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
			456,373	40,011		
S - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	20,832,278		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
0			0	20,832,278		
T - CORPORATE TELEPHONE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,724		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
0			0	10,724		
U - DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	18,484,308		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
0			0	18,484,308		
V - LEASE EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,394,417		1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	637		2.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6
Date/Time Prepared:
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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	0			1,395,054	
W - PTO USED AS STD					
1.00	COMMUNICATIONS	5.01	0	2,553	1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	2,456	2.00
3.00	MAINTENANCE & REPAIRS	5.06	0	15,496	3.00
4.00	OPERATION OF PLANT	6.00	0	3,376	4.00
5.00	HOUSEKEEPING	7.00	0	6,053	5.00
6.00	DIETARY	9.00	0	18,422	6.00
7.00	NURSING ADMINISTRATION	10.00	0	13,978	7.00
8.00	PHARMACY	13.00	0	41,700	8.00
9.00	PATIENT TRANSPORTATION	15.00	0	49,856	9.00
10.00	ADULTS & PEDIATRICS	18.00	0	1,296	10.00
11.00	INTENSIVE CARE UNIT	30.00	0	158,779	11.00
12.00	NEONATAL INTENSIVE CARE UNIT	31.00	0	59,222	12.00
13.00	OPERATING ROOM	35.00	0	12,256	13.00
14.00	RECOVERY ROOM	50.00	0	37,956	14.00
15.00	DELIVERY ROOM & LABOR ROOM	51.00	0	8,776	15.00
16.00	RADIOLOGY-DIAGNOSTIC	52.00	0	28,140	16.00
17.00	EKG AND EEG	54.00	0	48,311	17.00
18.00	CARDIAC CATHETERIZATION	57.00	0	4,260	18.00
19.00	RESPIRATORY THERAPY	59.00	0	1,152	19.00
20.00	SLEEP LAB	65.00	0	23,357	20.00
21.00	PHYSICAL THERAPY	65.01	0	7,654	21.00
22.00	OCCUPATIONAL THERAPY	66.00	0	48,562	22.00
23.00	SPEECH PATHOLOGY	67.00	0	3,649	23.00
24.00	ELECTROCARDIOLOGY	68.00	0	3,752	24.00
25.00	HOSPITAL BASED RETAIL PHARMACIES	69.00	0	10,264	25.00
26.00	HYPERBARIC OXYGEN THERAPY	73.01	0	260	26.00
27.00	PAIN CLINIC	76.98	0	367	27.00
28.00	ONCOLOGY CLINIC	90.02	0	4,538	28.00
29.00	EMERGENCY	90.03	0	9,533	29.00
30.00	AMBULANCE SERVICES	91.00	0	24,842	30.00
31.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	95.00	0	5,687	31.00
32.00	RESEARCH	190.00	0	1,764	32.00
	0			458	33.00
	0			658,725	
X - WASTE DISPOSAL					
1.00	OPERATION OF PLANT	7.00	0	288,641	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
	0			288,641	
Y - UTILITIES					
1.00	OPERATION OF PLANT	7.00	0	687,598	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	0			687,598	
Z - BLACKFORD					
1.00	BLACKFORD COMMUNITY HOSPITAL	194.26	613,576	381,601	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
			613,576	381,601		
AA - INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	761		1.00
2.00		0.00	0	0		2.00
			0	761		
AB - PARAMEDICAL EDUCATION						
1.00	PARAMED ED PRGM	23.00	78,949	6,040		1.00
			78,949	6,040		
AC - PROPERTY TAX						
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	579,836		1.00
			0	579,836		
AD - JAY HOSPITAL						
1.00	JAY COUNTY HOSPITAL	194.16	627,403	369,841		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
	TOTALS		627,403	369,841		
500.00	Grand Total: Increases		7,323,581	114,960,704		500.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - NON-BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,171	0		1.00
2.00	COMMUNICATIONS	5.01	0	38	0		2.00
3.00	ADMINISTRATIVE	5.04	0	24,582	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	35,745	0		4.00
5.00	OPERATION OF PLANT	7.00	0	235	0		5.00
6.00	HOUSEKEEPING	9.00	0	118,112	0		6.00
7.00	DIETARY	10.00	0	7,847	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	3,830	0		8.00
9.00	PHARMACY	15.00	0	195,298	0		9.00
10.00	PATIENT TRANSPORTATION	18.00	0	312	0		10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	170	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	2,084,347	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	860,048	0		13.00
14.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	150,959	0		14.00
15.00	SUBPROVIDER - IRF	41.00	0	54,565	0		15.00
16.00	OPERATING ROOM	50.00	0	4,171,386	0		16.00
17.00	RECOVERY ROOM	51.00	0	203,997	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	186,681	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	883,403	0		19.00
20.00	EKG AND EEG	57.00	0	4,964	0		20.00
21.00	CARDIAC CATHETERIZATION	59.00	0	553,620	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	370,255	0		22.00
23.00	SLEEP LAB	65.01	0	59,864	0		23.00
24.00	PHYSICAL THERAPY	66.00	0	34,621	0		24.00
25.00	OCCUPATIONAL THERAPY	67.00	0	23,933	0		25.00
26.00	SPEECH PATHOLOGY	68.00	0	1,171	0		26.00
27.00	ELECTROCARDIOLOGY	69.00	0	22,887	0		27.00
28.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	1,625	0		28.00
29.00	RENAL DIALYSIS	74.00	0	31,207	0		29.00
30.00	CARDIAC REHABILITATION	76.97	0	7,515	0		30.00
31.00	HYPERBARIC OXYGEN THERAPY	76.98	0	120,038	0		31.00
32.00	PAIN CLINIC	90.02	0	77,147	0		32.00
33.00	ONCOLOGY CLINIC	90.03	0	189,712	0		33.00
34.00	EMERGENCY	91.00	0	987,559	0		34.00
35.00	AMBULANCE SERVICES	95.00	0	36,484	0		35.00
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	970	0		36.00
37.00	RESEARCH	191.00	0	547	0		37.00
38.00	PAVILLION PHARMACY	194.02	0	2,871	0		38.00
39.00	WELLNESS CENTER	194.05	0	868	0		39.00
40.00	RENTAL PROPERTY	194.08	0	543	0		40.00
41.00	CANCER CENTER BOUTIQUE	194.23	0	292	0		41.00
42.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	196	0		42.00
				11,513,615			
B - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	110	0		1.00
2.00	ADMINISTRATIVE	5.04	0	9	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,360	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	2,500	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	101	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	286,625	0		6.00
7.00	PHARMACY	15.00	0	685	0		7.00
8.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	101	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	18,421	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	70,866	0		10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	14,731	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	501	0		12.00
13.00	OPERATING ROOM	50.00	0	2,846,945	0		13.00
14.00	RECOVERY ROOM	51.00	0	1,033	0		14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	101,370	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,962,143	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	3,931,012	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	46,817	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	2,974	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	103,584	0		20.00
21.00	HYPERBARIC OXYGEN THERAPY	76.98	0	183,703	0		21.00
22.00	PAIN CLINIC	90.02	0	1,051	0		22.00
23.00	ONCOLOGY CLINIC	90.03	0	360	0		23.00
24.00	EMERGENCY	91.00	0	35,300	0		24.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6
Date/Time Prepared:
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Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
25.00	AMBULANCE SERVICES	95.00	0	293	0	25.00	
26.00	PAVILLION PHARMACY	194.02	0	50	0	26.00	
0			0	10,617,645			
C - IMPLANTABLE DEVICES							
1.00	DIETARY	10.00	0	5,156	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,448	0	2.00	
3.00	PHARMACY	15.00	0	45	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	2,633	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	628	0	5.00	
6.00	OPERATING ROOM	50.00	0	9,661,192	0	6.00	
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	5,180	0	7.00	
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	624,507	0	8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	3,377,136	0	9.00	
10.00	PHYSICAL THERAPY	66.00	0	60	0	10.00	
11.00	OCCUPATIONAL THERAPY	67.00	0	117	0	11.00	
12.00	HYPERBARIC OXYGEN THERAPY	76.98	0	90	0	12.00	
13.00	PAIN CLINIC	90.02	0	50	0	13.00	
14.00	EMERGENCY	91.00	0	22,354	0	14.00	
0			0	13,701,596			
D - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	30,772,990	0	1.00	
2.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	83,871	0	2.00	
3.00	ADMITTING	5.04	0	87	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	376	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	10	0	5.00	
6.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	8	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	202,510	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	56,444	0	8.00	
9.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	8,424	0	9.00	
10.00	SUBPROVIDER - IRF	41.00	0	3,827	0	10.00	
11.00	OPERATING ROOM	50.00	0	240,715	0	11.00	
12.00	RECOVERY ROOM	51.00	0	39,599	0	12.00	
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,577	0	13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	674,292	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	75,028	0	15.00	
16.00	RESPIRATORY THERAPY	65.00	0	3,960	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	18	0	17.00	
18.00	OCCUPATIONAL THERAPY	67.00	0	20	0	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	2,511	0	19.00	
20.00	RENAL DIALYSIS	74.00	0	33,218	0	20.00	
21.00	CARDIAC REHABILITATION	76.97	0	271	0	21.00	
22.00	HYPERBARIC OXYGEN THERAPY	76.98	0	55,093	0	22.00	
23.00	PAIN CLINIC	90.02	0	42,214	0	23.00	
24.00	ONCOLOGY CLINIC	90.03	0	29,577	0	24.00	
25.00	EMERGENCY	91.00	0	151,939	0	25.00	
26.00	AMBULANCE SERVICES	95.00	0	7,480	0	26.00	
27.00	RESEARCH	191.00	0	66	0	27.00	
28.00	CARDINAL BEHAVIORAL HEALTH	194.25	0	9	0	28.00	
0			0	32,507,134			
E - INTERN & RESIDENT SALARIES							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,853,060	0	0	1.00	
0			3,853,060	0			
F - CAFETERIA							
1.00	DIETARY	10.00	1,247,844	1,082,198	0	1.00	
0			1,247,844	1,082,198			
G - PHARMACY ADMIN COSTS							
1.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	56,266	21,744	0	1.00	
2.00		0.00	0	0	0	2.00	
0			56,266	21,744			
H - AUTO & BUILDING INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	351,731	12	1.00	
0			0	351,731			
I - REHAB ADMIN COSTS							
1.00	PHYSICAL THERAPY	66.00	131,888	10,855	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
0			131,888	10,855			

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6
Date/Time Prepared:
5/24/2019 9:59 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
J - LAUNDRY						
1.00	ADMITTING	5.04	0	41	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	537	0	2.00
3.00	HOUSEKEEPING	9.00	0	198,008	0	3.00
4.00	DIETARY	10.00	0	14,532	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	284	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	358,026	0	6.00
7.00	PHARMACY	15.00	0	380	0	7.00
8.00	PATIENT TRANSPORTATION	18.00	0	3,353	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	341,940	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	61,176	0	10.00
11.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	6,853	0	11.00
12.00	SUBPROVIDER - IRF	41.00	0	21,094	0	12.00
13.00	OPERATING ROOM	50.00	0	88,374	0	13.00
14.00	RECOVERY ROOM	51.00	0	20,151	0	14.00
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	21,801	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	66,577	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	7,283	0	17.00
18.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	35	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	344	0	19.00
20.00	SLEEP LAB	65.01	0	16,242	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	22,832	0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	7,871	0	22.00
23.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	87	0	23.00
24.00	RENAL DIALYSIS	74.00	0	1,097	0	24.00
25.00	CARDIAC REHABILITATION	76.97	0	6	0	25.00
26.00	HYPERBARIC OXYGEN THERAPY	76.98	0	18,931	0	26.00
27.00	PAIN CLINIC	90.02	0	7,627	0	27.00
28.00	ONCOLOGY CLINIC	90.03	0	88	0	28.00
29.00	EMERGENCY	91.00	0	86,803	0	29.00
30.00	WELLNESS CENTER	194.05	0	9,015	0	30.00
31.00	IU HEALTH HOSPICE	194.11	0	15	0	31.00
0			0	1,381,403		
M - OP ONCOLOGY INFUSION						
1.00	ADULTS & PEDIATRICS	30.00	258,222	26,953	0	1.00
0			258,222	26,953		
P - LEGAL FEES						
1.00	PHARMACY	15.00	0	5,824	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	4,588	0	2.00
0			0	10,412		
Q - NURSERY						
1.00	ADULTS & PEDIATRICS	30.00	441,005	38,441	0	1.00
2.00	NEONATAL INTENSIVE CARE UNIT	35.00	131	105	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	15,237	1,465	0	3.00
0			456,373	40,011		
S - EMPLOYEE BENEFITS						
1.00	COMMUNICATIONS	5.01	0	164,477	0	1.00
2.00	ADMITTING	5.04	0	169,353	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	533,875	0	3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	728,810	0	4.00
5.00	OPERATION OF PLANT	7.00	0	210,290	0	5.00
6.00	HOUSEKEEPING	9.00	0	990,429	0	6.00
7.00	DIETARY	10.00	0	695,183	0	7.00
8.00	NURSING ADMINISTRATION	13.00	0	1,385,666	0	8.00
9.00	PHARMACY	15.00	0	833,265	0	9.00
10.00	PATIENT TRANSPORTATION	18.00	0	108,477	0	10.00
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	796,000	0	11.00
12.00	PARAMEDICAL PRGM	23.00	0	18,441	0	12.00
13.00	ADULTS & PEDIATRICS	30.00	0	3,972,802	0	13.00
14.00	INTENSIVE CARE UNIT	31.00	0	1,226,840	0	14.00
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	397,185	0	15.00
16.00	SUBPROVIDER - IRF	41.00	0	283,248	0	16.00
17.00	OPERATING ROOM	50.00	0	1,068,943	0	17.00
18.00	RECOVERY ROOM	51.00	0	220,070	0	18.00
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	363,946	0	19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,438,416	0	20.00
21.00	EKG AND EEG	57.00	0	44,004	0	21.00
22.00	CARDIAC CATHETERIZATION	59.00	0	290,467	0	22.00
23.00	RESPIRATORY THERAPY	65.00	0	582,196	0	23.00

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6
Date/Time Prepared:
5/24/2019 9:59 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
24.00	SLEEP LAB	65.01	0	102,703	0		24.00	
25.00	PHYSICAL THERAPY	66.00	0	1,008,126	0		25.00	
26.00	OCCUPATIONAL THERAPY	67.00	0	135,919	0		26.00	
27.00	SPEECH PATHOLOGY	68.00	0	86,057	0		27.00	
28.00	ELECTROCARDIOLOGY	69.00	0	317,478	0		28.00	
29.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	271,921	0		29.00	
30.00	CARDIAC REHABILITATION	76.97	0	164,104	0		30.00	
31.00	HYPERBARIC OXYGEN THERAPY	76.98	0	89,422	0		31.00	
32.00	PAIN CLINIC	90.02	0	97,346	0		32.00	
33.00	ONCOLOGY CLINIC	90.03	0	110,911	0		33.00	
34.00	EMERGENCY	91.00	0	1,032,208	0		34.00	
35.00	AMBULANCE SERVICES	95.00	0	274,415	0		35.00	
36.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	40,481	0		36.00	
37.00	RESEARCH	191.00	0	133,345	0		37.00	
38.00	BSU PHARMACY	194.01	0	35,101	0		38.00	
39.00	PAVILLION PHARMACY	194.02	0	107,704	0		39.00	
40.00	WELLNESS CENTER	194.05	0	2,008	0		40.00	
41.00	JAY COUNTY HOSPITAL	194.16	0	23,857	0		41.00	
42.00	THERAPIES TO OTHER ENTITIES	194.22	0	266,790	0		42.00	
43.00	CANCER CENTER BOUTIQUE	194.23	0	966	0		43.00	
44.00	BLACKFORD COMMUNITY HOSPITAL	194.26	0	9,033	0		44.00	
			0	20,832,278				
T - CORPORATE TELEPHONE								
1.00	DIETARY	10.00	0	1,959	0		1.00	
2.00	NURSING ADMINISTRATION	13.00	0	2,628	0		2.00	
3.00	PATIENT TRANSPORTATION	18.00	0	74	0		3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	2,817	0		4.00	
5.00	OPERATING ROOM	50.00	0	64	0		5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,078	0		6.00	
7.00	EKG AND EEG	57.00	0	50	0		7.00	
8.00	CARDIAC CATHETERIZATION	59.00	0	51	0		8.00	
9.00	EMERGENCY	91.00	0	1,003	0		9.00	
			0	10,724				
U - DEPRECIATION								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,870	9		1.00	
2.00	ADMINISTRATIVE	5.04	0	3,160	0		2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	313,673	0		3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	8,126,247	0		4.00	
5.00	OPERATION OF PLANT	7.00	0	495,041	0		5.00	
6.00	HOUSEKEEPING	9.00	0	5,395	0		6.00	
7.00	DIETARY	10.00	0	87,581	0		7.00	
8.00	NURSING ADMINISTRATION	13.00	0	108,994	0		8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	47,315	0		9.00	
10.00	PHARMACY	15.00	0	164,974	0		10.00	
11.00	PATIENT TRANSPORTATION	18.00	0	8,389	0		11.00	
12.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	372,688	0		12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	670,824	0		13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	335,803	0		14.00	
15.00	NEONATAL INTENSIVE CARE UNIT	35.00	0	100,533	0		15.00	
16.00	SUBPROVIDER - IRF	41.00	0	20,188	0		16.00	
17.00	OPERATING ROOM	50.00	0	1,686,212	0		17.00	
18.00	RECOVERY ROOM	51.00	0	282,118	0		18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	0	124,622	0		19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,694,728	0		20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	161,520	0		21.00	
22.00	LABORATORY	60.00	0	23,812	0		22.00	
23.00	BLOOD STORING, PROCESSING, & TRANS.	63.00	0	75	0		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	155,969	0		24.00	
25.00	SLEEP LAB	65.01	0	79,296	0		25.00	
26.00	PHYSICAL THERAPY	66.00	0	24,336	0		26.00	
27.00	OCCUPATIONAL THERAPY	67.00	0	600	0		27.00	
28.00	SPEECH PATHOLOGY	68.00	0	2,408	0		28.00	
29.00	ELECTROCARDIOLOGY	69.00	0	437,273	0		29.00	
30.00	RENAL DIALYSIS	74.00	0	8,178	0		30.00	
31.00	CARDIAC REHABILITATION	76.97	0	4,128	0		31.00	
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	35,187	0		32.00	
33.00	PAIN CLINIC	90.02	0	82,065	0		33.00	
34.00	ONCOLOGY CLINIC	90.03	0	5,292	0		34.00	
35.00	EMERGENCY	91.00	0	482,711	0		35.00	

RECLASSIFICATIONS

Provider CCN: 15-0089

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

Worksheet A-6
Date/Time Prepared:
5/24/2019 9:59 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
36.00	AMBULANCE SERVICES	95.00	0	129,039	0	36.00	
37.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,086	0	37.00	
38.00	RESEARCH	191.00	0	428	0	38.00	
39.00	WELLNESS CENTER	194.05	0	32,797	0	39.00	
40.00	RENTAL PROPERTY	194.08	0	165,249	0	40.00	
41.00	IU HEALTH HOSPICE	194.11	0	17	0	41.00	
42.00	THERAPIES TO OTHER ENTITIES	194.22	0	1,487	0	42.00	
	0		0	18,484,308			
V - LEASE EXPENSE							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	454,733	10	1.00	
2.00	LABORATORY	60.00	0	5,999	0	2.00	
3.00	SLEEP LAB	65.01	0	167,322	0	3.00	
4.00	PHYSICAL THERAPY	66.00	0	335,089	0	4.00	
5.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	90,254	0	5.00	
6.00	ONCOLOGY CLINIC	90.03	0	13,710	0	6.00	
7.00	AMBULANCE SERVICES	95.00	0	27,674	0	7.00	
8.00	RENTAL PROPERTY	194.08	0	300,273	0	8.00	
	0		0	1,395,054			
W - PTO USED AS STD							
1.00	COMMUNICATIONS	5.01	2,553	0	0	1.00	
2.00	ADMINISTRATIVE AND GENERAL	5.04	2,456	0	0	2.00	
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	15,496	0	0	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	3,376	0	0	4.00	
5.00	OPERATION OF PLANT	7.00	6,053	0	0	5.00	
6.00	HOUSEKEEPING	9.00	18,422	0	0	6.00	
7.00	DIETARY	10.00	13,978	0	0	7.00	
8.00	NURSING ADMINISTRATION	13.00	41,700	0	0	8.00	
9.00	PHARMACY	15.00	49,856	0	0	9.00	
10.00	PATIENT TRANSPORTATION	18.00	1,296	0	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	158,779	0	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	59,222	0	0	12.00	
13.00	NEONATAL INTENSIVE CARE UNIT	35.00	12,256	0	0	13.00	
14.00	OPERATING ROOM	50.00	37,956	0	0	14.00	
15.00	RECOVERY ROOM	51.00	8,776	0	0	15.00	
16.00	DELIVERY ROOM & LABOR ROOM	52.00	28,140	0	0	16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	48,311	0	0	17.00	
18.00	EKG AND EEG	57.00	4,260	0	0	18.00	
19.00	CARDIAC CATHETERIZATION	59.00	1,152	0	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	23,357	0	0	20.00	
21.00	SLEEP LAB	65.01	7,654	0	0	21.00	
22.00	PHYSICAL THERAPY	66.00	48,562	0	0	22.00	
23.00	OCCUPATIONAL THERAPY	67.00	3,649	0	0	23.00	
24.00	SPEECH PATHOLOGY	68.00	3,752	0	0	24.00	
25.00	ELECTROCARDIOLOGY	69.00	10,264	0	0	25.00	
26.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	260	0	0	26.00	
27.00	HYPERBARIC OXYGEN THERAPY	76.98	367	0	0	27.00	
28.00	PAIN CLINIC	90.02	4,538	0	0	28.00	
29.00	ONCOLOGY CLINIC	90.03	9,533	0	0	29.00	
30.00	EMERGENCY	91.00	24,842	0	0	30.00	
31.00	AMBULANCE SERVICES	95.00	5,687	0	0	31.00	
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,764	0	0	32.00	
33.00	RESEARCH	191.00	458	0	0	33.00	
	0		658,725	0			
X - WASTE DISPOSAL							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	21,035	14	1.00	
2.00	MAINTENANCE & REPAIRS	6.00	0	12,013	0	2.00	
3.00	HOUSEKEEPING	9.00	0	140,938	0	3.00	
4.00	PHARMACY	15.00	0	15,255	0	4.00	
5.00	OPERATING ROOM	50.00	0	1,302	0	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	410	0	6.00	
7.00	SLEEP LAB	65.01	0	819	0	7.00	
8.00	PHYSICAL THERAPY	66.00	0	236	0	8.00	
9.00	HOSPITAL BASED RETAIL PHARMACIES	73.01	0	3,220	0	9.00	
10.00	PAIN CLINIC	90.02	0	628	0	10.00	
11.00	RENTAL PROPERTY	194.08	0	92,785	0	11.00	
	0		0	288,641			

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
Y - UTILITIES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	120,790	14	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	9,546	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,905	0	3.00
4.00	SLEEP LAB	65.01	0	4,320	0	4.00
5.00	PHYSICAL THERAPY	66.00	0	487	0	5.00
6.00	HYPERBARIC OXYGEN THERAPY	76.98	0	1,549	0	6.00
7.00	AMBULANCE SERVICES	95.00	0	2,322	0	7.00
8.00	RENTAL PROPERTY	194.08	0	544,153	0	8.00
9.00	JU HEALTH HOSPICE	194.11	0	526	0	9.00
	0		0	687,598		
Z - BLACKFORD						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	274,851	154,012	0	1.00
2.00	MAINTENANCE & REPAIRS	6.00	23,002	74,544	0	2.00
3.00	OPERATION OF PLANT	7.00	44,462	15,196	0	3.00
4.00	NURSING ADMINISTRATION	13.00	55,150	36,239	0	4.00
5.00	PHARMACY	15.00	88,279	25,392	0	5.00
6.00	OPERATING ROOM	50.00	5,554	3,979	0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	30,058	49,677	0	7.00
8.00	RESPIRATORY THERAPY	65.00	15,195	6,557	0	8.00
9.00	PHYSICAL THERAPY	66.00	14,104	3,865	0	9.00
10.00	JAY COUNTY HOSPITAL	194.16	62,921	12,140	0	10.00
	0		613,576	381,601		
AA - INTEREST EXPENSE						
1.00	PHARMACY	15.00	0	755	11	1.00
2.00	RENTAL PROPERTY	194.08	0	6	0	2.00
	0		0	761		
AB - PARAMEDICAL EDUCATION						
1.00	PHARMACY	15.00	78,949	6,040	0	1.00
	0		78,949	6,040		
AC - PROPERTY TAX						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	579,836	13	1.00
	0		0	579,836		
AD - JAY HOSPITAL						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	239,963	154,712	0	1.00
2.00	OPERATION OF PLANT	7.00	44,462	15,196	0	2.00
3.00	NURSING ADMINISTRATION	13.00	150,302	101,101	0	3.00
4.00	PHARMACY	15.00	130,047	37,405	0	4.00
5.00	OPERATING ROOM	50.00	6,111	4,377	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	28,747	47,510	0	6.00
7.00	RESPIRATORY THERAPY	65.00	12,254	5,288	0	7.00
8.00	PHYSICAL THERAPY	66.00	15,517	4,252	0	8.00
	TOTALS		627,403	369,841		
500.00	Grand Total: Decreases		7,982,306	114,301,979		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2019 9:59 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0	0	0	1.00
2.00	Land Improvements	3,630,983	0	0	0	2.00
3.00	Buildings and Fixtures	268,244,435	0	0	0	3.00
4.00	Building Improvements	37,468,581	15,042,210	0	15,042,210	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	169,329,616	10,865,671	0	10,865,671	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	481,598,025	25,907,881	0	25,907,881	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	481,598,025	25,907,881	0	25,907,881	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,924,410	0			1.00
2.00	Land Improvements	3,630,983	0			2.00
3.00	Buildings and Fixtures	268,244,435	0			3.00
4.00	Building Improvements	52,480,439	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	153,081,150	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	480,361,417	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	480,361,417	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,748,080	242,649	2,432,881	0	0	1.00
3.00	Total (sum of lines 1-2)	1,748,080	242,649	2,432,881	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	805,825	5,229,435				1.00
3.00	Total (sum of lines 1-2)	805,825	5,229,435				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0089

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	480,361,418	0	480,361,418	1.000000	0	1.00
3.00	Total (sum of lines 1-2)	480,361,418	0	480,361,418	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	25,500,640	-393,126	1.00
3.00	Total (sum of lines 1-2)	0	0	0	25,500,640	-393,126	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,440,329	351,731	579,836	1,247,555	25,846,307	1.00
3.00	Total (sum of lines 1-2)	-1,440,329	351,731	579,836	1,247,555	25,846,307	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

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

Worksheet A-8

Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,873,971	NEW CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	*** Cost Center Deleted ***	2.00			2.00
3.00 Investment income - other (chapter 2)		0		0.00			3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00			4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00			5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00			6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00			7.00
8.00 Television and radio service (chapter 21)		0		0.00			8.00
9.00 Parking lot (chapter 21)		0		0.00			9.00
10.00 Provider-based physician adjustment	A-8-2	-15,876,651					10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00			11.00
12.00 Related organization transactions (chapter 10)	A-8-1	29,796,893					12.00
13.00 Laundry and linen service		0		0.00			13.00
14.00 Cafeteria-employees and guests	B	-1,678,975	CAFETERIA	11.00			14.00
15.00 Rental of quarters to employee and others		0		0.00			15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00			16.00
17.00 Sale of drugs to other than patients		0		0.00			17.00
18.00 Sale of medical records and abstracts		0		0.00			18.00
19.00 Nursing and allied health education (tuition, fees, books, etc.)		0		0.00			19.00
20.00 Vending machines		0		0.00			20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00			21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00			22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00			26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	*** Cost Center Deleted ***	2.00			27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant		0		0.00			29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00			32.00

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	
33.00 MI SCCELLANEOUS INCOME	B	-2,030,192	NEW CAP REL COSTS-BLDG & FIXT	1.00	10 33.00
34.00 MI SCCELLANEOUS INCOME	B	591,364	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 34.00
35.00 MI SCCELLANEOUS INCOME	B	-100,075	COMMUNICATIONS	5.01	0 35.00
36.00 MI SCCELLANEOUS INCOME	B	-11,205	ADMITTING	5.04	0 36.00
37.00 MI SCCELLANEOUS INCOME	B	-1,966,596	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 37.00
38.00 MI SCCELLANEOUS INCOME	B	-418,086	MAINTENANCE & REPAIRS	6.00	0 38.00
39.00 MI SCCELLANEOUS INCOME	B	-120,063	OPERATION OF PLANT	7.00	0 39.00
40.00 MI SCCELLANEOUS INCOME	B	-77,097	HOUSEKEEPING	9.00	0 40.00
41.00 MI SCCELLANEOUS INCOME	B	-215,204	DIETARY	10.00	0 41.00
42.00 MI SCCELLANEOUS INCOME	B	-133,183	NURSING ADMINISTRATION	13.00	0 42.00
43.00 MI SCCELLANEOUS INCOME	B	-513,753	PHARMACY	15.00	0 43.00
44.00 MI SCCELLANEOUS INCOME	B	-14,400	PATIENT TRANSPORTATION	18.00	0 44.00
45.00 MI SCCELLANEOUS INCOME	B	-14,700	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 45.00
46.00 MI SCCELLANEOUS INCOME	B	-17,873	ADULTS & PEDIATRICS	30.00	0 46.00
46.01 MI SCCELLANEOUS INCOME	B	-17,369	INTENSIVE CARE UNIT	31.00	0 46.01
46.02 MI SCCELLANEOUS INCOME	B	-12,475	NEONATAL INTENSIVE CARE UNIT	35.00	0 46.02
46.03 MI SCCELLANEOUS INCOME	B	-272,419	OPERATING ROOM	50.00	0 46.03
46.04 MI SCCELLANEOUS INCOME	B	-12,289	DELIVERY ROOM & LABOR ROOM	52.00	0 46.04
46.05 MI SCCELLANEOUS INCOME	B	-656,452	RADIOLOGY-DIAGNOSTIC	54.00	0 46.05
46.06 MI SCCELLANEOUS INCOME	B	-65,654	EKG AND EEG	57.00	0 46.06
46.07 MI SCCELLANEOUS INCOME	B	-27,106	CARDIAC CATHETERIZATION	59.00	0 46.07
46.08 MI SCCELLANEOUS INCOME	B	-246,045	JAY COUNTY HOSPITAL	194.16	0 46.08
46.09 MI SCCELLANEOUS INCOME	B	-11,658	SLEEP LAB	65.01	0 46.09
46.10 MI SCCELLANEOUS INCOME	B	-1,598,018	PHYSICAL THERAPY	66.00	0 46.10
46.11 MI SCCELLANEOUS INCOME	B	-59,181	OCCUPATIONAL THERAPY	67.00	0 46.11
46.12 MI SCCELLANEOUS INCOME	B	-50,694	SPEECH PATHOLOGY	68.00	0 46.12
46.13 MI SCCELLANEOUS INCOME	B	-502,176	ELECTROCARDIOLOGY	69.00	0 46.13
46.14 MI SCCELLANEOUS INCOME	B	-662,623	HOSPITAL BASED RETAIL PHARMACIES	73.01	0 46.14
46.15 MI SCCELLANEOUS INCOME	B	-55,579	CARDIAC REHABILITATION	76.97	0 46.15
46.16 MI SCCELLANEOUS INCOME	B	-17,398	ONCOLOGY CLINIC	90.03	0 46.16
46.17 MI SCCELLANEOUS INCOME	B	-55,208	EMERGENCY	91.00	0 46.17
46.18 MI SCCELLANEOUS INCOME	B	-2,050	AMBULANCE SERVICES	95.00	0 46.18
46.19 MI SCCELLANEOUS INCOME	B	-218,541	BSU PHARMACY	194.01	0 46.19
46.20 MI SCCELLANEOUS INCOME	B	-3,224	IU HEALTH HOSPICE	194.11	0 46.20
46.21 MI SCCELLANEOUS INCOME	B	-1,410,747	THERAPIES TO OTHER ENTITIES	194.22	0 46.21
46.22 NON-ALLOWABLE MARKETING	A	-1,323,710	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.22
46.23 NON-ALLOWABLE MARKETING	A	-150	PHARMACY	15.00	0 46.23
46.24 NON-ALLOWABLE MARKETING	A	-254	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 46.24
46.25 NON-ALLOWABLE MARKETING	A	-795	PARAMED ED PRGM	23.00	0 46.25
46.26 NON-ALLOWABLE MARKETING	A	-23	RADIOLOGY-DIAGNOSTIC	54.00	0 46.26
46.27 NON-ALLOWABLE MARKETING	A	-24	RESPIRATORY THERAPY	65.00	0 46.27
46.28 NON-ALLOWABLE MARKETING	A	-180	PHYSICAL THERAPY	66.00	0 46.28
46.29 NON-ALLOWABLE MARKETING	A	-260	EMERGENCY	91.00	0 46.29
46.30 NON-ALLOWABLE MARKETING	A	-135	JAY COUNTY HOSPITAL	194.16	0 46.30
46.31 CORPORATE TELEPHONE	A	-10,724	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.31
46.32 EMPLOYEE BENEFITS OFFSET	A	-20,958,828	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.32
46.33 HAF FEES	A	-18,952,696	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.33
46.34 TV DEPRECIATION	A	-336	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 46.34
46.35 NON-ALLOWABLE PATIENT REIMBURSEMENT	A	-2,679	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.35
46.36 PTO ACCRUAL	A	-569,362	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 46.36
46.37 LOSS ON EXTINGUISHMENT OF DEBT CARRY	A	583,555	NEW CAP REL COSTS-BLDG & FIXT	1.00	14 46.37
46.38 ADDITION AND PAIN CLINIC START UP	A	-107,056	SUBSTANCE ABUSE CLINIC	90.01	0 46.38
46.39 PENSION EXPENSE	A	26,112,500	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 46.39
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,861,830			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0089

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

Worksheet A-8

Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	5.00

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 - (2) Basis for adjustment (see instructions).
 - A. Costs - if cost, including applicable overhead, can be determined.
 - B. Amount Received - if cost cannot be determined.
 - (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7.

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

Provider CCN: 15-0089

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2019 9:59 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5		
1.00	2.00	3.00	4.00	5.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE	7,701,470	2,432,882	1.00
2.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	20,890,829	0	2.00
3.00	5.02	DATA PROCESSING	HOME OFFICE	13,189,222	0	3.00
4.00	5.04	ADMITTING	HOME OFFICE	7,361,991	0	4.00
4.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	HOME OFFICE	10,419,974	0	4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE	23,039,892	50,361,870	4.02
4.03	13.00	NURSING ADMINISTRATION	HOME OFFICE	0	11,733	4.03
4.04	1.00	NEW CAP REL COSTS-BLDG & FIX	RELATED PARTY	236,649	236,649	4.04
4.05	4.00	EMPLOYEE BENEFITS DEPARTMENT	RELATED PARTY	444,566	444,566	4.05
4.06	5.06	OTHER ADMINISTRATIVE AND GEN	RELATED PARTY	607,348	607,348	4.06
4.07	13.00	NURSING ADMINISTRATION	RELATED PARTY	392,940	392,940	4.07
4.08	22.00	I&R SERVICES-OTHER PRGM COST	RELATED PARTY	2,533,511	2,533,511	4.08
4.09	30.00	ADULTS & PEDIATRICS	RELATED PARTY	9,517,537	9,517,537	4.09
4.10	31.00	INTENSIVE CARE UNIT	RELATED PARTY	600	600	4.10
4.11	35.00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	1,345,832	1,345,832	4.11
4.12	41.00	SUBPROVIDER - IRF	RELATED PARTY	391,031	391,031	4.12
4.13	50.00	OPERATING ROOM	RELATED PARTY	4,402,755	4,402,755	4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	RELATED PARTY	2,072,484	2,072,484	4.14
4.15	59.00	CARDIAC CATHETERIZATION	RELATED PARTY	18,557	18,557	4.15
4.16	60.00	LABORATORY	RELATED PARTY	9,883,380	9,883,380	4.16
4.17	65.01	SLEEP LAB	RELATED PARTY	167,547	167,547	4.17
4.18	66.00	PHYSICAL THERAPY	RELATED PARTY	252,817	252,817	4.18
4.19	69.00	ELECTROCARDIOLOGY	RELATED PARTY	7,200	7,200	4.19
4.20	73.01	HOSPITAL BASED RETAIL PHARMA	RELATED PARTY	74,688	74,688	4.20
4.21	76.98	HYPERBARIC OXYGEN THERAPY	RELATED PARTY	25,478	25,478	4.21
4.22	90.01	SUBSTANCE ABUSE CLINIC	RELATED PARTY	24,067	24,067	4.22
4.23	90.02	PAIN CLINIC	RELATED PARTY	252,948	252,948	4.23
4.24	90.03	ONCOLOGY CLINIC	RELATED PARTY	141,997	141,997	4.24
4.25	91.00	EMERGENCY	RELATED PARTY	3,085,715	3,085,715	4.25
4.26	95.00	AMBULANCE SERVICES	RELATED PARTY	100,145	100,145	4.26
4.27	194.08	RENTAL PROPERTY	RELATED PARTY	267,923	267,923	4.27
5.00	0			118,851,093	89,054,200	5.00

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

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

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

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

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

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

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

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

Provider CCN: 15-0089

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

Worksheet A-8-1

Date/Time Prepared:
5/24/2019 9:59 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5,268,588	9		1.00
2.00	20,890,829	0		2.00
3.00	13,189,222	0		3.00
4.00	7,361,991	0		4.00
4.01	10,419,974	0		4.01
4.02	-27,321,978	0		4.02
4.03	-11,733	0		4.03
4.04	0	9		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
4.16	0	0		4.16
4.17	0	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
4.20	0	0		4.20
4.21	0	0		4.21
4.22	0	0		4.22
4.23	0	0		4.23
4.24	0	0		4.24
4.25	0	0		4.25
4.26	0	0		4.26
4.27	0	0		4.27
5.00	29,796,893			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0089

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2019 9:59 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	516	516	0	211,500	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	554,756	105,520	449,236	211,500	6,906	2.00
3.00	30.00	ADULTS & PEDIATRICS	9,481,276	9,481,276	0	179,000	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	1,345,832	1,345,832	0	169,700	0	4.00
5.00	41.00	SUBPROVIDER - IRF	23,863	23,863	0	211,500	0	5.00
6.00	50.00	OPERATING ROOM	3,932,859	3,932,859	0	246,400	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,250,002	0	1,250,002	271,900	9,855	7.00
8.00	76.98	HYPERBARIC OXYGEN THERAPY	25,478	25,478	0	211,500	0	8.00
9.00	90.02	PAIN CLINIC	230,802	230,802	0	211,500	0	9.00
10.00	91.00	EMERGENCY	2,846,013	0	2,846,013	211,500	20,805	10.00
200.00			19,691,397	15,146,146	4,545,251		37,566	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	5.06	OTHER ADMINISTRATIVE AND GENERAL	702,221	35,111	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	1,288,257	64,413	0	0	0	7.00
8.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	8.00
9.00	90.02	PAIN CLINIC	0	0	0	0	0	9.00
10.00	91.00	EMERGENCY	2,115,508	105,775	0	0	0	10.00
200.00			4,105,986	205,299	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	516		1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	702,221	0	105,520		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	0	0	9,481,276		3.00
4.00	35.00	NEONATAL INTENSIVE CARE UNIT	0	0	0	1,345,832		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	23,863		5.00
6.00	50.00	OPERATING ROOM	0	0	0	3,932,859		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	1,288,257	0	0		7.00
8.00	76.98	HYPERBARIC OXYGEN THERAPY	0	0	0	25,478		8.00
9.00	90.02	PAIN CLINIC	0	0	0	230,802		9.00
10.00	91.00	EMERGENCY	0	2,115,508	730,505	730,505		10.00
200.00			0	4,105,986	730,505	15,876,651		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	25,846,307	25,846,307				1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	48,319,159	78,628	48,397,787			4.00
5.01 01160	COMMUNICATIONS	474,441	21,877	207,142	703,460		5.01
5.02 00550	DATA PROCESSING	13,189,222	0	0	5,486	13,194,708	5.02
5.04 00570	ADMITTING	8,216,878	90,340	350,342	0	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	10,419,974	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	30,941,747	700,684	2,389,864	14,364	0	5.06
6.00 00600	MAINTENANCE & REPAIRS	9,047,384	13,138,355	1,326,842	24,005	0	6.00
7.00 00700	OPERATION OF PLANT	6,516,912	704,189	603,857	10,115	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,381,371	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	2,992,187	247,713	1,185,225	35,935	0	9.00
10.00 01000	DIETARY	1,897,903	144,127	591,986	14,319	0	10.00
11.00 01100	CAFETERIA	651,067	217,015	551,103	16,328	0	11.00
13.00 01300	NURSING ADMINISTRATION	6,610,844	226,887	2,580,312	33,960	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,291,828	234,102	0	0	0	14.00
15.00 01500	PHARMACY	4,921,595	96,576	1,965,155	22,189	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00 01080	PATIENT TRANSPORTATION	511,393	10,486	213,401	6,926	0	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	3,853,060	0	1,701,681	25,442	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,901,179	268,976	104,618	3,124	0	22.00
23.00 02300	PARAMED ED PRGM	177,983	1,738	71,649	933	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	25,302,366	2,343,572	9,184,453	141,524	1,382,188	30.00
31.00 03100	INTENSIVE CARE UNIT	7,404,218	405,742	2,946,368	38,123	413,342	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	2,199,701	69,763	868,586	10,467	131,149	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	2,060,504	145,996	685,999	9,034	65,779	41.00
43.00 04300	NURSERY	496,384	45,448	201,554	2,548	23,792	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	7,005,524	507,546	2,323,584	35,196	1,285,920	50.00
51.00 05100	RECOVERY ROOM	1,597,759	118,876	644,726	9,068	169,838	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,038,100	187,836	813,691	10,475	187,414	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,381,230	877,684	3,701,236	45,307	1,700,537	54.00
57.00 03280	EKG AND EEG	72,317	0	53,908	1,554	26,052	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,065,101	205,040	809,371	9,538	682,111	59.00
60.00 06000	LABORATORY	10,007,332	281,784	0	18,944	648,022	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	1,210,148	0	0	0	51,773	63.00
65.00 06500	RESPIRATORY THERAPY	3,506,162	67,339	1,432,829	18,997	169,778	65.00
65.01 06501	SLEEP LAB	475,971	0	190,030	3,052	64,946	65.01
66.00 06600	PHYSICAL THERAPY	3,918,022	45,068	2,150,025	27,174	153,611	66.00
67.00 06700	OCCUPATIONAL THERAPY	892,267	35,108	388,549	4,553	48,645	67.00
68.00 06800	SPEECH PATHOLOGY	429,274	8,397	195,262	2,282	23,199	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	1,038,027	269,326	568,908	10,194	402,556	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,617,568	0	0	0	467,037	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	13,701,596	0	0	0	872,453	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	31,849,917	0	0	0	1,991,486	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	9,121,109	0	732,525	7,298	63,511	73.01
74.00 07400	RENAL DIALYSIS	1,396,933	42,614	0	0	32,839	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	667,257	0	263,824	4,432	32,773	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,188,362	6,061	230,302	3,188	109,495	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02 09002	PAIN CLINIC	430,582	327,757	167,964	2,813	56,310	90.02
90.03 09003	ONCOLOGY CLINIC	1,155,176	62,038	416,355	5,243	228,678	90.03
91.00 09100	EMERGENCY	9,797,293	490,372	2,845,089	39,886	1,641,777	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	1,893,274	43,666	681,524	13,200	67,697	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	357,081,908	22,768,726	46,339,839	687,216	13,194,708	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		NEW BLDG & FIXT					
	0	1.00		4.00	5.01	5.02	
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	572,431	0	62,395	1,751		0 190.00
191.00 19100	RESEARCH	774,383	40,029	306,192	4,413		0 191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		0 194.00
194.01 07951	BSU PHARMACY	8,274	0	89,639	914		0 194.01
194.02 07952	PAVILLION PHARMACY	6,319,118	37,094	325,384	3,643		0 194.02
194.03 07953	VENDING	0	0	0	0		0 194.03
194.04 07954	CARELINE	0	0	0	0		0 194.04
194.05 07955	WELLNESS CENTER	10,840	74,086	1,330	30		0 194.05
194.06 07956	PHYSICIAN PRACTICE CLINICS	0	349,999	0	0		0 194.06
194.07 07957	PERINATAL CLINIC	0	0	0	0		0 194.07
194.08 07958	RENTAL PROPERTY	609,391	1,684,203	0	0		0 194.08
194.09 07959	ADVERTISING	0	0	0	0		0 194.09
194.10 07960	INTEGRAL TAC	0	171,903	0	0		0 194.10
194.11 07961	IU HEALTH HOSPICE	0	41,285	0	0		0 194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0		0 194.12
194.13 07963	EXECUTIVE PHYSICAL	0	0	0	0		0 194.13
194.14 07964	NEW CASTLE ONCOLOGY	0	0	0	0		0 194.14
194.15 07965	MARKETING/PUBLIC RELATIONS	0	35,458	0	0		0 194.15
194.16 07966	JAY COUNTY HOSPITAL	1,014,385	68,303	384,923	2,760		0 194.16
194.17 07967	CARDINAL HEALTH CHOICE	0	0	0	0		0 194.17
194.18 07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0		0 194.18
194.19 07969	HEALTH CARE CONNECTIONS	0	0	0	0		0 194.19
194.20 07970	MEALS ON WHEELS	0	0	0	0		0 194.20
194.21 07971	ST MARY'S SCHOOL	0	0	0	0		0 194.21
194.22 07972	THERAPIES TO OTHER ENTITIES	0	0	577,836	0		0 194.22
194.23 07973	CANCER CENTER BOUTIQUE	102,443	12,443	6,150	220		0 194.23
194.24 07974	BOSC BALL OUTPATIENT SURGERY	0	361,185	0	0		0 194.24
194.25 07975	CARDINAL BEHAVIORAL HEALTH	670	129,318	0	0		0 194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL	1,078,769	72,275	304,099	2,513		0 194.26
194.27 07977	MIDWEST HEALTH STRATEGIES	0	0	0	0		0 194.27
194.28 07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0		0 194.28
194.29 07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0		0 194.29
194.30 07980	CARDINAL HEALTH ALLIANCE	0	0	0	0		0 194.30
194.31 07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		0 194.31
194.32 07982	RENAL DIALYSIS	0	0	0	0		0 194.32
194.33 07983	LAB CORP	0	0	0	0		0 194.33
194.34 07984	H.O. MATERIALS MGMT	0	0	0	0		0 194.34
194.35 07985	LEASED SPACE	0	0	0	0		0 194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0		0 201.00
202.00	TOTAL (sum lines 118 through 201)	367,572,612	25,846,307	48,397,787	703,460	13,194,708	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/24/2019 9:59 am
Cost Center Description	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS
	5.04	5.05	5A.05	5.06	6.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 01160 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.04 00570 ADMINITING	8,657,560				5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE	0	10,419,974			5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL	0	0	34,046,659	34,046,659	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	23,536,586	2,402,638	25,939,224
7.00 00700 OPERATION OF PLANT	0	0	7,835,073	799,812	1,545,824
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	1,381,371	141,012	0
9.00 00900 HOUSEKEEPING	0	0	4,461,060	455,389	543,775
10.00 01000 DIETARY	0	0	2,648,335	270,345	316,384
11.00 01100 CAFETERIA	0	0	1,435,513	146,539	476,388
13.00 01300 NURSING ADMINISTRATION	0	0	9,452,003	964,870	498,059
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	11,525,930	1,176,578	513,896
15.00 01500 PHARMACY	0	0	7,005,515	715,130	212,002
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00 01080 PATIENT TRANSPORTATION	0	0	742,206	75,765	23,018
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	5,580,183	569,631	0
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,277,897	436,692	590,452
23.00 02300 PARAMED ED PRGM	0	0	252,303	25,755	3,815
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	906,974	1,091,427	40,352,504	4,119,223	5,144,575
31.00 03100 INTENSIVE CARE UNIT	271,230	326,391	11,805,414	1,205,108	890,679
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
35.00 02060 NEONATAL INTENSIVE CARE UNIT	86,058	103,560	3,469,284	354,148	153,143
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100 SUBPROVIDER - I RF	43,164	51,942	3,062,418	312,615	320,488
43.00 04300 NURSERY	15,612	18,787	804,125	82,086	99,766
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	843,804	1,015,410	13,016,984	1,328,787	1,114,158
51.00 05100 RECOVERY ROOM	111,446	134,111	2,785,824	284,380	260,955
52.00 05200 DELIVERY ROOM & LABOR ROOM	122,978	147,989	3,508,483	358,149	412,335
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,115,870	1,342,807	21,164,671	2,160,511	1,926,678
57.00 03280 EKG AND EEG	17,095	20,572	191,498	19,548	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	447,592	538,620	4,757,373	485,637	450,100
60.00 06000 LABORATORY	425,223	511,702	11,893,007	1,214,050	618,567
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	33,973	40,882	1,336,776	136,459	0
65.00 06500 RESPIRATORY THERAPY	111,406	134,063	5,440,574	555,379	147,821
65.01 06501 SLEEP LAB	42,617	51,284	827,900	84,513	0
66.00 06600 PHYSICAL THERAPY	100,797	121,297	6,515,994	665,159	98,932
67.00 06700 OCCUPATIONAL THERAPY	31,920	38,412	1,439,454	146,941	77,068
68.00 06800 SPEECH PATHOLOGY	15,223	18,319	691,956	70,636	18,434
68.01 06801 AUDIOLOGY	0	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	264,152	317,873	2,871,036	293,078	591,221
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	306,464	368,790	11,759,859	1,200,458	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	572,492	688,921	15,835,462	1,616,500	0
73.00 07300 DRUGS CHARGED TO PATIENTS	1,306,154	1,573,490	36,721,047	3,748,521	0
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	41,675	50,151	10,016,269	1,022,471	0
74.00 07400 RENAL DIALYSIS	21,548	25,931	1,519,865	155,149	93,546
76.00 03160 CARDIOPULMONARY	0	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	21,505	25,879	1,015,670	103,681	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	71,849	86,462	1,695,719	173,101	13,304
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0	0	0
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0
90.02 09002 PAIN CLINIC	36,950	44,465	1,066,841	108,904	719,487
90.03 09003 ONCOLOGY CLINIC	150,055	180,573	2,198,118	224,386	136,184
91.00 09100 EMERGENCY	1,077,312	1,296,408	17,188,137	1,754,582	1,076,457
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			0		0
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	44,422	53,456	2,797,239	285,545	95,855
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					113.00
118.00					118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	636,577	64,982	0
191.00 19100 RESEARCH	0	0	1,125,017	114,843	87,872
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B
Part I
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Cost Center Description	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.04	5.05	5A.05	5.06	6.00	
194.01 07951 BSU PHARMACY	0	0	98,827	10,088	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	6,685,239	682,436	81,428	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	86,286	8,808	162,632	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	349,999	35,728	768,312	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	2,293,594	234,132	3,697,135	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	171,903	17,548	377,359	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	41,285	4,214	90,629	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	35,458	3,620	77,838	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	1,470,371	150,097	149,937	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	577,836	58,986	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	121,256	12,378	27,314	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	361,185	36,870	792,868	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	129,988	13,269	283,877	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	1,457,656	148,799	158,657	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments			0			200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	8,657,560	10,419,974	367,572,612	34,046,659	25,939,224	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part I Date/Time Prepared: 5/24/2019 9:59 am				
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	10,180,709				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,522,383			8.00	
9.00	00900	HOUSEKEEPING	226,947	0	5,687,171		9.00	
10.00	01000	DIETARY	132,045	96	92,149	3,459,354	10.00	
11.00	01100	CAFETERIA	198,823	145	138,751	0	2,396,159	11.00
13.00	01300	NURSING ADMINISTRATION	207,868	380	145,063	0	139,600	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	214,477	0	149,675	0	0	14.00
15.00	01500	PHARMACY	88,480	252	61,747	0	91,212	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	9,607	9,787	6,704	0	28,472	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	104,583	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	246,428	0	171,972	0	12,841	22.00
23.00	02300	PARAMED ED PRGM	1,592	3	1,111	0	3,834	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,147,112	719,847	1,498,385	2,747,156	581,761	30.00
31.00	03100	INTENSIVE CARE UNIT	371,729	119,053	259,415	248,561	156,711	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	63,915	10,652	44,604	0	43,027	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	133,757	52,051	93,344	176,337	37,136	41.00
43.00	04300	NURSERY	41,638	11,457	29,057	0	10,472	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	464,999	107,985	324,505	0	144,681	50.00
51.00	05100	RECOVERY ROOM	108,911	41,177	76,005	0	37,277	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	172,090	54,145	120,095	0	43,058	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	804,109	92,544	561,156	0	186,243	54.00
57.00	03280	EKG AND EEG	0	0	0	0	6,389	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	187,852	18,680	131,094	0	39,209	59.00
60.00	06000	LABORATORY	258,162	0	180,161	0	77,873	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	207	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	61,694	403	43,054	0	78,091	65.00
65.01	06501	SLEEP LAB	0	20	0	0	12,545	65.01
66.00	06600	PHYSICAL THERAPY	41,290	7,856	28,815	0	111,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,165	0	22,447	0	18,716	67.00
68.00	06800	SPEECH PATHOLOGY	7,693	0	5,369	0	9,381	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	246,749	18,887	172,196	0	41,905	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	218	0	0	29,999	73.01
74.00	07400	RENAL DIALYSIS	39,042	2,185	27,246	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	8	0	0	18,218	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,553	0	3,875	0	13,106	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	300,281	15	209,555	0	11,563	90.02
90.03	09003	ONCOLOGY CLINIC	56,837	7,471	39,664	0	21,552	90.03
91.00	09100	EMERGENCY	449,265	227,698	313,524	0	163,958	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	40,005	0	27,918	0	54,263	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,361,115	1,503,222	4,978,656	3,172,054	2,329,381	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	7,200	190.00
191.00	19100	RESEARCH	36,674	0	25,593	0	18,140	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	0	0	3,756	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
194.02	07952	PAVILLION PHARMACY	33,985	0	23,716	0	14,976	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	67,875	19,125	47,368	0	125	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	320,659	0	85,986	0	0	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	1,543,018	0	401,621	0	0	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	157,493	0	0	142,750	0	194.10
194.11	07961	IU HEALTH HOSPICE	37,825	36	26,396	0	0	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	32,486	0	0	0	0	194.15
194.16	07966	JAY COUNTY HOSPITAL	62,577	0	43,670	0	11,345	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	11,400	0	7,955	0	904	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	330,908	0	0	0	0	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	118,478	0	0	144,550	0	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	66,216	0	46,210	0	10,332	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	10,180,709	1,522,383	5,687,171	3,459,354	2,396,159	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION	
	13.00	14.00	15.00	16.00	18.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.04 00570 ADMITTING						5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION	11,407,843					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	13,580,556				14.00
15.00 01500 PHARMACY	0	74,419	8,248,757			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	0	0		16.00
18.00 01080 PATIENT TRANSPORTATION	0	119	0	0	895,678	18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	65	2	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,483,729	794,253	50,535	0	93,812	30.00
31.00 03100 INTENSIVE CARE UNIT	1,488,638	327,726	14,152	0	28,054	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	389,663	57,524	1,985	0	8,901	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	337,276	20,792	950	0	4,465	41.00
43.00 04300 NURSERY	98,455	0	0	0	1,615	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	467,496	1,589,532	21,050	0	87,278	50.00
51.00 05100 RECOVERY ROOM	381,015	77,734	10,041	0	11,527	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	375,361	71,136	5,366	0	12,720	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	301,187	336,626	9,164	0	115,419	54.00
57.00 03280 EKG AND EEG	0	1,892	0	0	1,768	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	213,542	210,961	4,825	0	46,296	59.00
60.00 06000 LABORATORY	0	0	0	0	43,983	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	3,514	63.00
65.00 06500 RESPIRATORY THERAPY	0	141,088	73	0	11,523	65.00
65.01 06501 SLEEP LAB	0	22,812	0	0	4,408	65.01
66.00 06600 PHYSICAL THERAPY	1,330	13,193	43	0	10,426	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	9,120	5	0	3,302	67.00
68.00 06800 SPEECH PATHOLOGY	0	446	0	0	1,575	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	8,721	16	0	27,322	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,045,888	0	0	31,699	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5,221,091	0	0	59,215	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	8,082,163	0	135,291	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	619	0	0	4,311	73.01
74.00 07400 RENAL DIALYSIS	0	11,892	2,257	0	2,229	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	9,147	2,864	2	0	2,224	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	113,589	45,741	104	0	7,432	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02 09002 PAIN CLINIC	59,705	29,397	139	0	3,822	90.02
90.03 09003 ONCOLOGY CLINIC	187,764	72,291	7,412	0	15,521	90.03
91.00 09100 EMERGENCY	1,405,483	376,316	38,257	0	111,431	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	166	13,902	210	0	4,595	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	11,313,546	13,578,160	8,248,751	0	895,678	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	370	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	OTHER GENERAL	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	SERVICE	
	13.00	14.00	15.00	16.00	PATIENT TRANSPORTATION	
	13.00	14.00	15.00	16.00	18.00	
191.00 19100 RESEARCH	93,133	208	4	0	0	0 191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	0 194.01
194.02 07952 PAVILLION PHARMACY	0	1,094	0	0	0	0 194.02
194.03 07953 VENDING	0	0	0	0	0	0 194.03
194.04 07954 CARELINE	0	0	0	0	0	0 194.04
194.05 07955 WELLNESS CENTER	0	331	0	0	0	0 194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	0 194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	0 194.07
194.08 07958 RENTAL PROPERTY	0	207	0	0	0	0 194.08
194.09 07959 ADVERTISING	0	0	0	0	0	0 194.09
194.10 07960 INTEGRAL TAC	0	0	0	0	0	0 194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	0 194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0 194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	0 194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0 194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	0 194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	0 194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	0 194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	0 194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0 194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0 194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	0 194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	0 194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	111	0	0	0	0 194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	0 194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	75	2	0	0	0 194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	1,164	0	0	0	0	0 194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	0 194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	0 194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	0 194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	0 194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0 194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	0 194.32
194.33 07983 LAB CORP	0	0	0	0	0	0 194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	0 194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0 194.35
200.00						200.00
201.00						201.00
202.00						202.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118 through 201)	11,407,843	13,580,556	8,248,757	0	895,678	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.01 01160 COMMUNICATIONS							5.01
5.02 00550 DATA PROCESSING							5.02
5.04 00570 ADMI TTING							5.04
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
18.00 01080 PATIENT TRANSPORTATION							18.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	6,254,397						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		5,736,349					22.00
23.00 02300 PARAMED PRGM			288,413				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	3,470,771	3,183,290		0	70,386,953	-6,654,061	30.00
31.00 03100 INTENSIVE CARE UNIT	819,189	751,336		0	18,485,765	-1,570,525	31.00
32.00 03200 CORONARY CARE UNIT	92,967	85,267		0	178,234	-178,234	32.00
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0		0	4,596,846	0	35.00
40.00 04000 SUBPROVIDER - IPF	0	0		0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0		0	4,551,629	0	41.00
43.00 04300 NURSERY	0	0		0	1,178,671	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	483,699	443,634		0	19,594,788	-927,333	50.00
51.00 05100 RECOVERY ROOM	0	0		0	4,074,846	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0	5,132,938	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	202,102	185,362		0	28,045,772	-387,464	54.00
57.00 03280 EKG AND EEG	0	0		0	221,095	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	6,545,569	0	59.00
60.00 06000 LABORATORY	0	0		0	14,285,803	0	60.00
60.01 06001 BLOOD LABORATORY	0	0		0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		0	1,476,956	0	63.00
65.00 06500 RESPIRATORY THERAPY	103,746	95,153		0	6,678,599	-198,899	65.00
65.01 06501 SLEEP LAB	0	0		0	952,198	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0		0	7,494,743	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		0	1,749,218	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0	805,490	0	68.00
68.01 06801 AUDIOLOGY	0	0		0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	272,165	249,621		0	4,792,917	-521,786	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	17,037,904	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		0	22,732,268	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		288,413	48,975,435	0	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		0	11,073,887	0	73.01
74.00 07400 RENAL DIALYSIS	0	0		0	1,853,411	0	74.00
76.00 03160 CARDIOPULMONARY	0	0		0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0		0	1,151,814	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	10,779	9,886		0	2,092,189	-20,665	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0		0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0		0	0	0	90.01
90.02 09002 PAIN CLINIC	125,304	114,925		0	2,749,938	-240,229	90.02
90.03 09003 ONCOLOGY CLINIC	87,578	80,324		0	3,135,102	-167,902	90.03
91.00 09100 EMERGENCY	528,161	484,414		0	24,117,683	-1,012,575	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0		0	3,319,698	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	6,196,461	5,683,212	288,413	339,468,359	-11,879,673	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	709,129	0	190.00
191.00 19100	RESEARCH	57,936	53,137	0	1,612,557	-111,073	191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951	BSU PHARMACY	0	0	0	112,671	0	194.01
194.02 07952	PAVILLION PHARMACY	0	0	0	7,522,874	0	194.02
194.03 07953	VENDING	0	0	0	0	0	194.03
194.04 07954	CARELINE	0	0	0	0	0	194.04
194.05 07955	WELLNESS CENTER	0	0	0	392,550	0	194.05
194.06 07956	PHYSICIAN PRACTICE CLINICS	0	0	0	1,560,684	0	194.06
194.07 07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958	RENTAL PROPERTY	0	0	0	8,169,707	0	194.08
194.09 07959	ADVERTISING	0	0	0	0	0	194.09
194.10 07960	INTEGRAL TAC	0	0	0	867,053	0	194.10
194.11 07961	IU HEALTH HOSPICE	0	0	0	200,385	0	194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965	MARKETING/PUBLIC RELATIONS	0	0	0	149,402	0	194.15
194.16 07966	JAY COUNTY HOSPITAL	0	0	0	1,887,997	0	194.16
194.17 07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972	THERAPIES TO OTHER ENTITIES	0	0	0	636,822	0	194.22
194.23 07973	CANCER CENTER BOUTIQUE	0	0	0	181,318	0	194.23
194.24 07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	1,521,831	0	194.24
194.25 07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	690,239	0	194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	1,889,034	0	194.26
194.27 07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983	LAB CORP	0	0	0	0	0	194.33
194.34 07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985	LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	6,254,397	5,736,349	288,413	367,572,612	-11,990,746	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

Period:
From 01/01/2018
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01080 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	63,732,892	30.00
31.00	03100 INTENSIVE CARE UNIT	16,915,240	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,596,846	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	4,551,629	41.00
43.00	04300 NURSERY	1,178,671	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	18,667,455	50.00
51.00	05100 RECOVERY ROOM	4,074,846	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,132,938	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,658,308	54.00
57.00	03280 EKG AND EEG	221,095	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	6,545,569	59.00
60.00	06000 LABORATORY	14,285,803	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,476,956	63.00
65.00	06500 RESPIRATORY THERAPY	6,479,700	65.00
65.01	06501 SLEEP LAB	952,198	65.01
66.00	06600 PHYSICAL THERAPY	7,494,743	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,749,218	67.00
68.00	06800 SPEECH PATHOLOGY	805,490	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	4,271,131	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,037,904	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	22,732,268	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	48,975,435	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	11,073,887	73.01
74.00	07400 RENAL DIALYSIS	1,853,411	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	1,151,814	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,071,524	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	90.01
90.02	09002 PAIN CLINIC	2,509,709	90.02
90.03	09003 ONCOLOGY CLINIC	2,967,200	90.03
91.00	09100 EMERGENCY	23,105,108	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	3,319,698	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	327,588,686	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	709,129	190.00
191.00	19100 RESEARCH	1,501,484	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	112,671	194.01
194.02	07952 PAVILLION PHARMACY	7,522,874	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0089

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

Worksheet B
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Cost Center Description	Total	
	26.00	
194.03 07953 VENDING	0	194.03
194.04 07954 CARELINE	0	194.04
194.05 07955 WELLNESS CENTER	392,550	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	1,560,684	194.06
194.07 07957 PERINATAL CLINIC	0	194.07
194.08 07958 RENTAL PROPERTY	8,169,707	194.08
194.09 07959 ADVERTISING	0	194.09
194.10 07960 INTEGRA LTAC	867,053	194.10
194.11 07961 IU HEALTH HOSPICE	200,385	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	149,402	194.15
194.16 07966 JAY COUNTY HOSPITAL	1,887,997	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	194.19
194.20 07970 MEALS ON WHEELS	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	636,822	194.22
194.23 07973 CANCER CENTER BOUTIQUE	181,318	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	1,521,831	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	690,239	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	1,889,034	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32 07982 RENAL DIALYSIS	0	194.32
194.33 07983 LAB CORP	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	194.34
194.35 07985 LEASED SPACE	0	194.35
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118 through 201)	355,581,866	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B Part II Date/Time Prepared: 5/24/2019 9:59 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	78,628	78,628	78,628		4.00
5.01 01160	COMMUNICATIONS	0	21,877	21,877	337	22,214	5.01
5.02 00550	DATA PROCESSING	0	0	0	0	173	5.02
5.04 00570	ADMINISTRATIVE	0	90,340	90,340	570	0	5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	0	0	5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL	0	700,684	700,684	3,885	454	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	13,138,355	13,138,355	2,157	758	6.00
7.00 00700	OPERATION OF PLANT	0	704,189	704,189	982	319	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	247,713	247,713	1,927	1,135	9.00
10.00 01000	DIETARY	0	144,127	144,127	962	452	10.00
11.00 01100	CAFETERIA	0	217,015	217,015	896	516	11.00
13.00 01300	NURSING ADMINISTRATION	0	226,887	226,887	4,195	1,072	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	234,102	234,102	0	0	14.00
15.00 01500	PHARMACY	0	96,576	96,576	3,195	701	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00 01080	PATIENT TRANSPORTATION	0	10,486	10,486	347	219	18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,766	803	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	268,976	268,976	170	99	22.00
23.00 02300	PARAMED PRGM	0	1,738	1,738	116	29	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	2,343,572	2,343,572	14,879	4,470	30.00
31.00 03100	INTENSIVE CARE UNIT	0	405,742	405,742	4,790	1,204	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT	0	69,763	69,763	1,412	331	35.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	145,996	145,996	1,115	285	41.00
43.00 04300	NURSERY	0	45,448	45,448	328	80	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	507,546	507,546	3,778	1,111	50.00
51.00 05100	RECOVERY ROOM	0	118,876	118,876	1,048	286	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	187,836	187,836	1,323	331	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	877,684	877,684	6,017	1,431	54.00
57.00 03280	EKG AND EEG	0	0	0	88	49	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	205,040	205,040	1,316	301	59.00
60.00 06000	LABORATORY	0	281,784	281,784	0	598	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0	67,339	67,339	2,329	600	65.00
65.01 06501	SLEEP LAB	0	0	0	309	96	65.01
66.00 06600	PHYSICAL THERAPY	0	45,068	45,068	3,495	858	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	35,108	35,108	632	144	67.00
68.00 06800	SPEECH PATHOLOGY	0	8,397	8,397	317	72	68.00
68.01 06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	269,326	269,326	925	322	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	1,191	230	73.01
74.00 07400	RENAL DIALYSIS	0	42,614	42,614	0	0	74.00
76.00 03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	429	140	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	6,061	6,061	374	101	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02 09002	PAIN CLINIC	0	327,757	327,757	273	89	90.02
90.03 09003	ONCOLOGY CLINIC	0	62,038	62,038	677	166	90.03
91.00 09100	EMERGENCY	0	490,372	490,372	4,625	1,260	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	43,666	43,666	1,108	417	95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	22,768,726	22,768,726	75,283	21,702	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT					
	0	1.00		2A	4.00	5.01	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	101	55	190.00
191.00 19100 RESEARCH	0	40,029	40,029	498	139	191.00	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	146	29	194.01	194.01
194.02 07952 PAVILLION PHARMACY	0	37,094	37,094	529	115	194.02	194.02
194.03 07953 VENDI NG	0	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	0	74,086	74,086	2	1	194.05	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	349,999	349,999	0	0	194.06	194.06
194.07 07957 PERI NATAL CLINI C	0	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	1,684,203	1,684,203	0	0	0	194.08
194.09 07959 ADVERTI SING	0	0	0	0	0	0	194.09
194.10 07960 INTEGRA LTAC	0	171,903	171,903	0	0	0	194.10
194.11 07961 IU HEALTH HOSPI CE	0	41,285	41,285	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	0	194.12
194.13 07963 EXECUTI VE PHYSI CAL	0	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	0	194.14
194.15 07965 MARKETI NG/PUBLI C RELATIONS	0	35,458	35,458	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	68,303	68,303	626	87	194.16	194.16
194.17 07967 CARDI NAL HEALTH CHOICE	0	0	0	0	0	0	194.17
194.18 07968 CHV CARDI NAL HEALTH VENTURES	0	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	0	194.20
194.21 07971 ST MARY' S SCHOOL	0	0	0	0	0	0	194.21
194.22 07972 THERAPI ES TO OTHER ENTITI ES	0	0	0	939	0	194.22	194.22
194.23 07973 CANCER CENTER BOUTI QUE	0	12,443	12,443	10	7	194.23	194.23
194.24 07974 BOSC BALL OUTPATI ENT SURGERY	0	361,185	361,185	0	0	194.24	194.24
194.25 07975 CARDI NAL BEHAVI ORAL HEALTH	0	129,318	129,318	0	0	194.25	194.25
194.26 07976 BLACKFORD COMMUNI TY HOSPI TAL	0	72,275	72,275	494	79	194.26	194.26
194.27 07977 MIDWEST HEALTH STRATEGI ES	0	0	0	0	0	0	194.27
194.28 07978 CARDI NAL SELECT RISK RETENTI ON GRP	0	0	0	0	0	0	194.28
194.29 07979 HOME OFFI CE CARDI NAL HEALTH INITIATI	0	0	0	0	0	0	194.29
194.30 07980 CARDI NAL HEALTH ALLI ANCE	0	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.31
194.32 07982 RENAL DI ALYSI S	0	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	0	194.33
194.34 07984 H.O. MATERI ALS MGMT	0	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments				0			200.00
201.00 Negative Cost Centers				0			201.00
202.00 TOTAL (sum lines 118 through 201)	0	25,846,307	25,846,307	78,628	22,214	202.00	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0089		Period: From 01/01/2018 To 12/31/2018		Worksheet B Part II Date/Time Prepared: 5/24/2019 9:59 am	
Cost Center Description			DATA PROCESSING	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
			5.02	5.04	5.05	5.06	6.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	173					5.02
5.04	00570	ADMITTING	0	90,910				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	705,023		5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	49,756	13,191,026	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	16,563	786,107	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	2,920	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	9,431	276,529	9.00
10.00	01000	DIETARY	0	0	0	5,599	160,893	10.00
11.00	01100	CAFETERIA	0	0	0	3,035	242,260	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	19,982	253,281	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	24,366	261,335	14.00
15.00	01500	PHARMACY	0	0	0	14,810	107,811	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	0	0	0	1,569	11,705	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	11,797	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	9,043	300,266	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	533	1,940	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	9,512	0	85,255	2,616,200	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,844	0	24,957	452,942	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	903	0	7,334	77,879	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	453	0	6,474	162,980	41.00
43.00	04300	NURSERY	0	164	0	1,700	50,734	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,849	0	27,518	566,589	50.00
51.00	05100	RECOVERY ROOM	0	1,169	0	5,889	132,705	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,290	0	7,417	209,687	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,703	0	44,742	979,785	54.00
57.00	03280	EKG AND EEG	0	179	0	405	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,694	0	10,057	228,892	59.00
60.00	06000	LABORATORY	0	4,459	0	25,142	314,563	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	356	0	2,826	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,168	0	11,501	75,172	65.00
65.01	06501	SLEEP LAB	0	447	0	1,750	0	65.01
66.00	06600	PHYSICAL THERAPY	0	1,057	0	13,775	50,311	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	335	0	3,043	39,192	67.00
68.00	06800	SPEECH PATHOLOGY	0	160	0	1,463	9,374	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	2,770	0	6,069	300,657	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,214	0	24,860	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,004	0	33,476	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	173	13,811	0	77,628	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	437	0	21,174	0	73.01
74.00	07400	RENAL DIALYSIS	0	226	0	3,213	47,572	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	226	0	2,147	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	754	0	3,585	6,766	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	0	388	0	2,255	365,885	90.02
90.03	09003	ONCOLOGY CLINIC	0	1,574	0	4,647	69,255	90.03
91.00	09100	EMERGENCY	0	11,298	0	36,336	547,417	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	466	0	5,913	48,746	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	173	90,910	0	671,955	9,755,430	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,346	0	190.00
191.00	19100	RESEARCH	0	0	0	2,378	44,686	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		DATA PROCESSING	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS		
		5.02	5.04	5.05	5.06	6.00		
194.01	07951	BSU PHARMACY	0	0	0	209	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	0	14,133	41,409	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	0	182	82,704	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	0	740	390,714	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	0	4,849	1,880,126	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	0	363	191,901	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	0	87	46,088	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	0	75	39,583	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	0	3,108	76,248	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	0	1,222	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	0	256	13,890	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	0	764	403,202	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	0	275	144,362	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	0	3,081	80,683	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
200.00		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)	173	90,910	0	705,023	13,191,026	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 9:59 am		
Cost Center Description			OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
			7.00	8.00	9.00	10.00	11.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.04	00570	ADMINISTRATIVE					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	1,508,160				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,920			8.00
9.00	00900	HOUSEKEEPING	33,620	0	570,355		9.00
10.00	01000	DIETARY	19,561	0	9,241	340,835	10.00
11.00	01100	CAFETERIA	29,453	0	13,915	0	507,090
13.00	01300	NURSING ADMINISTRATION	30,793	1	14,548	0	29,543
14.00	01400	CENTRAL SERVICES & SUPPLY	31,772	0	15,011	0	0
15.00	01500	PHARMACY	13,107	0	6,192	0	19,303
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
18.00	01080	PATIENT TRANSPORTATION	1,423	19	672	0	6,025
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	22,133
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,506	0	17,247	0	2,718
23.00	02300	PARAMED ED PRGM	236	0	111	0	811
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	318,072	1,383	150,273	270,664	123,115
31.00	03100	INTENSIVE CARE UNIT	55,068	228	26,016	24,490	33,164
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
35.00	02060	NEONATAL INTENSIVE CARE UNIT	9,468	20	4,473	0	9,106
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	19,815	100	9,361	17,374	7,859
43.00	04300	NURSERY	6,168	22	2,914	0	2,216
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	68,885	207	32,544	0	30,618
51.00	05100	RECOVERY ROOM	16,134	79	7,622	0	7,889
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,493	104	12,044	0	9,112
54.00	05400	RADIOLOGY-DIAGNOSTIC	119,120	177	56,277	0	39,414
57.00	03280	EKG AND EEG	0	0	0	0	1,352
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	27,828	36	13,147	0	8,298
60.00	06000	LABORATORY	38,244	0	18,068	0	16,480
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,139	1	4,318	0	16,526
65.01	06501	SLEEP LAB	0	0	0	0	2,655
66.00	06600	PHYSICAL THERAPY	6,117	15	2,890	0	23,640
67.00	06700	OCCUPATIONAL THERAPY	4,765	0	2,251	0	3,961
68.00	06800	SPEECH PATHOLOGY	1,140	0	538	0	1,985
68.01	06801	AUDIOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	36,553	36	17,269	0	8,868
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	6,349
74.00	07400	RENAL DIALYSIS	5,784	4	2,732	0	0
76.00	03160	CARDIOPULMONARY	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	3,855
76.98	07698	HYPERBARIC OXYGEN THERAPY	823	0	389	0	2,774
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0
90.02	09002	PAIN CLINIC	44,483	0	21,016	0	2,447
90.03	09003	ONCOLOGY CLINIC	8,420	14	3,978	0	4,561
91.00	09100	EMERGENCY	66,554	437	31,443	0	34,698
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	5,926	0	2,800	0	11,483
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,090,470	2,883	499,300	312,528	492,958
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1,524
191.00	19100	RESEARCH	5,433	0	2,567	0	3,839
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	07951	BSU PHARMACY	0	0	0	0	795

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
194.02	07952 PAVILLION PHARMACY	5,034	0	2,378	0	3,169	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	10,055	37	4,750	0	26	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	47,502	0	8,623	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	228,581	0	40,278	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TAC	23,331	0	0	14,065	0	194.10
194.11	07961 IU HEALTH HOSPICE	5,603	0	2,647	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	4,812	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	9,270	0	4,380	0	2,401	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	1,689	0	798	0	191	194.23
194.24	07974 BOSC BALL OUTPATIENT SURGERY	49,020	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	17,551	0	0	14,242	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	9,809	0	4,634	0	2,187	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	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)	1,508,160	2,920	570,355	340,835	507,090	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 9:59 am				
Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE PATIENT TRANSPORTATION			
	13.00	14.00	15.00	16.00	18.00			
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.01	01160	COMMUNICATIONS				5.01		
5.02	00550	DATA PROCESSING				5.02		
5.04	00570	ADMINISTRATIVE				5.04		
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
7.00	00700	OPERATION OF PLANT				7.00		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION	580,302			13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	566,586		14.00		
15.00	01500	PHARMACY	0	3,105	264,800	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00		
18.00	01080	PATIENT TRANSPORTATION	0	5	0	32,470	18.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3	0	0	22.00	
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	278,950	33,137	1,622	0	3,357	30.00
31.00	03100	INTENSIVE CARE UNIT	75,725	13,673	454	0	1,004	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	19,822	2,400	64	0	319	35.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	17,157	867	31	0	160	41.00
43.00	04300	NURSERY	5,008	0	0	0	58	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,781	66,317	676	0	3,123	50.00
51.00	05100	RECOVERY ROOM	19,382	3,243	322	0	413	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	19,094	2,968	172	0	455	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,321	14,044	294	0	4,130	54.00
57.00	03280	EKG AND EEG	0	79	0	0	63	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	10,863	8,801	155	0	1,657	59.00
60.00	06000	LABORATORY	0	0	0	0	1,574	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	126	63.00
65.00	06500	RESPIRATORY THERAPY	0	5,886	2	0	412	65.00
65.01	06501	SLEEP LAB	0	952	0	0	158	65.01
66.00	06600	PHYSICAL THERAPY	68	550	1	0	373	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	380	0	0	118	67.00
68.00	06800	SPEECH PATHOLOGY	0	19	0	0	56	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	364	1	0	978	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	168,798	0	0	1,134	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	217,823	0	0	2,119	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	259,454	0	5,259	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	26	0	0	154	73.01
74.00	07400	RENAL DIALYSIS	0	496	72	0	80	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	465	119	0	0	80	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	5,778	1,908	3	0	266	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	3,037	1,226	4	0	137	90.02
90.03	09003	ONCOLOGY CLINIC	9,551	3,016	238	0	555	90.03
91.00	09100	EMERGENCY	71,495	15,700	1,228	0	3,988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	8	580	7	0	164	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	575,505	566,485	264,800	0	32,470	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	OTHER GENERAL
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY	SERVICE
	13.00	14.00	15.00	16.00	18.00
191.00 19100 RESEARCH	4,738	9	0	0	0
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 07951 BSU PHARMACY	0	0	0	0	0
194.02 07952 PAVILLION PHARMACY	0	46	0	0	0
194.03 07953 VENDING	0	0	0	0	0
194.04 07954 CARELINE	0	0	0	0	0
194.05 07955 WELLNESS CENTER	0	14	0	0	0
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0
194.07 07957 PERINATAL CLINIC	0	0	0	0	0
194.08 07958 RENTAL PROPERTY	0	9	0	0	0
194.09 07959 ADVERTISING	0	0	0	0	0
194.10 07960 INTEGRAL TAC	0	0	0	0	0
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0
194.20 07970 MEALS ON WHEELS	0	0	0	0	0
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0
194.23 07973 CANCER CENTER BOUTIQUE	0	5	0	0	0
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	3	0	0	0
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	59	0	0	0	0
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.32 07982 RENAL DIALYSIS	0	0	0	0	0
194.33 07983 LAB CORP	0	0	0	0	0
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0
194.35 07985 LEASED SPACE	0	0	0	0	0
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					0
202.00 TOTAL (sum lines 118 through 201)	580,302	566,586	264,800	0	32,470

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160	COMMUNICATIONS						5.01
5.02 00550	DATA PROCESSING						5.02
5.04 00570	ADMITTING						5.04
5.05 00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
18.00 01080	PATIENT TRANSPORTATION						18.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	37,499					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		635,028				22.00
23.00 02300	PARAMED PRGM			5,514			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				6,254,461		30.00
31.00 03100	INTENSIVE CARE UNIT				1,122,301		31.00
32.00 03200	CORONARY CARE UNIT				0		32.00
35.00 02060	NEONATAL INTENSIVE CARE UNIT				203,294		35.00
40.00 04000	SUBPROVIDER - IPF				0		40.00
41.00 04100	SUBPROVIDER - IRF				390,027		41.00
43.00 04300	NURSERY				114,840		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				1,341,542		50.00
51.00 05100	RECOVERY ROOM				315,057		51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				477,326		52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				2,170,139		54.00
57.00 03280	EKG AND EEG				2,215		57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0		58.00
59.00 05900	CARDIAC CATHETERIZATION				521,085		59.00
60.00 06000	LABORATORY				700,912		60.00
60.01 06001	BLOOD LABORATORY				0		60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.				3,308		63.00
65.00 06500	RESPIRATORY THERAPY				194,393		65.00
65.01 06501	SLEEP LAB				6,367		65.01
66.00 06600	PHYSICAL THERAPY				148,218		66.00
67.00 06700	OCCUPATIONAL THERAPY				89,929		67.00
68.00 06800	SPEECH PATHOLOGY				23,521		68.00
68.01 06801	AUDIOLOGY				0		68.01
69.00 06900	ELECTROCARDIOLOGY				644,138		69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				198,006		71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT				259,422		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				356,325		73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES				29,561		73.01
74.00 07400	RENAL DIALYSIS				102,793		74.00
76.00 03160	CARDIOPULMONARY				0		76.00
76.97 07697	CARDIAC REHABILITATION				7,461		76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY				29,582		76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC				0		90.00
90.01 09001	SUBSTANCE ABUSE CLINIC				0		90.01
90.02 09002	PAIN CLINIC				768,997		90.02
90.03 09003	ONCOLOGY CLINIC				168,690		90.03
91.00 09100	EMERGENCY				1,316,851		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)				0		92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES				121,284		95.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	18,082,045	0	118.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00			
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			3,041	0
191.00	19100	RESEARCH			104,316	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			0	0
194.01	07951	BSU PHARMACY			1,179	0
194.02	07952	PAVILLION PHARMACY			103,907	0
194.03	07953	VENDING			0	0
194.04	07954	CARELINE			0	0
194.05	07955	WELLNESS CENTER			171,857	0
194.06	07956	PHYSICIAN PRACTICE CLINICS			797,578	0
194.07	07957	PERINATAL CLINIC			0	0
194.08	07958	RENTAL PROPERTY			3,838,046	0
194.09	07959	ADVERTISING			0	0
194.10	07960	INTEGRALTC			401,563	0
194.11	07961	IU HEALTH HOSPICE			95,710	0
194.12	07962	POB MEDICAL PAVILLION CONDOS			0	0
194.13	07963	EXECUTIVE PHYSICAL			0	0
194.14	07964	NEW CASTLE ONCOLOGY			0	0
194.15	07965	MARKETING/PUBLIC RELATIONS			79,928	0
194.16	07966	JAY COUNTY HOSPITAL			164,423	0
194.17	07967	CARDINAL HEALTH CHOICE			0	0
194.18	07968	CHV CARDINAL HEALTH VENTURES			0	0
194.19	07969	HEALTH CARE CONNECTIONS			0	0
194.20	07970	MEALS ON WHEELS			0	0
194.21	07971	ST MARY'S SCHOOL			0	0
194.22	07972	THERAPIES TO OTHER ENTITIES			2,161	0
194.23	07973	CANCER CENTER BOUTIQUE			29,289	0
194.24	07974	BOSC BALL OUTPATIENT SURGERY			814,171	0
194.25	07975	CARDINAL BEHAVIORAL HEALTH			305,751	0
194.26	07976	BLACKFORD COMMUNITY HOSPITAL			173,301	0
194.27	07977	MIDWEST HEALTH STRATEGIES			0	0
194.28	07978	CARDINAL SELECT RISK RETENTION GRP			0	0
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI			0	0
194.30	07980	CARDINAL HEALTH ALLIANCE			0	0
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS			0	0
194.32	07982	RENAL DIALYSIS			0	0
194.33	07983	LAB CORP			0	0
194.34	07984	H.O. MATERIALS MGMT			0	0
194.35	07985	LEASED SPACE			0	0
200.00		Cross Foot Adjustments	37,499	635,028	5,514	678,041
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118 through 201)	37,499	635,028	5,514	25,846,307

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet B Part II Date/Time Prepared: 5/24/2019 9:59 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	01160 COMMUNICATIONS		5.01
5.02	00550 DATA PROCESSING		5.02
5.04	00570 ADMINITTING		5.04
5.05	00580 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00590 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
18.00	01080 PATIENT TRANSPORTATION		18.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	6,254,461	30.00
31.00	03100 INTENSIVE CARE UNIT	1,122,301	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT	203,294	35.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	390,027	41.00
43.00	04300 NURSERY	114,840	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,341,542	50.00
51.00	05100 RECOVERY ROOM	315,057	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	477,326	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,170,139	54.00
57.00	03280 EKG AND EEG	2,215	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	521,085	59.00
60.00	06000 LABORATORY	700,912	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,308	63.00
65.00	06500 RESPIRATORY THERAPY	194,393	65.00
65.01	06501 SLEEP LAB	6,367	65.01
66.00	06600 PHYSICAL THERAPY	148,218	66.00
67.00	06700 OCCUPATIONAL THERAPY	89,929	67.00
68.00	06800 SPEECH PATHOLOGY	23,521	68.00
68.01	06801 AUDIOLOGY	0	68.01
69.00	06900 ELECTROCARDIOLOGY	644,138	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	198,006	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	259,422	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	356,325	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	29,561	73.01
74.00	07400 RENAL DIALYSIS	102,793	74.00
76.00	03160 CARDIOPULMONARY	0	76.00
76.97	07697 CARDIAC REHABILITATION	7,461	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	29,582	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	90.01
90.02	09002 PAIN CLINIC	768,997	90.02
90.03	09003 ONCOLOGY CLINIC	168,690	90.03
91.00	09100 EMERGENCY	1,316,851	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	121,284	95.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	18,082,045	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,041	190.00
191.00	19100 RESEARCH	104,316	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	07951 BSU PHARMACY	1,179	194.01
194.02	07952 PAVILLION PHARMACY	103,907	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0089

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Total	
	26.00	
194.03 07953 VENDING	0	194.03
194.04 07954 CARELINE	0	194.04
194.05 07955 WELLNESS CENTER	171,857	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	797,578	194.06
194.07 07957 PERINATAL CLINIC	0	194.07
194.08 07958 RENTAL PROPERTY	3,838,046	194.08
194.09 07959 ADVERTISING	0	194.09
194.10 07960 INTEGRA LTAC	401,563	194.10
194.11 07961 IU HEALTH HOSPICE	95,710	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	79,928	194.15
194.16 07966 JAY COUNTY HOSPITAL	164,423	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	194.19
194.20 07970 MEALS ON WHEELS	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	2,161	194.22
194.23 07973 CANCER CENTER BOUTIQUE	29,289	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	814,171	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	305,751	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	173,301	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	194.31
194.32 07982 RENAL DIALYSIS	0	194.32
194.33 07983 LAB CORP	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	194.34
194.35 07985 LEASED SPACE	0	194.35
200.00 Cross Foot Adjustments	678,041	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118 through 201)	25,846,307	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		CAPI TAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNI CATIONS (FTE' S)	DATA PROCESSING (GROSS CHARGES)	ADMI TTING (GROSS CHARGES)	
		NEW BLDG & FIXT (SQUARE FEET)					
		1.00	4.00	5.01	5.02	5.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,769,814				1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,384	109,585,454			4.00
5.01	01160	COMMUNI CATIONS	1,498	469,024	185,558		5.01
5.02	00550	DATA PROCESSING	0	0	1,447	1,780,461,886	5.02
5.04	00570	ADMI TTING	6,186	793,267	0	1,780,461,886	5.04
5.05	00580	CASHI ERING/ACCOUNTS RECEI VABLE	0	0	0	0	5.05
5.06	00590	OTHER ADMI NI STRATI VE AND GENERAL	47,979	5,411,291	3,789	0	5.06
6.00	00600	MAI NTENANCE & REPAIRS	899,643	3,004,325	6,332	0	6.00
7.00	00700	OPERATI ON OF PLANT	48,219	1,367,294	2,668	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	16,962	2,683,667	9,479	0	9.00
10.00	01000	DI ETARY	9,869	1,340,414	3,777	0	10.00
11.00	01100	CAFETERIA	14,860	1,247,844	4,307	0	11.00
13.00	01300	NURSI NG ADMI NI STRATI ON	15,536	5,842,516	8,958	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	16,030	0	0	0	14.00
15.00	01500	PHARMACY	6,613	4,449,635	5,853	0	15.00
16.00	01600	MEDI CAL RECORDS & LIBRARY	0	0	0	0	16.00
18.00	01080	PATI ENT TRANSPORTATI ON	718	483,196	1,827	0	18.00
21.00	02100	I&R SERVI CES-SALARY & FRINGES APPRVD	0	3,853,060	6,711	0	21.00
22.00	02200	I&R SERVI CES-OTHER PRGM COSTS APPRVD	18,418	236,884	824	0	22.00
23.00	02300	PARAMED ED PRGM	119	162,233	246	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDI ATRI CS	160,475	20,795,991	37,331	186,504,985	30.00
31.00	03100	INTENSI VE CARE UNI T	27,783	6,671,364	10,056	55,774,186	31.00
32.00	03200	CORONARY CARE UNI T	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSI VE CARE UNI T	4,777	1,966,710	2,761	17,696,534	35.00
40.00	04000	SUBPROVI DER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVI DER - I RF	9,997	1,553,285	2,383	8,875,915	41.00
43.00	04300	NURSERY	3,112	456,373	672	3,210,362	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATI NG ROOM	34,754	5,261,216	9,284	173,515,049	50.00
51.00	05100	RECOVERY ROOM	8,140	1,459,833	2,392	22,917,069	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	12,862	1,842,414	2,763	25,288,590	52.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	60,099	8,380,586	11,951	229,461,191	54.00
57.00	03280	EKG AND EEG	0	122,061	410	3,515,364	57.00
58.00	05800	MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	0	0	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	14,040	1,832,632	2,516	92,040,351	59.00
60.00	06000	LABORATORY	19,295	0	4,997	87,440,502	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORI NG, PROCESSI NG, & TRANS.	0	0	0	6,986,000	63.00
65.00	06500	RESPI RATORY THERAPY	4,611	3,244,308	5,011	22,908,972	65.00
65.01	06501	SLEEP LAB	0	430,278	805	8,763,457	65.01
66.00	06600	PHYSI CAL THERAPY	3,086	4,868,230	7,168	20,727,420	66.00
67.00	06700	OCCUPATI ONAL THERAPY	2,404	879,778	1,201	6,563,861	67.00
68.00	06800	SPEECH PATHOLOGY	575	442,126	602	3,130,314	68.00
68.01	06801	AUDI OLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDI OLOGY	18,442	1,288,160	2,689	54,318,712	69.00
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	63,019,435	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	117,724,046	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	268,759,811	73.00
73.01	07301	HOSPI TAL BASED RETAI L PHARMACI ES	0	1,658,633	1,925	8,569,884	73.01
74.00	07400	RENAL DI ALYSI S	2,918	0	0	4,431,096	74.00
76.00	03160	CARDI OPULMONARY	0	0	0	0	76.00
76.97	07697	CARDI AC REHABI LI TATI ON	0	597,367	1,169	4,422,204	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	415	521,466	841	14,774,701	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINI C	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINI C	0	0	0	0	90.01
90.02	09002	PAIN CLINI C	22,443	380,315	742	7,598,199	90.02
90.03	09003	ONCOLOGY CLINI C	4,248	942,738	1,383	30,856,550	90.03
91.00	09100	EMERGENCY	33,578	6,442,042	10,521	221,532,442	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)					92.00
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVI CES	2,990	1,543,153	3,482	9,134,684	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,559,078	104,925,709	181,273	1,780,461,886	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	CAPITAL RELATED COSTS	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (FTE'S)	DATA PROCESSING (GROSS CHARGES)	ADMITTING (GROSS CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)					
	1.00	4.00	5.01	5.02	5.04	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	141,280	462	0	0 190.00
191.00 19100	RESEARCH	2,741	693,301	1,164	0	0 191.00
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01 07951	BSU PHARMACY	0	202,966	241	0	0 194.01
194.02 07952	PAVILLION PHARMACY	2,540	736,756	961	0	0 194.02
194.03 07953	VENDING	0	0	0	0	0 194.03
194.04 07954	CARELINE	0	0	0	0	0 194.04
194.05 07955	WELLNESS CENTER	5,073	3,011	8	0	0 194.05
194.06 07956	PHYSICIAN PRACTICE CLINICS	23,966	0	0	0	0 194.06
194.07 07957	PERINATAL CLINIC	0	0	0	0	0 194.07
194.08 07958	RENTAL PROPERTY	115,325	0	0	0	0 194.08
194.09 07959	ADVERTISING	0	0	0	0	0 194.09
194.10 07960	INTEGRAL TAC	11,771	0	0	0	0 194.10
194.11 07961	IU HEALTH HOSPICE	2,827	0	0	0	0 194.11
194.12 07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0 194.12
194.13 07963	EXECUTIVE PHYSICAL	0	0	0	0	0 194.13
194.14 07964	NEW CASTLE ONCOLOGY	0	0	0	0	0 194.14
194.15 07965	MARKETING/PUBLIC RELATIONS	2,428	0	0	0	0 194.15
194.16 07966	JAY COUNTY HOSPITAL	4,677	871,568	728	0	0 194.16
194.17 07967	CARDINAL HEALTH CHOICE	0	0	0	0	0 194.17
194.18 07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0 194.18
194.19 07969	HEALTH CARE CONNECTIONS	0	0	0	0	0 194.19
194.20 07970	MEALS ON WHEELS	0	0	0	0	0 194.20
194.21 07971	ST MARY'S SCHOOL	0	0	0	0	0 194.21
194.22 07972	THERAPIES TO OTHER ENTITIES	0	1,308,376	0	0	0 194.22
194.23 07973	CANCER CENTER BOUTIQUE	852	13,925	58	0	0 194.23
194.24 07974	BOSC BALL OUTPATIENT SURGERY	24,732	0	0	0	0 194.24
194.25 07975	CARDINAL BEHAVIORAL HEALTH	8,855	0	0	0	0 194.25
194.26 07976	BLACKFORD COMMUNITY HOSPITAL	4,949	688,562	663	0	0 194.26
194.27 07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0 194.27
194.28 07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0 194.28
194.29 07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0 194.29
194.30 07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0 194.30
194.31 07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.31
194.32 07982	RENAL DIALYSIS	0	0	0	0	0 194.32
194.33 07983	LAB CORP	0	0	0	0	0 194.33
194.34 07984	H.O. MATERIALS MGMT	0	0	0	0	0 194.34
194.35 07985	LEASED SPACE	0	0	0	0	0 194.35
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	25,846,307	48,397,787	703,460	13,194,708	8,657,560 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.603968	0.441644	3.791052	0.007411	0.004863 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		78,628	22,214	173	90,910 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000718	0.119715	0.000000	0.000051 205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)					207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	
		5.05	5A.06	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.04	00570						5.04
5.05	00580						5.05
5.06	00590	1,780,461,886	-34,046,659	333,525,953			5.06
6.00	00600	0	0	23,536,586	809,124		6.00
7.00	00700	0	0	7,835,073	48,219	760,905	7.00
8.00	00800	0	0	1,381,371	0	0	8.00
9.00	00900	0	0	4,461,060	16,962	16,962	9.00
10.00	01000	0	0	2,648,335	9,869	9,869	10.00
11.00	01100	0	0	1,435,513	14,860	14,860	11.00
13.00	01300	0	0	9,452,003	15,536	15,536	13.00
14.00	01400	0	0	11,525,930	16,030	16,030	14.00
15.00	01500	0	0	7,005,515	6,613	6,613	15.00
16.00	01600	0	0	0	0	0	16.00
18.00	01080	0	0	742,206	718	718	18.00
21.00	02100	0	0	5,580,183	0	0	21.00
22.00	02200	0	0	4,277,897	18,418	18,418	22.00
23.00	02300	0	0	252,303	119	119	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	186,504,985	0	40,352,504	160,475	160,475	30.00
31.00	03100	55,774,186	0	11,805,414	27,783	27,783	31.00
32.00	03200	0	0	0	0	0	32.00
35.00	02060	17,696,534	0	3,469,284	4,777	4,777	35.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	8,875,915	0	3,062,418	9,997	9,997	41.00
43.00	04300	3,210,362	0	804,125	3,112	3,112	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	173,515,049	0	13,016,984	34,754	34,754	50.00
51.00	05100	22,917,069	0	2,785,824	8,140	8,140	51.00
52.00	05200	25,288,590	0	3,508,483	12,862	12,862	52.00
54.00	05400	229,461,191	0	21,164,671	60,099	60,099	54.00
57.00	03280	3,515,364	0	191,498	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	92,040,351	0	4,757,373	14,040	14,040	59.00
60.00	06000	87,440,502	0	11,893,007	19,295	19,295	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	6,986,000	0	1,336,776	0	0	63.00
65.00	06500	22,908,972	0	5,440,574	4,611	4,611	65.00
65.01	06501	8,763,457	0	827,900	0	0	65.01
66.00	06600	20,727,420	0	6,515,994	3,086	3,086	66.00
67.00	06700	6,563,861	0	1,439,454	2,404	2,404	67.00
68.00	06800	3,130,314	0	691,956	575	575	68.00
68.01	06801	0	0	0	0	0	68.01
69.00	06900	54,318,712	0	2,871,036	18,442	18,442	69.00
71.00	07100	63,019,435	0	11,759,859	0	0	71.00
72.00	07200	117,724,046	0	15,835,462	0	0	72.00
73.00	07300	268,759,811	0	36,721,047	0	0	73.00
73.01	07301	8,569,884	0	10,016,269	0	0	73.01
74.00	07400	4,431,096	0	1,519,865	2,918	2,918	74.00
76.00	03160	0	0	0	0	0	76.00
76.97	07697	4,422,204	0	1,015,670	0	0	76.97
76.98	07698	14,774,701	0	1,695,719	415	415	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	0	90.01
90.02	09002	7,598,199	0	1,066,841	22,443	22,443	90.02
90.03	09003	30,856,550	0	2,198,118	4,248	4,248	90.03
91.00	09100	221,532,442	0	17,188,137	33,578	33,578	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	9,134,684	0	2,797,239	2,990	2,990	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		1,780,461,886	-34,046,659	317,883,476	598,388	550,169	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	636,577	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)		
		5.05	5A.06	5.06	6.00	7.00		
191.00	19100	RESEARCH	0	0	1,125,017	2,741	2,741	191.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	BSU PHARMACY	0	0	98,827	0	0	194.01
194.02	07952	PAVILLION PHARMACY	0	0	6,685,239	2,540	2,540	194.02
194.03	07953	VENDING	0	0	0	0	0	194.03
194.04	07954	CARELINE	0	0	0	0	0	194.04
194.05	07955	WELLNESS CENTER	0	0	86,286	5,073	5,073	194.05
194.06	07956	PHYSICIAN PRACTICE CLINICS	0	0	349,999	23,966	23,966	194.06
194.07	07957	PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958	RENTAL PROPERTY	0	0	2,293,594	115,325	115,325	194.08
194.09	07959	ADVERTISING	0	0	0	0	0	194.09
194.10	07960	INTEGRAL TAC	0	0	171,903	11,771	11,771	194.10
194.11	07961	IU HEALTH HOSPICE	0	0	41,285	2,827	2,827	194.11
194.12	07962	POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963	EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964	NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965	MARKETING/PUBLIC RELATIONS	0	0	35,458	2,428	2,428	194.15
194.16	07966	JAY COUNTY HOSPITAL	0	0	1,470,371	4,677	4,677	194.16
194.17	07967	CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968	CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969	HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970	MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971	ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972	THERAPIES TO OTHER ENTITIES	0	0	577,836	0	0	194.22
194.23	07973	CANCER CENTER BOUTIQUE	0	0	121,256	852	852	194.23
194.24	07974	BOSC BALL OUTPATIENT SURGERY	0	0	361,185	24,732	24,732	194.24
194.25	07975	CARDINAL BEHAVIORAL HEALTH	0	0	129,988	8,855	8,855	194.25
194.26	07976	BLACKFORD COMMUNITY HOSPITAL	0	0	1,457,656	4,949	4,949	194.26
194.27	07977	MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978	CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979	HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980	CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982	RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983	LAB CORP	0	0	0	0	0	194.33
194.34	07984	H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985	LEASED SPACE	0	0	0	0	0	194.35
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,419,974		34,046,659	25,939,224	10,180,709	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.005852		0.102081	32.058404	13.379737	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0		705,023	13,191,026	1,508,160	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000		0.002114	16.302849	1.982061	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING					5.02	
5.04	00570	ADMINISTRATIVE					5.04	
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,665,564				8.00	
9.00	00900	HOUSEKEEPING	0	609,088			9.00	
10.00	01000	DIETARY	105	9,869	236,375		10.00	
11.00	01100	CAFETERIA	159	14,860	0	153,759	11.00	
13.00	01300	NURSING ADMINISTRATION	416	15,536	0	8,958	68,594	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	16,030	0	0	0	14.00
15.00	01500	PHARMACY	276	6,613	0	5,853	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
18.00	01080	PATIENT TRANSPORTATION	10,708	718	0	1,827	0	18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	6,711	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	18,418	0	824	0	22.00
23.00	02300	PARAMED ED PRGM	3	119	0	246	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	787,548	160,475	187,711	37,331	32,973	30.00
31.00	03100	INTENSIVE CARE UNIT	130,250	27,783	16,984	10,056	8,951	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	11,654	4,777	0	2,761	2,343	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	56,946	9,997	12,049	2,383	2,028	41.00
43.00	04300	NURSERY	12,534	3,112	0	672	592	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	118,141	34,754	0	9,284	2,811	50.00
51.00	05100	RECOVERY ROOM	45,050	8,140	0	2,392	2,291	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	59,237	12,862	0	2,763	2,257	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	101,248	60,099	0	11,951	1,811	54.00
57.00	03280	EKG AND EEG	0	0	0	410	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	20,437	14,040	0	2,516	1,284	59.00
60.00	06000	LABORATORY	0	19,295	0	4,997	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	227	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	441	4,611	0	5,011	0	65.00
65.01	06501	SLEEP LAB	22	0	0	805	0	65.01
66.00	06600	PHYSICAL THERAPY	8,595	3,086	0	7,168	8	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,404	0	1,201	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	575	0	602	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	20,663	18,442	0	2,689	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	239	0	0	1,925	0	73.01
74.00	07400	RENAL DIALYSIS	2,390	2,918	0	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	9	0	0	1,169	55	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	415	0	841	683	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002	PAIN CLINIC	16	22,443	0	742	359	90.02
90.03	09003	ONCOLOGY CLINIC	8,174	4,248	0	1,383	1,129	90.03
91.00	09100	EMERGENCY	249,113	33,578	0	10,521	8,451	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	2,990	0	3,482	1	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,644,601	533,207	216,744	149,474	68,027	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	462	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - HOUSEKEEPING)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
		8.00	9.00	10.00	11.00	13.00	
191.00	19100 RESEARCH	0	2,741	0	1,164	560	191.00
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951 BSU PHARMACY	0	0	0	241	0	194.01
194.02	07952 PAVILLION PHARMACY	0	2,540	0	961	0	194.02
194.03	07953 VENDING	0	0	0	0	0	194.03
194.04	07954 CARELINE	0	0	0	0	0	194.04
194.05	07955 WELLNESS CENTER	20,924	5,073	0	8	0	194.05
194.06	07956 PHYSICIAN PRACTICE CLINICS	0	9,209	0	0	0	194.06
194.07	07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08	07958 RENTAL PROPERTY	0	43,013	0	0	0	194.08
194.09	07959 ADVERTISING	0	0	0	0	0	194.09
194.10	07960 INTEGRAL TC	0	0	9,754	0	0	194.10
194.11	07961 IU HEALTH HOSPICE	39	2,827	0	0	0	194.11
194.12	07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13	07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14	07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15	07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16	07966 JAY COUNTY HOSPITAL	0	4,677	0	728	0	194.16
194.17	07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18	07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19	07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20	07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21	07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22	07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23	07973 CANCER CENTER BOUTIQUE	0	852	0	58	0	194.23
194.24	07974 BOSCH BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25	07975 CARDINAL BEHAVIORAL HEALTH	0	0	9,877	0	0	194.25
194.26	07976 BLACKFORD COMMUNITY HOSPITAL	0	4,949	0	663	7	194.26
194.27	07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28	07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29	07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30	07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31	07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32	07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33	07983 LAB CORP	0	0	0	0	0	194.33
194.34	07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35	07985 LEASED SPACE	0	0	0	0	0	194.35
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,522,383	5,687,171	3,459,354	2,396,159	11,407,843	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.914035	9.337191	14.635025	15.583862	166.309633	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,920	570,355	340,835	507,090	580,302	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001753	0.936408	1.441925	3.297953	8.459953	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
	14.00	15.00	16.00	18.00	21.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00	
5.01 01160 COMMUNICATIONS						5.01	
5.02 00550 DATA PROCESSING						5.02	
5.04 00570 ADMITTING						5.04	
5.05 00580 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00590 OTHER ADMINISTRATIVE AND GENERAL						5.06	
6.00 00600 MAINTENANCE & REPAIRS						6.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA						11.00	
13.00 01300 NURSING ADMINISTRATION						13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	35,639,222					14.00	
15.00 01500 PHARMACY	195,298	32,506,424				15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	1,780,461,886			16.00	
18.00 01080 PATIENT TRANSPORTATION	312	0	0	1,780,461,886		18.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	4,642	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	170	8	0	0	0	22.00	
23.00 02300 PARAMED ED PRGM	0	0	0	0	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	2,084,347	199,147	186,504,985	186,504,985	2,576	30.00	
31.00 03100 INTENSIVE CARE UNIT	860,048	55,769	55,774,186	55,774,186	608	31.00	
32.00 03200 CORONARY CARE UNIT	0	0	0	0	69	32.00	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	150,959	7,821	17,696,534	17,696,534	0	35.00	
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00	
41.00 04100 SUBPROVIDER - IRF	54,565	3,745	8,875,915	8,875,915	0	41.00	
43.00 04300 NURSERY	0	0	3,210,362	3,210,362	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	4,171,387	82,955	173,515,049	173,515,049	359	50.00	
51.00 05100 RECOVERY ROOM	203,997	39,569	22,917,069	22,917,069	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	186,681	21,148	25,288,590	25,288,590	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	883,403	36,112	229,461,191	229,461,191	150	54.00	
57.00 03280 EKG AND EEG	4,964	0	3,515,364	3,515,364	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	553,621	19,016	92,040,351	92,040,351	0	59.00	
60.00 06000 LABORATORY	0	0	87,440,502	87,440,502	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	6,986,000	6,986,000	0	63.00	
65.00 06500 RESPIRATORY THERAPY	370,255	289	22,908,972	22,908,972	77	65.00	
65.01 06501 SLEEP LAB	59,864	0	8,763,457	8,763,457	0	65.01	
66.00 06600 PHYSICAL THERAPY	34,621	169	20,727,420	20,727,420	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	23,933	20	6,563,861	6,563,861	0	67.00	
68.00 06800 SPEECH PATHOLOGY	1,171	0	3,130,314	3,130,314	0	68.00	
68.01 06801 AUDIOLOGY	0	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	22,887	62	54,318,712	54,318,712	202	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,617,568	0	63,019,435	63,019,435	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	13,701,596	0	117,724,046	117,724,046	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	31,849,917	268,759,811	268,759,811	0	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1,625	0	8,569,884	8,569,884	0	73.01	
74.00 07400 RENAL DIALYSIS	31,207	8,893	4,431,096	4,431,096	0	74.00	
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	7,515	8	4,422,204	4,422,204	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	120,038	409	14,774,701	14,774,701	8	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01	
90.02 09002 PAIN CLINIC	77,147	546	7,598,199	7,598,199	93	90.02	
90.03 09003 ONCOLOGY CLINIC	189,712	29,209	30,856,550	30,856,550	65	90.03	
91.00 09100 EMERGENCY	987,560	150,761	221,532,442	221,532,442	392	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	36,484	827	9,134,684	9,134,684	0	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	35,632,935	32,506,400	1,780,461,886	1,780,461,886	4,599	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1

Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	OTHER GENERAL SERVICE PATIENT TRANSPORTATION (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	18.00	21.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	970	0	0	0	0	190.00
191.00 19100 RESEARCH	547	15	0	0	43	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	0	0	0	194.01
194.02 07952 PAVILLION PHARMACY	2,871	0	0	0	0	194.02
194.03 07953 VENDING	0	0	0	0	0	194.03
194.04 07954 CARELINE	0	0	0	0	0	194.04
194.05 07955 WELLNESS CENTER	868	0	0	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	0	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	0	0	0	194.07
194.08 07958 RENTAL PROPERTY	543	0	0	0	0	194.08
194.09 07959 ADVERTISING	0	0	0	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	0	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	0	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	0	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	0	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	0	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	0	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	0	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	0	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	0	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	0	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	0	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	0	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	292	0	0	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	0	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	196	9	0	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	0	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	0	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	0	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	0	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	0	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	0	0	0	194.32
194.33 07983 LAB CORP	0	0	0	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	0	0	0	194.34
194.35 07985 LEASED SPACE	0	0	0	0	0	194.35
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	13,580,556	8,248,757	0	895,678	6,254,397	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.381056	0.253758	0.000000	0.000503	1,347.349634	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	566,586	264,800	0	32,470	37,499	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.015898	0.008146	0.000000	0.000018	8.078199	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	01160	COMMUNICATIONS			5.01
5.02	00550	DATA PROCESSING			5.02
5.04	00570	ADMITTING			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600	MAINTENANCE & REPAIRS			6.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
18.00	01080	PATIENT TRANSPORTATION			18.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,642		22.00
23.00	02300	PARAMED PRGM		100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	2,576	0	30.00
31.00	03100	INTENSIVE CARE UNIT	608	0	31.00
32.00	03200	CORONARY CARE UNIT	69	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	359	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	150	0	54.00
57.00	03280	EKG AND EEG	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	77	0	65.00
65.01	06501	SLEEP LAB	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	202	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	100	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03160	CARDIOPULMONARY	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	8	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	90.01
90.02	09002	PAIN CLINIC	93	0	90.02
90.03	09003	ONCOLOGY CLINIC	65	0	90.03
91.00	09100	EMERGENCY	392	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,599	100	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0089

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

Worksheet B-1
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (100% PHARMACY DRUGS)	
	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	22.00		
NONREIMBURSABLE COST CENTERS			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 19100 RESEARCH	43	0	191.00
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01 07951 BSU PHARMACY	0	0	194.01
194.02 07952 PAVILLION PHARMACY	0	0	194.02
194.03 07953 VENDING	0	0	194.03
194.04 07954 CARELINE	0	0	194.04
194.05 07955 WELLNESS CENTER	0	0	194.05
194.06 07956 PHYSICIAN PRACTICE CLINICS	0	0	194.06
194.07 07957 PERINATAL CLINIC	0	0	194.07
194.08 07958 RENTAL PROPERTY	0	0	194.08
194.09 07959 ADVERTISING	0	0	194.09
194.10 07960 INTEGRAL TAC	0	0	194.10
194.11 07961 IU HEALTH HOSPICE	0	0	194.11
194.12 07962 POB MEDICAL PAVILLION CONDOS	0	0	194.12
194.13 07963 EXECUTIVE PHYSICAL	0	0	194.13
194.14 07964 NEW CASTLE ONCOLOGY	0	0	194.14
194.15 07965 MARKETING/PUBLIC RELATIONS	0	0	194.15
194.16 07966 JAY COUNTY HOSPITAL	0	0	194.16
194.17 07967 CARDINAL HEALTH CHOICE	0	0	194.17
194.18 07968 CHV CARDINAL HEALTH VENTURES	0	0	194.18
194.19 07969 HEALTH CARE CONNECTIONS	0	0	194.19
194.20 07970 MEALS ON WHEELS	0	0	194.20
194.21 07971 ST MARY'S SCHOOL	0	0	194.21
194.22 07972 THERAPIES TO OTHER ENTITIES	0	0	194.22
194.23 07973 CANCER CENTER BOUTIQUE	0	0	194.23
194.24 07974 BOSC BALL OUTPATIENT SURGERY	0	0	194.24
194.25 07975 CARDINAL BEHAVIORAL HEALTH	0	0	194.25
194.26 07976 BLACKFORD COMMUNITY HOSPITAL	0	0	194.26
194.27 07977 MIDWEST HEALTH STRATEGIES	0	0	194.27
194.28 07978 CARDINAL SELECT RISK RETENTION GRP	0	0	194.28
194.29 07979 HOME OFFICE CARDINAL HEALTH INITIATI	0	0	194.29
194.30 07980 CARDINAL HEALTH ALLIANCE	0	0	194.30
194.31 07986 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.31
194.32 07982 RENAL DIALYSIS	0	0	194.32
194.33 07983 LAB CORP	0	0	194.33
194.34 07984 H.O. MATERIALS MGMT	0	0	194.34
194.35 07985 LEASED SPACE	0	0	194.35
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,736,349	288,413
203.00	Unit cost multiplier (Wkst. B, Part I)	1,235.749461	2,884.130000
204.00	Cost to be allocated (per Wkst. B, Part II)	635,028	5,514
205.00	Unit cost multiplier (Wkst. B, Part II)	136.800517	55.140000
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2019 9:59 am

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	63,732,892	63,732,892	0	63,732,892	30.00	
31.00	03100 INTENSIVE CARE UNIT	16,915,240	16,915,240	0	16,915,240	31.00	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00	
35.00	02060 NEONATAL INTENSIVE CARE UNIT	4,596,846	4,596,846	0	4,596,846	35.00	
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF	4,551,629	4,551,629	0	4,551,629	41.00	
43.00	04300 NURSERY	1,178,671	1,178,671	0	1,178,671	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	18,667,455	18,667,455	0	18,667,455	50.00	
51.00	05100 RECOVERY ROOM	4,074,846	4,074,846	0	4,074,846	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,132,938	5,132,938	0	5,132,938	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,658,308	27,658,308	0	27,658,308	54.00	
57.00	03280 EKG AND EEG	221,095	221,095	0	221,095	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	6,545,569	6,545,569	0	6,545,569	59.00	
60.00	06000 LABORATORY	14,285,803	14,285,803	0	14,285,803	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	1,476,956	1,476,956	0	1,476,956	63.00	
65.00	06500 RESPIRATORY THERAPY	6,479,700	6,479,700	0	6,479,700	65.00	
65.01	06501 SLEEP LAB	952,198	952,198	0	952,198	65.01	
66.00	06600 PHYSICAL THERAPY	7,494,743	7,494,743	0	7,494,743	66.00	
67.00	06700 OCCUPATIONAL THERAPY	1,749,218	1,749,218	0	1,749,218	67.00	
68.00	06800 SPEECH PATHOLOGY	805,490	805,490	0	805,490	68.00	
68.01	06801 AUDIOLOGY	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	4,271,131	4,271,131	0	4,271,131	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,037,904	17,037,904	0	17,037,904	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	22,732,268	22,732,268	0	22,732,268	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	48,975,435	48,975,435	0	48,975,435	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	11,073,887	11,073,887	0	11,073,887	73.01	
74.00	07400 RENAL DIALYSIS	1,853,411	1,853,411	0	1,853,411	74.00	
76.00	03160 CARDIOPULMONARY	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	1,151,814	1,151,814	0	1,151,814	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	2,071,524	2,071,524	0	2,071,524	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	90.00	
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	90.01	
90.02	09002 PAIN CLINIC	2,509,709	2,509,709	0	2,509,709	90.02	
90.03	09003 ONCOLOGY CLINIC	2,967,200	2,967,200	0	2,967,200	90.03	
91.00	09100 EMERGENCY	23,105,108	23,105,108	730,505	23,835,613	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,833,519	5,833,519	0	5,833,519	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	3,319,698	3,319,698	0	3,319,698	95.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)	333,422,205	333,422,205	730,505	334,152,710	200.00	
201.00	Less Observation Beds	5,833,519	5,833,519		5,833,519	201.00	
202.00	Total (see instructions)	327,588,686	327,588,686	730,505	328,319,191	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C
Part I
Date/Time Prepared:
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			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	158,290,210		158,290,210			30.00
31.00	03100	INTENSIVE CARE UNIT	55,774,186		55,774,186			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,696,534		17,696,534			35.00
40.00	04000	SUBPROVIDER - I PF	0		0			40.00
41.00	04100	SUBPROVIDER - I RF	8,875,915		8,875,915			41.00
43.00	04300	NURSERY	3,210,362		3,210,362			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	108,180,036	65,335,013	173,515,049	0.107584	0.000000	50.00
51.00	05100	RECOVERY ROOM	12,185,887	10,731,182	22,917,069	0.177808	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,323,290	3,965,300	25,288,590	0.202974	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,309,418	169,151,773	229,461,191	0.120536	0.000000	54.00
57.00	03280	EKG AND EEG	1,496,848	2,018,516	3,515,364	0.062894	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	46,076,681	45,963,670	92,040,351	0.071116	0.000000	59.00
60.00	06000	LABORATORY	45,535,048	41,905,454	87,440,502	0.163377	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,238,614	1,747,386	6,986,000	0.211417	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	20,512,089	2,396,883	22,908,972	0.282846	0.000000	65.00
65.01	06501	SLEEP LAB	40,328	8,723,129	8,763,457	0.108656	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	9,349,615	11,377,805	20,727,420	0.361586	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,975,307	588,554	6,563,861	0.266492	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	2,802,822	327,492	3,130,314	0.257319	0.000000	68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	35,597,084	18,721,628	54,318,712	0.078631	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,907,683	32,111,752	63,019,435	0.270360	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	89,022,193	28,701,853	117,724,046	0.193098	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,149,631	166,610,180	268,759,811	0.182228	0.000000	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,569,884	8,569,884	1.292186	0.000000	73.01
74.00	07400	RENAL DIALYSIS	4,289,309	141,787	4,431,096	0.418274	0.000000	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	1,035,104	3,387,100	4,422,204	0.260462	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	85,690	14,689,011	14,774,701	0.140208	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0.000000	0.000000	90.01
90.02	09002	PAIN CLINIC	1,666	7,596,533	7,598,199	0.330303	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	181,908	30,674,642	30,856,550	0.096161	0.000000	90.03
91.00	09100	EMERGENCY	64,518,516	157,013,926	221,532,442	0.104297	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,769,740	26,445,035	28,214,775	0.206754	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	14,751	9,119,933	9,134,684	0.363417	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	912,446,465	868,015,421	1,780,461,886			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	912,446,465	868,015,421	1,780,461,886			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/24/2019 9:59 am
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107584		50.00
51.00	05100	RECOVERY ROOM	0.177808		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202974		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120536		54.00
57.00	03280	EKG AND EEG	0.062894		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071116		59.00
60.00	06000	LABORATORY	0.163377		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.211417		63.00
65.00	06500	RESPIRATORY THERAPY	0.282846		65.00
65.01	06501	SLEEP LAB	0.108656		65.01
66.00	06600	PHYSICAL THERAPY	0.361586		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266492		67.00
68.00	06800	SPEECH PATHOLOGY	0.257319		68.00
68.01	06801	AUDIOLOGY	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	0.078631		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.270360		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.193098		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182228		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.292186		73.01
74.00	07400	RENAL DIALYSIS	0.418274		74.00
76.00	03160	CARDIOPULMONARY	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.260462		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.140208		76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.000000		90.01
90.02	09002	PAIN CLINIC	0.330303		90.02
90.03	09003	ONCOLOGY CLINIC	0.096161		90.03
91.00	09100	EMERGENCY	0.107594		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.206754		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0.363417		95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C
Part I
Date/Time Prepared:
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		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	63,732,892		63,732,892	0	63,732,892	30.00
31.00	03100	INTENSIVE CARE UNIT	16,915,240		16,915,240	0	16,915,240	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	4,596,846		4,596,846	0	4,596,846	35.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,551,629		4,551,629	0	4,551,629	41.00
43.00	04300	NURSERY	1,178,671		1,178,671	0	1,178,671	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	18,667,455		18,667,455	0	18,667,455	50.00
51.00	05100	RECOVERY ROOM	4,074,846		4,074,846	0	4,074,846	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,132,938		5,132,938	0	5,132,938	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,658,308		27,658,308	0	27,658,308	54.00
57.00	03280	EKG AND EEG	221,095		221,095	0	221,095	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,545,569		6,545,569	0	6,545,569	59.00
60.00	06000	LABORATORY	14,285,803		14,285,803	0	14,285,803	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	1,476,956		1,476,956	0	1,476,956	63.00
65.00	06500	RESPIRATORY THERAPY	6,479,700	0	6,479,700	0	6,479,700	65.00
65.01	06501	SLEEP LAB	952,198	0	952,198	0	952,198	65.01
66.00	06600	PHYSICAL THERAPY	7,494,743	0	7,494,743	0	7,494,743	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,749,218	0	1,749,218	0	1,749,218	67.00
68.00	06800	SPEECH PATHOLOGY	805,490	0	805,490	0	805,490	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	4,271,131		4,271,131	0	4,271,131	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,037,904		17,037,904	0	17,037,904	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,732,268		22,732,268	0	22,732,268	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	48,975,435		48,975,435	0	48,975,435	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	11,073,887		11,073,887	0	11,073,887	73.01
74.00	07400	RENAL DIALYSIS	1,853,411		1,853,411	0	1,853,411	74.00
76.00	03160	CARDIOPULMONARY	0		0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	1,151,814		1,151,814	0	1,151,814	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,071,524		2,071,524	0	2,071,524	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0		0	0	0	90.01
90.02	09002	PAIN CLINIC	2,509,709		2,509,709	0	2,509,709	90.02
90.03	09003	ONCOLOGY CLINIC	2,967,200		2,967,200	0	2,967,200	90.03
91.00	09100	EMERGENCY	23,105,108		23,105,108	730,505	23,835,613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,833,519		5,833,519	0	5,833,519	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,319,698		3,319,698	0	3,319,698	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	333,422,205	0	333,422,205	730,505	334,152,710	200.00
201.00		Less Observation Beds	5,833,519		5,833,519		5,833,519	201.00
202.00		Total (see instructions)	327,588,686	0	327,588,686	730,505	328,319,191	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0089

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2019 9:59 am

			Title XIX			Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	158,290,210		158,290,210				30.00
31.00	03100	INTENSIVE CARE UNIT	55,774,186		55,774,186				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	17,696,534		17,696,534				35.00
40.00	04000	SUBPROVIDER - I PF	0		0				40.00
41.00	04100	SUBPROVIDER - I RF	8,875,915		8,875,915				41.00
43.00	04300	NURSERY	3,210,362		3,210,362				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	108,180,036	65,335,013	173,515,049	0.107584	0.000000		50.00
51.00	05100	RECOVERY ROOM	12,185,887	10,731,182	22,917,069	0.177808	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,323,290	3,965,300	25,288,590	0.202974	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	60,309,418	169,151,773	229,461,191	0.120536	0.000000		54.00
57.00	03280	EKG AND EEG	1,496,848	2,018,516	3,515,364	0.062894	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	46,076,681	45,963,670	92,040,351	0.071116	0.000000		59.00
60.00	06000	LABORATORY	45,535,048	41,905,454	87,440,502	0.163377	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	5,238,614	1,747,386	6,986,000	0.211417	0.000000		63.00
65.00	06500	RESPIRATORY THERAPY	20,512,089	2,396,883	22,908,972	0.282846	0.000000		65.00
65.01	06501	SLEEP LAB	40,328	8,723,129	8,763,457	0.108656	0.000000		65.01
66.00	06600	PHYSICAL THERAPY	9,349,615	11,377,805	20,727,420	0.361586	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	5,975,307	588,554	6,563,861	0.266492	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	2,802,822	327,492	3,130,314	0.257319	0.000000		68.00
68.01	06801	AUDIOLOGY	0	0	0	0.000000	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	35,597,084	18,721,628	54,318,712	0.078631	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,907,683	32,111,752	63,019,435	0.270360	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	89,022,193	28,701,853	117,724,046	0.193098	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,149,631	166,610,180	268,759,811	0.182228	0.000000		73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	8,569,884	8,569,884	1.292186	0.000000		73.01
74.00	07400	RENAL DIALYSIS	4,289,309	141,787	4,431,096	0.418274	0.000000		74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0.000000	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	1,035,104	3,387,100	4,422,204	0.260462	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	85,690	14,689,011	14,774,701	0.140208	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0.000000	0.000000		90.01
90.02	09002	PAIN CLINIC	1,666	7,596,533	7,598,199	0.330303	0.000000		90.02
90.03	09003	ONCOLOGY CLINIC	181,908	30,674,642	30,856,550	0.096161	0.000000		90.03
91.00	09100	EMERGENCY	64,518,516	157,013,926	221,532,442	0.104297	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,769,740	26,445,035	28,214,775	0.206754	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	14,751	9,119,933	9,134,684	0.363417	0.000000		95.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	912,446,465	868,015,421	1,780,461,886				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	912,446,465	868,015,421	1,780,461,886				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet C Part I Date/Time Prepared: 5/24/2019 9:59 am
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.000000	50.00
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
57.00	03280	EKG AND EEG	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
65.01	06501	SLEEP LAB	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
68.01	06801	AUDIOLOGY	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0.000000	74.00
76.00	03160	CARDIOPULMONARY	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.000000	90.01
90.02	09002	PAIN CLINIC	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	0.000000	90.03
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0.000000	95.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part I Date/Time Prepared: 5/24/2019 9:59 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,254,461	0	6,254,461	72,183	86.65	30.00
31.00	INTENSIVE CARE UNIT	1,122,301		1,122,301	10,075	111.39	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEONATAL INTENSIVE CARE UNIT	203,294		203,294	3,770	53.92	35.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	390,027	0	390,027	4,051	96.28	41.00
43.00	NURSERY	114,840		114,840	2,228	51.54	43.00
200.00	Total (lines 30 through 199)	8,084,923		8,084,923	92,307		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	30,821	2,670,640				
31.00	INTENSIVE CARE UNIT	4,594	511,726				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEONATAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	2,529	243,492				
43.00	NURSERY	0	0				
200.00	Total (lines 30 through 199)	37,944	3,425,858				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0089

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

Worksheet D
Part II
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,341,542	173,515,049	0.007732	51,588,838	398,885	50.00
51.00	05100	RECOVERY ROOM	315,057	22,917,069	0.013748	5,331,813	73,302	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	477,326	25,288,590	0.018875	175,253	3,308	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,170,139	229,461,191	0.009458	29,920,331	282,986	54.00
57.00	03280	EKG AND EEG	2,215	3,515,364	0.000630	779,519	491	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	521,085	92,040,351	0.005661	21,106,070	119,481	59.00
60.00	06000	LABORATORY	700,912	87,440,502	0.008016	19,786,330	158,607	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	3,308	6,986,000	0.000474	2,784,213	1,320	63.00
65.00	06500	RESPIRATORY THERAPY	194,393	22,908,972	0.008485	9,533,044	80,888	65.00
65.01	06501	SLEEP LAB	6,367	8,763,457	0.000727	16,309	12	65.01
66.00	06600	PHYSICAL THERAPY	148,218	20,727,420	0.007151	3,474,395	24,845	66.00
67.00	06700	OCCUPATIONAL THERAPY	89,929	6,563,861	0.013701	1,101,859	15,097	67.00
68.00	06800	SPEECH PATHOLOGY	23,521	3,130,314	0.007514	929,546	6,985	68.00
68.01	06801	AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	644,138	54,318,712	0.011858	19,121,091	226,738	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	198,006	63,019,435	0.003142	13,938,944	43,796	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	259,422	117,724,046	0.002204	43,751,582	96,428	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	356,325	268,759,811	0.001326	45,012,421	59,686	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	29,561	8,569,884	0.003449	0	0	73.01
74.00	07400	RENAL DIALYSIS	102,793	4,431,096	0.023198	2,714,543	62,972	74.00
76.00	03160	CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	7,461	4,422,204	0.001687	536,041	904	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	29,582	14,774,701	0.002002	71,952	144	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0.000000	0	0	90.01
90.02	09002	PAIN CLINIC	768,997	7,598,199	0.101208	1,140	115	90.02
90.03	09003	ONCOLOGY CLINIC	168,690	30,856,550	0.005467	126,351	691	90.03
91.00	09100	EMERGENCY	1,316,851	221,532,442	0.005944	31,706,315	188,462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	572,478	28,214,775	0.020290	772,167	15,667	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50 through 199)	10,448,316	1,527,479,995		304,280,067	1,861,810	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part III Date/Time Prepared: 5/24/2019 9:59 am
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Cost Center Description			Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00	
43.00	04300	NURSERY	0	0	0	0	0	43.00	
200.00		Total (lines 30 through 199)	0	0	0	0	0	200.00	
Cost Center Description			Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days		
			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	72,183	0.00	30,821	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	10,075	0.00	4,594	31.00	
32.00	03200	CORONARY CARE UNIT	0	0	0	0.00	0	32.00	
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0	0	3,770	0.00	0	35.00	
40.00	04000	SUBPROVIDER - I PF	0	0	0	0.00	0	40.00	
41.00	04100	SUBPROVIDER - I RF	0	0	4,051	0.00	2,529	41.00	
43.00	04300	NURSERY	0	0	2,228	0.00	0	43.00	
200.00		Total (lines 30 through 199)	0	0	92,307	0.00	37,944	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
			9.00						
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
32.00	03200	CORONARY CARE UNIT	0						32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT	0						35.00
40.00	04000	SUBPROVIDER - I PF	0						40.00
41.00	04100	SUBPROVIDER - I RF	0						41.00
43.00	04300	NURSERY	0						43.00
200.00		Total (lines 30 through 199)	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 9:59 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health		
	1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
57.00 03280 EKG AND EEG	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 06501 SLEEP LAB	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	288,413	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0	0	90.01
90.02 09002 PAIN CLINIC	0	0	0	0	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	288,413	95.00
200.00 Total (lines 50 through 199)	0	0	0	0	0	288,413	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 15-0089

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Title XVIII	
							Hospital	PPS
		4.00	5.00	6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	173,515,049	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	22,917,069	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	25,288,590	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	229,461,191	0.000000	54.00
57.00	03280	EKG AND EEG	0	0	0	3,515,364	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	92,040,351	0.000000	59.00
60.00	06000	LABORATORY	0	0	0	87,440,502	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,986,000	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	22,908,972	0.000000	65.00
65.01	06501	SLEEP LAB	0	0	0	8,763,457	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	20,727,420	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	6,563,861	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	3,130,314	0.000000	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	54,318,712	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	63,019,435	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	117,724,046	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	288,413	288,413	268,759,811	0.001073	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	0	0	0	8,569,884	0.000000	73.01
74.00	07400	RENAL DIALYSIS	0	0	0	4,431,096	0.000000	74.00
76.00	03160	CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	4,422,204	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	14,774,701	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0.000000	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0	0	0	0	0.000000	90.01
90.02	09002	PAIN CLINIC	0	0	0	7,598,199	0.000000	90.02
90.03	09003	ONCOLOGY CLINIC	0	0	0	30,856,550	0.000000	90.03
91.00	09100	EMERGENCY	0	0	0	221,532,442	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	28,214,775	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
200.00		Total (lines 50 through 199)	0	288,413	288,413	1,527,479,995		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 9:59 am
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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	51,588,838	0	20,259,419	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	5,331,813	0	3,157,433	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	175,253	0	23,915	0	52.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	29,920,331	0	61,428,872	0	54.00	
57.00	03280 EKG AND EEG	0.000000	779,519	0	650,640	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	21,106,070	0	19,484,703	0	59.00	
60.00	06000 LABORATORY	0.000000	19,786,330	0	6,574,903	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	2,784,213	0	737,918	0	63.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	9,533,044	0	588,421	0	65.00	
65.01	06501 SLEEP LAB	0.000000	16,309	0	2,605,745	0	65.01	
66.00	06600 PHYSICAL THERAPY	0.000000	3,474,395	0	109,972	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	1,101,859	0	25,495	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	929,546	0	14,542	0	68.00	
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01	
69.00	06900 ELECTROCARDIOLOGY	0.000000	19,121,091	0	6,160,092	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	13,938,944	0	13,482,090	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	43,751,582	0	12,288,175	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001073	45,012,421	48,298	65,812,320	70,617	73.00	
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01	
74.00	07400 RENAL DIALYSIS	0.000000	2,714,543	0	63,672	0	74.00	
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00	
76.97	07697 CARDIAC REHABILITATION	0.000000	536,041	0	1,670,322	0	76.97	
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	71,952	0	6,150,565	0	76.98	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	0	0	90.01	
90.02	09002 PAIN CLINIC	0.000000	1,140	0	3,035,265	0	90.02	
90.03	09003 ONCOLOGY CLINIC	0.000000	126,351	0	12,194,399	0	90.03	
91.00	09100 EMERGENCY	0.000000	31,706,315	0	30,619,484	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	772,167	0	6,901,022	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES						95.00	
200.00	Total (lines 50 through 199)		304,280,067	48,298	274,039,384	70,617	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0.107584	20,259,419	0	0	2,179,589	50.00	
51.00 05100 RECOVERY ROOM	0.177808	3,157,433	0	0	561,417	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.202974	23,915	0	0	4,854	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.120536	61,428,872	0	0	7,404,391	54.00	
57.00 03280 EKG AND EEG	0.062894	650,640	0	0	40,921	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0.071116	19,484,703	0	0	1,385,674	59.00	
60.00 06000 LABORATORY	0.163377	6,574,903	0	0	1,074,188	60.00	
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0.211417	737,918	0	0	156,008	63.00	
65.00 06500 RESPIRATORY THERAPY	0.282846	588,421	0	0	166,433	65.00	
65.01 06501 SLEEP LAB	0.108656	2,605,745	0	0	283,130	65.01	
66.00 06600 PHYSICAL THERAPY	0.361586	109,972	0	0	39,764	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0.266492	25,495	0	0	6,794	67.00	
68.00 06800 SPEECH PATHOLOGY	0.257319	14,542	0	0	3,742	68.00	
68.01 06801 AUDIOLOGY	0.000000	0	0	0	0	68.01	
69.00 06900 ELECTROCARDIOLOGY	0.078631	6,160,092	0	0	484,374	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.270360	13,482,090	0	0	3,645,018	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.193098	12,288,175	0	0	2,372,822	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0.182228	65,812,320	530	211,393	11,992,847	73.00	
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	1.292186	0	0	0	0	73.01	
74.00 07400 RENAL DIALYSIS	0.418274	63,672	0	0	26,632	74.00	
76.00 03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00	
76.97 07697 CARDIAC REHABILITATION	0.260462	1,670,322	0	0	435,055	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.140208	6,150,565	0	0	862,358	76.98	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01 09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	0	0	90.01	
90.02 09002 PAIN CLINIC	0.330303	3,035,265	0	0	1,002,557	90.02	
90.03 09003 ONCOLOGY CLINIC	0.096161	12,194,399	0	0	1,172,626	90.03	
91.00 09100 EMERGENCY	0.104297	30,619,484	0	140	3,193,520	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.206754	6,901,022	0	0	1,426,814	92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0.363417		0	0		95.00	
200.00		Subtotal (see instructions)	274,039,384	530	211,533	39,921,528	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00		Net Charges (line 200 - line 201)	274,039,384	530	211,533	39,921,528	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 9:59 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00 03280 EKG AND EEG	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 SLEEP LAB	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	97	38,522		73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0		73.01
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03160 CARDIOPULMONARY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0		90.01
90.02 09002 PAIN CLINIC	0	0		90.02
90.03 09003 ONCOLOGY CLINIC	0	0		90.03
91.00 09100 EMERGENCY	0	15		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	97	38,537		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	97	38,537		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part II Date/Time Prepared: 5/24/2019 9:59 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,341,542	173,515,049	0.007732	108,025	835	50.00
51.00	05100 RECOVERY ROOM	315,057	22,917,069	0.013748	2,557	35	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	477,326	25,288,590	0.018875	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,170,139	229,461,191	0.009458	277,030	2,620	54.00
57.00	03280 EKG AND EEG	2,215	3,515,364	0.000630	7,668	5	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	521,085	92,040,351	0.005661	0	0	59.00
60.00	06000 LABORATORY	700,912	87,440,502	0.008016	365,846	2,933	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	3,308	6,986,000	0.000474	10,615	5	63.00
65.00	06500 RESPIRATORY THERAPY	194,393	22,908,972	0.008485	144,587	1,227	65.00
65.01	06501 SLEEP LAB	6,367	8,763,457	0.000727	0	0	65.01
66.00	06600 PHYSICAL THERAPY	148,218	20,727,420	0.007151	1,760,364	12,588	66.00
67.00	06700 OCCUPATIONAL THERAPY	89,929	6,563,861	0.013701	2,168,012	29,704	67.00
68.00	06800 SPEECH PATHOLOGY	23,521	3,130,314	0.007514	481,414	3,617	68.00
68.01	06801 AUDIOLOGY	0	0	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	644,138	54,318,712	0.011858	39,540	469	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	198,006	63,019,435	0.003142	85,599	269	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	259,422	117,724,046	0.002204	36,065	79	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	356,325	268,759,811	0.001326	1,699,575	2,254	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	29,561	8,569,884	0.003449	0	0	73.01
74.00	07400 RENAL DIALYSIS	102,793	4,431,096	0.023198	139,882	3,245	74.00
76.00	03160 CARDIOPULMONARY	0	0	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	7,461	4,422,204	0.001687	586	1	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	29,582	14,774,701	0.002002	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0	0.000000	0	0	90.01
90.02	09002 PAIN CLINIC	768,997	7,598,199	0.101208	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	168,690	30,856,550	0.005467	0	0	90.03
91.00	09100 EMERGENCY	1,316,851	221,532,442	0.005944	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	28,214,775	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)	9,875,838	1,527,479,995		7,327,365	59,886	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 9:59 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	
		1.00	2A	2.00	3A	3.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	03280 EKG AND EEG	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 SLEEP LAB	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	288,413	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0	90.01
90.02	09002 PAIN CLINIC	0	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0	0	0	0	0	90.03
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50 through 199)	0	0	0	0	288,413	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 9:59 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col s. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col s. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	173,515,049	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	22,917,069	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	25,288,590	0.000000	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	229,461,191	0.000000	54.00
57.00 03280 EKG AND EEG	0	0	0	3,515,364	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	92,040,351	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	87,440,502	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	6,986,000	0.000000	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	22,908,972	0.000000	65.00
65.01 06501 SLEEP LAB	0	0	0	8,763,457	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	20,727,420	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,563,861	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	3,130,314	0.000000	68.00
68.01 06801 AUDIOLOGY	0	0	0	0	0.000000	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	54,318,712	0.000000	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	63,019,435	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	117,724,046	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	288,413	288,413	268,759,811	0.001073	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	0	8,569,884	0.000000	73.01
74.00 07400 RENAL DIALYSIS	0	0	0	4,431,096	0.000000	74.00
76.00 03160 CARDIOPULMONARY	0	0	0	0	0.000000	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	4,422,204	0.000000	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	14,774,701	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	0	0	0.000000	90.01
90.02 09002 PAIN CLINIC	0	0	0	7,598,199	0.000000	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	0	30,856,550	0.000000	90.03
91.00 09100 EMERGENCY	0	0	0	221,532,442	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	28,214,775	0.000000	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	288,413	288,413	1,527,479,995		95.00
200.00	Total (lines 50 through 199)	0	288,413	288,413	1,527,479,995	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part IV Date/Time Prepared: 5/24/2019 9:59 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	108,025	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	2,557	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	277,030	0	0	0	54.00
57.00	03280 EKG AND EEG	0.000000	7,668	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	365,846	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.000000	10,615	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.000000	144,587	0	0	0	65.00
65.01	06501 SLEEP LAB	0.000000	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.000000	1,760,364	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	2,168,012	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	481,414	0	0	0	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000	39,540	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	85,599	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000	36,065	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.001073	1,699,575	1,824	0	0	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	0.000000	0	0	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.000000	139,882	0	0	0	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.000000	586	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	0	0	90.01
90.02	09002 PAIN CLINIC	0.000000	0	0	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.000000	0	0	0	0	90.03
91.00	09100 EMERGENCY	0.000000	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50 through 199)		7,327,365	1,824	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 9:59 am
Title XVIII			Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				PPS Services (see inst.)	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0.107584	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0.177808	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0.202974	0	0	0	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0.120536	0	0	0	0	54.00
57.00 03280	EKG AND EEG	0.062894	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0.071116	0	0	0	0	59.00
60.00 06000	LABORATORY	0.163377	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING, & TRANS.	0.211417	0	0	0	0	63.00
65.00 06500	RESPIRATORY THERAPY	0.282846	0	0	0	0	65.00
65.01 06501	SLEEP LAB	0.108656	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0.361586	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0.266492	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0.257319	0	0	0	0	68.00
68.01 06801	AUDIOLOGY	0.000000	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0.078631	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.270360	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0.193098	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0.182228	0	0	1,039	0	73.00
73.01 07301	HOSPITAL BASED RETAIL PHARMACIES	1.292186	0	0	0	0	73.01
74.00 07400	RENAL DIALYSIS	0.418274	0	0	0	0	74.00
76.00 03160	CARDIOPULMONARY	0.000000	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	0.260462	0	0	0	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0.140208	0	0	0	0	76.98
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0.000000	0	0	0	0	90.00
90.01 09001	SUBSTANCE ABUSE CLINIC	0.000000	0	0	0	0	90.01
90.02 09002	PAIN CLINIC	0.330303	0	0	0	0	90.02
90.03 09003	ONCOLOGY CLINIC	0.096161	0	0	0	0	90.03
91.00 09100	EMERGENCY	0.104297	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.206754	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0.363417	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	0	1,039	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00	Net Charges (line 200 - line 201)		0	0	1,039	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D Part V Date/Time Prepared: 5/24/2019 9:59 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 03280 EKG AND EEG	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 06501 SLEEP LAB	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	189	73.00
73.01 07301 HOSPITAL BASED RETAIL PHARMACIES	0	0	73.01
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03160 CARDIOPULMONARY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 SUBSTANCE ABUSE CLINIC	0	0	90.01
90.02 09002 PAIN CLINIC	0	0	90.02
90.03 09003 ONCOLOGY CLINIC	0	0	90.03
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00 Subtotal (see instructions)	0	189	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 - line 201)	0	189	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		72,183	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		72,183	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)		65,576	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)		30,821	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		129.14	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)		63,732,892	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)		63,732,892	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)		63,732,892	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)		882.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,212,786	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)		27,212,786	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,915,240	10,075	1,678.93	4,594	7,713,004	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,596,846	3,770	1,219.32	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					46,790,388	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					81,716,178	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)					3,182,366	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,910,108	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,092,474	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					76,623,704	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)					6,607	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					882.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,833,519	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,254,461	63,732,892	0.098136	5,833,519	572,478	90.00
91.00	Nursing School cost	0	63,732,892	0.000000	5,833,519	0	91.00
92.00	Allied health cost	0	63,732,892	0.000000	5,833,519	0	92.00
93.00	All other Medical Education	0	63,732,892	0.000000	5,833,519	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,051	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,051	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,051	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)		2,529	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,551,629	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,551,629	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,551,629	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)		1,123.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,841,534	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,841,534	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,888,608		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,730,142		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)					243,492		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					61,710		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					305,202		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,424,940		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	390,027	4,551,629	0.085690	0	0	90.00
91.00	Nursing School cost	0	4,551,629	0.000000	0	0	91.00
92.00	Allied health cost	0	4,551,629	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,551,629	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am
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)		72,183	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		72,183	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)		65,576	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)		809	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		2,228	15.00
16.00	Nursery days (title V or XIX only)		1,433	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		129.14	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)		63,732,892	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)		63,732,892	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)		63,732,892	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)		882.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		714,290	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)		714,290	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am		
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)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	1,178,671	2,228	529.03	1,433	758,100	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	16,915,240	10,075	1,678.93	323	542,294	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEONATAL INTENSIVE CARE UNIT	4,596,846	3,770	1,219.32	29	35,360	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,921,429	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,971,473	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)					6,607	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					882.93	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,833,519	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,254,461	63,732,892	0.098136	5,833,519	572,478	90.00
91.00	Nursing School cost	0	63,732,892	0.000000	5,833,519	0	91.00
92.00	Allied health cost	0	63,732,892	0.000000	5,833,519	0	92.00
93.00	All other Medical Education	0	63,732,892	0.000000	5,833,519	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,051 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,051 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,051 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)			0 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			2,228 15.00
16.00	Nursery days (title V or XIX only)			1,433 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			129.14 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			4,551,629 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			4,551,629 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			4,551,629 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)			1,123.58 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			0 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			0 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,145		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,145		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)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0089 Component CCN: 15-T089		Period: From 01/01/2018 To 12/31/2018		Worksheet D-1 Date/Time Prepared: 5/24/2019 9:59 am	
		Title XIX		Subprovider - IRF		Cost	
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	390,027	4,551,629	0.085690	0	0	90.00
91.00	Nursing School cost	0	4,551,629	0.000000	0	0	91.00
92.00	Allied health cost	0	4,551,629	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,551,629	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 9:59 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		74,598,181	30.00
31.00	03100	INTENSIVE CARE UNIT		24,933,524	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107584	51,588,838	50.00
51.00	05100	RECOVERY ROOM	0.177808	5,331,813	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202974	175,253	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120536	29,920,331	54.00
57.00	03280	EKG AND EEG	0.062894	779,519	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071116	21,106,070	59.00
60.00	06000	LABORATORY	0.163377	19,786,330	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.211417	2,784,213	63.00
65.00	06500	RESPIRATORY THERAPY	0.282846	9,533,044	65.00
65.01	06501	SLEEP LAB	0.108656	16,309	65.01
66.00	06600	PHYSICAL THERAPY	0.361586	3,474,395	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266492	1,101,859	67.00
68.00	06800	SPEECH PATHOLOGY	0.257319	929,546	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.078631	19,121,091	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.270360	13,938,944	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.193098	43,751,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182228	45,012,421	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.292186	0	73.01
74.00	07400	RENAL DIALYSIS	0.418274	2,714,543	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.260462	536,041	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.140208	71,952	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.000000	0	90.01
90.02	09002	PAIN CLINIC	0.330303	1,140	90.02
90.03	09003	ONCOLOGY CLINIC	0.096161	126,351	90.03
91.00	09100	EMERGENCY	0.107594	31,706,315	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.206754	772,167	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		304,280,067	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		304,280,067	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 9:59 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	03200 CORONARY CARE UNIT		0		32.00
35.00	02060 NEONATAL INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		5,579,366		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.107584	108,025	11,622	50.00
51.00	05100 RECOVERY ROOM	0.177808	2,557	455	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.202974	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.120536	277,030	33,392	54.00
57.00	03280 EKG AND EEG	0.062894	7,668	482	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.071116	0	0	59.00
60.00	06000 LABORATORY	0.163377	365,846	59,771	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING, & TRANS.	0.211417	10,615	2,244	63.00
65.00	06500 RESPIRATORY THERAPY	0.282846	144,587	40,896	65.00
65.01	06501 SLEEP LAB	0.108656	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0.361586	1,760,364	636,523	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.266492	2,168,012	577,758	67.00
68.00	06800 SPEECH PATHOLOGY	0.257319	481,414	123,877	68.00
68.01	06801 AUDIOLOGY	0.000000	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.078631	39,540	3,109	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.270360	85,599	23,143	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.193098	36,065	6,964	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.182228	1,699,575	309,710	73.00
73.01	07301 HOSPITAL BASED RETAIL PHARMACIES	1.292186	0	0	73.01
74.00	07400 RENAL DIALYSIS	0.418274	139,882	58,509	74.00
76.00	03160 CARDIOPULMONARY	0.000000	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.260462	586	153	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.140208	0	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 SUBSTANCE ABUSE CLINIC	0.000000	0	0	90.01
90.02	09002 PAIN CLINIC	0.330303	0	0	90.02
90.03	09003 ONCOLOGY CLINIC	0.096161	0	0	90.03
91.00	09100 EMERGENCY	0.107594	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.206754	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50 through 94 and 96 through 98)		7,327,365	1,888,608	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net charges (line 200 minus line 201)		7,327,365		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 9:59 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,874,085	30.00
31.00	03100	INTENSIVE CARE UNIT		1,759,724	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		499,243	35.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		151,511	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107584	1,026,063	50.00
51.00	05100	RECOVERY ROOM	0.177808	118,329	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202974	472,891	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120536	1,378,269	54.00
57.00	03280	EKG AND EEG	0.062894	30,535	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071116	388,923	59.00
60.00	06000	LABORATORY	0.163377	1,145,754	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.211417	138,713	63.00
65.00	06500	RESPIRATORY THERAPY	0.282846	859,332	65.00
65.01	06501	SLEEP LAB	0.108656	6,295	65.01
66.00	06600	PHYSICAL THERAPY	0.361586	81,243	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266492	38,896	67.00
68.00	06800	SPEECH PATHOLOGY	0.257319	68,300	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.078631	713,109	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.270360	590,204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.193098	391,675	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182228	2,681,164	73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.292186	0	73.01
74.00	07400	RENAL DIALYSIS	0.418274	77,344	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.260462	12,975	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.140208	9,330	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.000000	0	90.01
90.02	09002	PAIN CLINIC	0.330303	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.096161	5,820	90.03
91.00	09100	EMERGENCY	0.104297	1,489,340	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.206754	38,421	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		11,762,925	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		11,762,925	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet D-3 Date/Time Prepared: 5/24/2019 9:59 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
35.00	02060	NEONATAL INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		26,400	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.107584	0	50.00
51.00	05100	RECOVERY ROOM	0.177808	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.202974	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.120536	0	54.00
57.00	03280	EKG AND EEG	0.062894	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.071116	0	59.00
60.00	06000	LABORATORY	0.163377	2,065	337 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING, & TRANS.	0.211417	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.282846	0	65.00
65.01	06501	SLEEP LAB	0.108656	0	65.01
66.00	06600	PHYSICAL THERAPY	0.361586	7,834	2,833 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.266492	8,836	2,355 67.00
68.00	06800	SPEECH PATHOLOGY	0.257319	0	68.00
68.01	06801	AUDIOLOGY	0.000000	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.078631	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.270360	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.193098	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.182228	8,891	1,620 73.00
73.01	07301	HOSPITAL BASED RETAIL PHARMACIES	1.292186	0	73.01
74.00	07400	RENAL DIALYSIS	0.418274	0	74.00
76.00	03160	CARDIOPULMONARY	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.260462	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.140208	0	76.98
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	SUBSTANCE ABUSE CLINIC	0.000000	0	90.01
90.02	09002	PAIN CLINIC	0.330303	0	90.02
90.03	09003	ONCOLOGY CLINIC	0.096161	0	90.03
91.00	09100	EMERGENCY	0.104297	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.206754	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		27,626	7,145 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net charges (line 200 minus line 201)		27,626	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		48,325,452	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		15,142,733	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)		622,964	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		20,552,804	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		306.39	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		50.70	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		12.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		62.70	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		62.34	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		62.34	12.00
13.00	Total allowable FTE count for the prior year.		62.14	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		62.70	14.00
15.00	Sum of lines 12 through 14 divided by 3.		62.39	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		62.39	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.203629	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.201446	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.201446	21.00
22.00	IME payment adjustment (see instructions)		6,611,227	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		2,140,903	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		4.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-0.36	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)		6,611,227	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		2,140,903	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.44	30.00
31.00	Percentage of Medicaid patient days (see instructions)		24.63	31.00
32.00	Sum of lines 30 and 31		30.07	32.00
33.00	Allowable disproportionate share percentage (see instructions)		14.02	33.00
34.00	Disproportionate share adjustment (see instructions)		2,224,560	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	6,766,695,164	8,272,872,447	35.00
35.01	Factor 3 (see instructions)	0.000725628	0.000991126	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	4,910,101	8,199,460	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	3,672,485	2,066,715	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	5,739,200		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)	78,666,136		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)		80,807,039	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		5,953,743	50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		2,584,478	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)		48,298	58.00
59.00	Total (sum of amounts on lines 49 through 58)		89,393,558	59.00
60.00	Primary payer payments		21,874	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		89,371,684	61.00
62.00	Deductibles billed to program beneficiaries		6,352,432	62.00
63.00	Coinurance billed to program beneficiaries		376,982	63.00
64.00	Allowable bad debts (see instructions)		829,231	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		539,000	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		241,403	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		83,181,270	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)		157,983	70.93
70.94	HRR adjustment amount (see instructions)		-114,243	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part A Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Hospital	PPS
		FFY (yyyy)	Amount	
		0	1.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0	70.97
70.98	Low Volume Payment-3		0	70.98
70.99	HAC adjustment amount (see instructions)		0	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		83,225,010	71.00
71.01	Sequestration adjustment (see instructions)		1,664,500	71.01
71.02	Demonstration payment adjustment amount after sequestration		0	71.02
72.00	Interim payments		82,116,464	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)		-555,954	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		1,187,765	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	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)	0	0	102.00
HRR Adjustment for HSP Bonus Payment				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)	0	0	104.00
Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment				
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.			200.00
Cost Reimbursement				
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)			201.00
202.00	Medicare discharges (see instructions)			202.00
203.00	Case-mix adjustment factor (see instructions)			203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)				
204.00	Medicare target amount			204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)			205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)			206.00
Adjustment to Medicare Part A Inpatient Reimbursement				
207.00	Program reimbursement under the §410A Demonstration (see instructions)			207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)			208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)			209.00
210.00	Reserved for future use			210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)			211.00
Comparison of PPS versus Cost Reimbursement				
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)			212.00
213.00	Low-volume adjustment (see instructions)			213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)			218.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2019 9:59 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1.01	48,325,452	0	48,325,452		48,325,452	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,142,733	0		15,142,733	15,142,733	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	622,964	0	520,910	102,054	622,964	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	20,552,804	0	15,372,367	5,180,437	20,552,804	4.00
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.201446	0.201446	0.201446	0.201446		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,611,227	0	5,033,869	1,577,358	6,611,227	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,140,903	0	2,140,903	0	2,140,903	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	6,611,227	0	5,033,869	1,577,358	6,611,227	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,140,903	0	2,140,903	0	2,140,903	9.01
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1402	0.1402	0.1402	0.1402		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,224,560	0	1,693,807	530,753	2,224,560	11.00
11.01	Uncompensated care payments	36.00	5,739,200	0	3,672,485	2,066,715	5,739,200	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	78,666,136	0	59,246,523	19,419,613	78,666,136	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	80,807,039	0	61,387,426	19,419,613	80,807,039	15.00
16.00	Payment for inpatient program capital (From Wkst. L, Pt. I, if applicable)	50.00	5,953,743	0	4,535,449	1,418,294	5,953,743	16.00
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	0	17.00
17.01	Net organ acquisition cost							17.01
17.02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68.00	0	0	0	0	0	17.02

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 15-0089

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/24/2019 9:59 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	65,922,875	20,837,907	86,760,782	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	5,168,578	0	3,936,504	1,232,074	5,168,578	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	28,485	0	22,640	5,845	28,485	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	0.0836	0.0836	0.0836	0.0836		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	432,093	0	329,092	103,001	432,093	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0628	0.0628	0.0628	0.0628		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	324,587	0	247,213	77,374	324,587	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,953,743	0	4,535,449	1,418,294	5,953,743	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5		Provider CCN: 15-0089		Period: From 01/01/2018 To 12/31/2018		Worksheet E Part A Exhibit 5 Date/Time Prepared: 5/24/2019 9:59 am	
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. 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	48,325,452	48,325,452		48,325,452	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1.02	15,142,733		15,142,733	15,142,733	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	622,964	520,910	102,054	622,964	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	20,552,804	15,454,248	0	15,454,248	4.00
Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.201446	0.201446	0.201446		5.00
6.00	IME payment adjustment (see instructions)	22.00	6,611,227	5,033,869	1,577,358	6,611,227	6.00
6.01	IME payment adjustment for managed care (see instructions)	22.01	2,140,903	2,140,903	0	2,140,903	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	6,611,227	5,033,869	1,577,358	6,611,227	9.00
9.01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29.01	2,140,903	2,140,903	0	2,140,903	9.01
Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.1402	0.1402	0.1402		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	2,224,560	1,693,807	530,753	2,224,560	11.00
11.01	Uncompensated care payments	36.00	5,739,200	3,672,485	2,066,715	5,739,200	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	78,666,136	59,246,523	19,419,613	78,666,136	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	80,807,039	61,387,426	19,419,613	80,807,039	15.00
16.00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50.00	5,953,743	4,535,449	1,418,294	5,953,743	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			65,922,875	20,837,907	86,760,782	19.00

HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULATION EXHIBIT 5

Provider CCN: 15-0089

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

Worksheet E
Part A Exhibit 5
Date/Time Prepared:
5/24/2019 9:59 am

		Title XVIII		Hospital		PPS	
		Wkst. L, line	(Amt. from Wkst. L)				
		0	1.00	2.00	3.00	4.00	
20.00	Capital DRG other than outlier	1.00	5,168,578	3,936,504	1,232,074	5,168,578	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	28,485	22,640	5,845	28,485	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	0.0836	0.0836	0.0836		22.00
23.00	Indirect medical education adjustment (see instructions)	6.00	432,093	329,092	103,001	432,093	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0628	0.0628	0.0628		24.00
25.00	Disproportionate share adjustment (see instructions)	11.00	324,587	247,213	77,374	324,587	25.00
26.00	Total prospective capital payments (see instructions)	12.00	5,953,743	4,535,449	1,418,294	5,953,743	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	157,983	151,449	6,534	157,983	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	-114,243	-86,987	-27,256	-114,243	31.00
31.01	HRR adjustment for HSP bonus payment (see instructions)	70.91	0	0	0	0	31.01
						(Amt. to Wkst. E, Pt. A)	
		0	1.00	2.00	3.00	4.00	
32.00	HAC Reduction Program adjustment (see instructions)	70.99		0	0	0	32.00
100.00	Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		38,634	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		39,850,911	2.00
3.00	OPPS payments		39,031,677	3.00
4.00	Outlier payment (see instructions)		64,106	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		70,617	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		38,634	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		212,063	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)		212,063	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)		212,063	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		173,429	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)		38,634	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)		39,166,400	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		7,046,580	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)		32,158,454	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		1,194,922	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		33,353,376	30.00
31.00	Primary payer payments		2,400	31.00
32.00	Subtotal (line 30 minus line 31)		33,350,976	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,479,316	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		961,555	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,102,532	36.00
37.00	Subtotal (see instructions)		34,312,531	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-109	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.97	Demonstration payment adjustment amount before sequestration		0	39.97
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		34,312,640	40.00
40.01	Sequestration adjustment (see instructions)		686,253	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		33,771,761	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-145,374	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		6,288	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet E Part B Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		189	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	OPPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
4.01	Outlier reconciliation amount (see instructions)		0	4.01
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of lines 3, 4, and 4.01, divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		189	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,039	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)		1,039	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)		1,039	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		850	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)		189	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)		189	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		189	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		189	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		189	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		39.50	
39.97	Demonstration payment adjustment 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)		189	40.00
40.01	Sequestration adjustment (see instructions)		4	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
41.00	Interim payments		204	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-19	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: 15-0089

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2019 9:59 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		81,653,064		33,585,861	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/25/2018	463,400	07/25/2018	185,900	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)		463,400		185,900	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)		82,116,464		33,771,761	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		555,954		145,374	6.02	
7.00	Total Medicare program liability (see instructions)		81,560,510		33,626,387	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part I Date/Time Prepared: 5/24/2019 9:59 am	
		Title XVIII	Subprovider - IRF	PPS	
		Inpatient Part A		Part B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount
		1.00	2.00	3.00	4.00
1.00	Total interim payments paid to provider				
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		5,269,173		204
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		5,269,173		204
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		51,074		0
6.02	SETTLEMENT TO PROGRAM		0		19
7.00	Total Medicare program liability (see instructions)		5,320,247		185
				Contractor Number	NPR Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet E-1 Part II Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0089 Component CCN: 15-T089	Period: From 01/01/2018 To 12/31/2018	Worksheet E-3 Part III Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,673,036 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0272 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			144,350 3.00
4.00	Outlier Payments			1,635,533 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.098630 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			5,452,919 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,452,919 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,452,919 19.00
20.00	Deductibles			5,336 20.00
21.00	Subtotal (line 19 minus line 20)			5,447,583 21.00
22.00	Coinsurance			26,800 22.00
23.00	Subtotal (line 21 minus line 22)			5,420,783 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			9,563 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			6,216 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			6,700 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,426,999 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,824 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Demonstration payment adjustment amount before sequestration			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,428,823 32.00
32.01	Sequestration adjustment (see instructions)			108,576 32.01
32.02	Demonstration payment adjustment amount after sequestration			0 32.02
33.00	Interim payments			5,269,173 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus lines 32.01, 32.02, 33, and 34)			51,074 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			10,652 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			1,635,533 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/24/2019 9:59 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			57.92	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			12.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			69.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			63.76	6.00
7.00	Enter the lesser of line 5 or line 6			63.76	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	53.76	10.00	63.76	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	53.76	10.00	63.76	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	53.76	10.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	53.32	10.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	54.23	10.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	53.77	10.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	53.77	10.00		17.00
18.00	Per resident amount	103,487.09	97,993.20		18.00
19.00	Approved amount for resident costs	5,564,501	979,932	6,544,433	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			4.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			101,956.55	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			6,544,433	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	37,944	12,365		26.00
27.00	Total Inpatient Days (see instructions)	84,090	84,090		27.00
28.00	Ratio of inpatient days to total inpatient days	0.451231	0.147045		28.00
29.00	Program direct GME amount	2,953,051	962,326		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		135,977		30.00
31.00	Net Program direct GME amount			3,779,400	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet E-4 Date/Time Prepared: 5/24/2019 9:59 am
		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)		4,431,096	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)		86,446,320	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)		21,874	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		86,424,446	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		39,960,351	42.00
43.00	Primary payer payments (see instructions)		2,400	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		39,957,951	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		126,382,397	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.683833	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.316167	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		3,779,400	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		2,584,478	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,194,922	50.00

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

Provider CCN: 15-0089

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

Worksheet G

Date/Time Prepared:
5/24/2019 9:59 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	192,323,231	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	50,661,368	0	0	0	4.00
5.00	Other receivable	72,512,868	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	8,516,920	0	0	0	7.00
8.00	Prepaid expenses	2,325,910	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	326,340,297	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,924,410	0	0	0	12.00
13.00	Land improvements	3,630,983	0	0	0	13.00
14.00	Accumulated depreciation	-3,045,739	0	0	0	14.00
15.00	Buildings	320,432,894	0	0	0	15.00
16.00	Accumulated depreciation	-180,058,157	0	0	0	16.00
17.00	Leasehold improvements	291,980	0	0	0	17.00
18.00	Accumulated depreciation	-270,656	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	153,081,150	0	0	0	23.00
24.00	Accumulated depreciation	-114,190,818	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	182,796,047	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	30,626,975	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	13,864,772	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	44,491,747	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	553,628,091	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	14,187,342	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,104,645	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,842,584	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	8,951,830	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	39,086,401	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	64,561,323	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	795,889	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	65,357,212	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	104,443,613	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	449,184,478				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)	449,184,478	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	553,628,091	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0089

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

Worksheet G-1

Date/Time Prepared:
5/24/2019 9:59 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		342,941,890		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		60,160,592			2.00
3.00	Total (sum of line 1 and line 2)		403,102,482		0	3.00
4.00	PENSION	84,187,017		0		4.00
5.00	DONATED PP&E	215,108		0		5.00
6.00	ROUNDING	10		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)		84,402,135		0	10.00
11.00	Subtotal (line 3 plus line 10)		487,504,617		0	11.00
12.00	UNRESTRICTED FUND BALANCE	38,320,139		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)		38,320,139		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		449,184,478		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	PENSION		0			4.00
5.00	DONATED PP&E		0			5.00
6.00	ROUNDING		0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	UNRESTRICTED FUND BALANCE		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0089

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2019 9:59 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	161,500,572		161,500,572	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	8,875,915		8,875,915	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	170,376,487		170,376,487	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	55,774,186		55,774,186	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	17,696,534		17,696,534	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	73,470,720		73,470,720	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	243,847,207		243,847,207	17.00
18.00	Ancillary services	602,102,677	637,175,352	1,239,278,029	18.00
19.00	Outpatient services	66,471,830	221,730,136	288,201,966	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	14,751	9,119,933	9,134,684	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (PHYSICIAN REVENUE)	0	6,534,091	6,534,091	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	912,436,465	874,559,512	1,786,995,977	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		385,434,442		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)		385,434,442		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0089

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

Worksheet G-3

Date/Time Prepared:
5/24/2019 9:59 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,786,995,977	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,363,161,637	2.00
3.00	Net patient revenues (line 1 minus line 2)	423,834,340	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	385,434,442	4.00
5.00	Net income from service to patients (line 3 minus line 4)	38,399,898	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (MISCELLANEOUS INCOME)	21,760,694	24.00
25.00	Total other income (sum of lines 6-24)	21,760,694	25.00
26.00	Total (line 5 plus line 25)	60,160,592	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	60,160,592	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0089	Period: From 01/01/2018 To 12/31/2018	Worksheet L Parts I-III Date/Time Prepared: 5/24/2019 9:59 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,168,578	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		28,485	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)		219.28	3.00
4.00	Number of interns & residents (see instructions)		62.39	4.00
5.00	Indirect medical education percentage (see instructions)		8.36	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)		432,093	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.44	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		24.63	8.00
9.00	Sum of lines 7 and 8		30.07	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.28	10.00
11.00	Disproportionate share adjustment (see instructions)		324,587	11.00
12.00	Total prospective capital payments (see instructions)		5,953,743	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