

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet S Parts I-III Date/Time Prepared: 5/30/2022 2:53 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report	Date: 5/30/2022	Time: 2:53 pm
	2. <input type="checkbox"/> Manually prepared cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No.	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.
		8. <input type="checkbox"/> Initial Report for this Provider CCN	
		9. <input type="checkbox"/> Final Report for this Provider CCN	

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

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL ANDERSON (15-0113) for the cost reporting period beginning 01/01/2021 and ending 12/31/2021 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

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	391,169	-313,209	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
200.00 Total	0	391,169	-313,209	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-MEDI CARE.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:53 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1515 NORTH MADISON AVE	PO Box:		1.00
2.00	City: ANDERSON	State: IN	Zip Code: 46011	2.00
			County: MADISON	

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

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	COMMUNITY HOSPITAL ANDERSON	150113	26900	1	01/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
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)					01/01/2021	12/31/2021	20.00	
21.00	Type of Control (see instructions)					2		21.00	
						1.00	2.00	3.00	

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.106(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y	N			22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)				Y	Y			22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.				N	N			22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	Y		22.03
22.04	Did this hospital receive a geographic reclassification from urban to rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.				N	N	N		22.04
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				3	N			23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:53 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
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.	939	110	0	0	5,829	10	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0		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	Y	40.00	
						V	XVIII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. For column 2, if the response to column 1 is "Y", or if this hospital was involved in training residents in approved GME programs in the prior year or penultimate year, and are you are impacted by CR 11642 (or applicable CRs) MA direct GME payment reduction? Enter "Y" for yes; otherwise, enter "N" for no in column 2.					Y	Y		56.00
57.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:53 pm	
		NAHE 413.85 Y/N	Worksheet A Line #	Pass-Through Qualification Criterion Code			
		1.00	2.00	3.00			
60.00	Are you claiming nursing and allied health education (NAHE) costs for any programs that meet the criteria under 42 CFR 413.85? (see instructions) Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR) NAHE MA payment adjustment? Enter "Y" for yes or "N" for no in column 2.	N					60.00
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)						61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)						61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)						61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).						61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)						61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)						61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the IME FTE unweighted count. Enter in column 4, the direct GME FTE unweighted count.			0.00	0.00		61.20
						1.00	
62.00	ACA Provisions Affecting the Health Resources and Services Administration (HRSA) Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
63.00	Teaching Hospitals that Claim Residents in Nonprovider Settings Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64 through 67. (see instructions)				N		63.00
		Unweighted FTEs Nonprovi- der Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.25	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N			70.00
71.00	If line 70 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	71.00
Inpatient Rehabilitation Facility PPS								
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				N			75.00
76.00	If line 75 is yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				N	N	0	76.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:53 pm			
			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00			
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00			
			V 1.00	XIX 2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	N	98.00		
98.01	Does title V or XIX follow Medicare (title XVIII) for the reporting of charges on Wkst. C, Pt. 1? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.01		
98.02	Does title V or XIX follow Medicare (title XVIII) for the calculation of observation bed costs on Wkst. D-1, Pt. IV, line 89? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.02		
98.03	Does title V or XIX follow Medicare (title XVIII) for a critical access hospital (CAH) reimbursed 101% of inpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.03		
98.04	Does title V or XIX follow Medicare (title XVIII) for a CAH reimbursed 101% of outpatient services cost? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		N	N	98.04		
98.05	Does title V or XIX follow Medicare (title XVIII) and add back the RCE disallowance on Wkst. C, Pt. I, col. 4? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.05		
98.06	Does title V or XIX follow Medicare (title XVIII) when cost reimbursed for Wkst. D, Pts. I through IV? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		Y	Y	98.06		
Rural Providers							
105.00	Does this hospital qualify as a CAH?		N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00		
107.00	Column 1: If line 105 is Y, is this facility eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) Column 2: If column 1 is Y and line 70 or line 75 is Y, do you train I&Rs in an approved medical education program in the CAH's excluded IPF and/or IRF unit(s)? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00		
			Physical 1.00	Occupational 2.00	Speech 3.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:53 pm
		1.00	2.00	
111.00	If this facility qualifies as a CAH, did it participate in the Frontier Community Health Integration Project (FCHIP) demonstration for this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If the response to column 1 is Y, enter the integration prong of the FCHIP demo in which this CAH is participating in column 2. Enter all that apply: "A" for Ambulance services; "B" for additional beds; and/or "C" for tele-health services.	N		111.00
		1.00	2.00	3.00
112.00	Did this hospital participate in the Pennsylvania Rural Health Model demonstration for any portion of the current cost reporting period? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2, the date the hospital began participating in the demonstration. In column 3, enter the date the hospital ceased participation in the demonstration, if applicable.	N		112.00
Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, chapter 22, §2208.1.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	817,457	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
DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	N		122.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	Removed and reserved			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0720	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part I Date/Time Prepared: 5/30/2022 2:53 pm		
1.00		2.00		3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WPS		Contractor's Number: 08101		141.00		
142.00	Street: 1500 NORTH RITTER AVE	PO Box:				142.00		
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219		143.00		
144.00 Are provider based physicians' costs included in Worksheet A?								
						1.00	144.00	
						Y		
145.00 If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.								
						1.00	145.00	
						Y		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						2.00	146.00
						N		
147.00 Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.								
						1.00	147.00	
						N		
148.00 Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.								
						1.00	148.00	
						N		
149.00 Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.								
						1.00	149.00	
						N		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	Part A	Part B	Title V	Title XIX	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER	N	N	N	N	158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC	N	N	N	N	161.00		
Multi campus								
165.00 Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								
						1.00	165.00	
						N		
166.00 If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)								
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
							0.00	
166.00								
1.00								
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00 Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.								
						1.00	167.00	
						Y		
168.00 If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								
						1.00	168.00	
168.01 If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)								
						1.00	168.01	
169.00 If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								
						1.00	169.00	
						9.99		
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)								
						1.00	170.00	
171.00 If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)								
						1.00	171.00	
						N	0	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 2:53 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/31/2021			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	N					9.00
10.00	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y			12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N			13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N			14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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	05/02/2022	Y	05/02/2022		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet S-2 Part II Date/Time Prepared: 5/30/2022 2:53 pm	
		Description	Y/N	Y/N	
		0	1.00	3.00	
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N	N	20.00
		Y/N	Date	Y/N	Date
		1.00	2.00	3.00	4.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N	N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		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		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		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.		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		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SHIRLEY	BI SHOP		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-4135	SBI SHOP@ECOMMUNITY.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

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	107	39,055	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)		107	39,055	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		124	45,260	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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)		124				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00
33.01 LTCH site neutral days and discharges						33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,068	568	20,684			1.00
2.00 HMO and other (see instructions)	8,159	4,763				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,068	568	20,684			7.00
8.00 INTENSIVE CARE UNIT	1,167	231	4,228			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,316	1,389			13.00
14.00 Total (see instructions)	7,235	2,115	26,301	0.25	918.56	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						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)			0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.25	918.56	27.00
28.00 Observation Bed Days		312	2,061			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			160			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	10	191			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00
33.01 LTCH site neutral days and discharges	0					33.01

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,457	181	5,700	1.00
2.00 HMO and other (see instructions)				1,503	1,164		2.00
3.00 HMO IPF Subprovider					0		3.00
4.00 HMO IRF Subprovider					0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,457	181	5,700	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF							16.00
17.00 SUBPROVIDER - IRF							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: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	67,652,538	-430,115	67,222,423	1,910,601.00	35.18
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		123,232	0	123,232	832.00	148.12
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		290,349	0	290,349	3,809.00	76.23
6.00	Non-physician-Part B for hospital-based RHC and FQHC services		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office and/or related organization personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		515,414	-386	515,028	14,379.00	35.82
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,835,135	0	1,835,135	15,273.00	120.16
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,434,878	0	1,434,878	19,238.00	74.59
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		12,204,885	0	12,204,885	280,764.00	43.47
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
16.01	Home office Physicians Part A - Teaching		0	0	0	0.00	0.00
16.02	Home office contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		10,044,725	0	10,044,725		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		77,163	0	77,163		
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		6,453	0	6,453		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		29,541	0	29,541		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
25.50	Home office wage-related (core)		3,230,031	0	3,230,031		
25.51	Related organization wage-related (core)		0	0	0		
25.52	Home office: Physician Part A - Administrative - wage-related (core)		0	0	0		

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

	Wkst. A Line Number	Amount Reported	Reclassification of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
25.53	Home office: Physicians Part A - Teaching - wage-related (core)	0	0	0			25.53
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	169,181	0	169,181	5,095.00	33.21	26.00
27.00	Administrative & General	8,342,374	-25,797	8,316,577	233,967.00	35.55	27.00
28.00	Administrative & General under contract (see inst.)	3,098,254	0	3,098,254	24,977.00	124.04	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,847,065	-6,836	2,840,229	83,486.00	34.02	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	2,109,084	-9,641	2,099,443	101,527.00	20.68	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	1,601,784	-1,031,485	570,299	27,368.00	20.84	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	38,525	1,015,355	1,053,880	50,212.00	20.99	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,349,141	-755	1,348,386	42,800.00	31.50	38.00
39.00	Central Services and Supply	803,970	-3,719	800,251	34,582.00	23.14	39.00
40.00	Pharmacy	2,429,161	-27,496	2,401,665	52,593.00	45.67	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	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2022 2:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	70,460,443	-430,115	70,030,328	1,931,769.00	36.25	1.00
2.00	Excluded area salaries (see instructions)	515,414	-386	515,028	14,379.00	35.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	69,945,029	-429,729	69,515,300	1,917,390.00	36.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,474,898	0	15,474,898	315,275.00	49.08	4.00
5.00	Subtotal wage-related costs (see inst.)	13,281,209	0	13,281,209	0.00	19.11	5.00
6.00	Total (sum of lines 3 thru 5)	98,701,136	-429,729	98,271,407	2,232,665.00	44.02	6.00
7.00	Total overhead cost (see instructions)	22,788,539	-90,374	22,698,165	656,607.00	34.57	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2022 2:53 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,889,294 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			0 8.00
8.01	Health Insurance (Self Funded without a Third Party Administrator)			0 8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			1,364,950 8.02
8.03	Health Insurance (Purchased)			0 8.03
9.00	Prescription Drug Plan			426,101 9.00
10.00	Dental, Hearing and Vision Plan			14,714 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			7,989 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)			473,303 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			33,628 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			4,884,383 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			63,519 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			10,157,881 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet S-3 Part V Date/Time Prepared: 5/30/2022 2:53 pm
Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,835,135	10,157,881	1.00
2.00	Hospital	1,835,135	10,157,881	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet S-10 Date/Time Prepared: 5/30/2022 2:53 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.253500	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			39,470,742	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?			N	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid			-7,738,923	5.00	
6.00	Medicaid charges			150,403,263	6.00	
7.00	Medicaid cost (line 1 times line 6)			38,127,227	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			6,395,408	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			46,606	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, CHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			6,395,408	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
Uncompensated Care (see instructions for each line)						
20.00	Charity care charges and uninsured discounts for the entire facility (see instructions)	4,538,286	899,696	5,437,982	20.00	
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,150,456	899,696	2,050,152	21.00	
22.00	Payments received from patients for amounts previously written off as charity care	0	0	0	22.00	
23.00	Cost of charity care (line 21 minus line 22)	1,150,456	899,696	2,050,152	23.00	
				1.00		
24.00	Does the amount on line 20 column 2, include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00	
25.00	If line 24 is yes, enter the charges for patient days beyond the indigent care program's length of stay limit			0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)			7,183,316	26.00	
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			141,650	27.00	
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			217,923	27.01	
28.00	Non-Medicare bad debt expense (see instructions)			6,965,393	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,842,000	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			3,892,152	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,287,560	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		0	0	3,168,406	3,168,406	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,934,067	6,934,067	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	169,181	46,331	215,512	-804	214,708	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	8,342,374	101,973,152	110,315,526	-957,690	109,357,836	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,847,065	6,346,799	9,193,864	-1,669,638	7,524,226	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	2,109,084	1,029,315	3,138,399	-3,151	3,135,248	9.00
10.00	01000	DIETARY	1,601,784	1,735,980	3,337,764	-2,217,710	1,120,054	10.00
11.00	01100	CAFETERIA	38,525	66,696	105,221	1,968,456	2,073,677	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,349,141	433,533	1,782,674	-571	1,782,103	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	803,970	958,938	1,762,908	-467,239	1,295,669	14.00
15.00	01500	PHARMACY	2,429,161	10,726,192	13,155,353	-9,875,978	3,279,375	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	-17,736	-17,736	0	-17,736	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,163,121	8,078,312	24,241,433	-3,217,779	21,023,654	30.00
31.00	03100	INTENSIVE CARE UNIT	3,510,784	2,276,387	5,787,171	-422,109	5,365,062	31.00
43.00	04300	NURSERY	0	0	0	975,119	975,119	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,904,262	15,598,022	21,502,284	-11,069,849	10,432,435	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,756,266	1,756,266	52.00
53.00	05300	ANESTHESIOLOGY	0	911,360	911,360	-45,115	866,245	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,650,826	1,495,045	3,145,871	-589,621	2,556,250	54.00
54.01	05401	ULTRASOUND	526,410	165,282	691,692	18,421	710,113	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	308,104	449,080	757,184	-254,126	503,058	56.00
57.00	05700	CT SCAN	665,109	643,483	1,308,592	-118,244	1,190,348	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	611,587	1,006,753	1,618,340	-434,643	1,183,697	58.00
59.00	05900	CARDIAC CATHETERIZATION	736,136	1,431,326	2,167,462	-980,653	1,186,809	59.00
60.00	06000	LABORATORY	2,491,060	5,398,581	7,889,641	-264,604	7,625,037	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	180,486	526,548	707,034	-2,968	704,066	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,249,696	866,720	3,116,416	-73,703	3,042,713	65.00
66.00	06600	PHYSICAL THERAPY	3,047,025	1,825,053	4,872,078	-1,483,877	3,388,201	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	463,733	463,733	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	209,395	209,395	68.00
69.00	06900	ELECTROCARDIOLOGY	975,041	593,265	1,568,306	-186,262	1,382,044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	597,815	376,962	974,777	-75,243	899,534	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,940,443	4,940,443	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,046,903	7,046,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	706	706	9,854,160	9,854,866	73.00
74.00	07400	RENAL DIALYSIS	0	353,447	353,447	-1,479	351,968	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	611,069	1,338,208	1,949,277	-204,263	1,745,014	90.01
90.02	09002	CTR ADVANCED HEART CARE	220,060	68,066	288,126	-1,025	287,101	90.02
90.03	09003	RADIATION ONCOLOGY	1,703,483	4,149,877	5,853,360	-1,373,396	4,479,964	90.03
90.04	09004	MUNCIE CLINIC	0	95,267	95,267	-13,811	81,456	90.04
90.05	09005	ANTI COAGULATION CLINIC	323,594	136,610	460,204	0	460,204	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	47,602	47,602	-46,690	912	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	332,242	89,227	421,469	-2,142	419,327	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	4,638,929	1,982,641	6,621,570	-170,251	6,451,319	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 15-0113 Period: From 01/01/2021 To 12/31/2021 Worksheet A
 Date/Time Prepared: 5/30/2022 2:53 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	67,137,124	173,203,030	240,340,154	1,110,735	241,450,889	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	416,697	562,471	979,168	-342,112	637,056	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006 MONTICELLO HSE.	0	75,619	75,619	-46,099	29,520	190.06
190.07	19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	66	66	-181	-115	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	13,149	4,220	17,369	0	17,369	190.12
190.13	19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	85,568	70,161	155,729	-22,472	133,257	190.14
190.15	19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	2,151,612	2,151,612	-566,182	1,585,430	192.00
192.01	19201 MUNCIE MD OFFICES	0	156,409	156,409	-129,000	27,409	192.01
192.02	19202 FOUNDATION	0	0	0	0	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	11	11	0	11	192.07
192.08	19208 RENTAL PROPERTY	0	9,178	9,178	-971	8,207	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	6,270	6,270	-3,718	2,552	192.09
192.10	19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00	TOTAL (SUM OF LINES 118 through 199)	67,652,538	176,239,047	243,891,585	0	243,891,585	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	3,168,406	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	1,150,853	8,084,920	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,913,078	3,127,786	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-61,482,907	47,874,929	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	7,524,226	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,135,248	9.00
10.00	01000	DIETARY	0	1,120,054	10.00
11.00	01100	CAFETERIA	-853,638	1,220,039	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,750,330	3,532,433	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	952,388	2,248,057	14.00
15.00	01500	PHARMACY	0	3,279,375	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,013,575	995,839	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	26,146	26,146	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	35,381	35,381	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	215,002	21,238,656	30.00
31.00	03100	INTENSIVE CARE UNIT	0	5,365,062	31.00
43.00	04300	NURSERY	0	975,119	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-131,858	10,300,577	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,756,266	52.00
53.00	05300	ANESTHESIOLOGY	-866,245	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,970	2,631,220	54.00
54.01	05401	ULTRASOUND	0	710,113	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	503,058	56.00
57.00	05700	CT SCAN	0	1,190,348	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,183,697	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,186,809	59.00
60.00	06000	LABORATORY	-6,472	7,618,565	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	704,066	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-166,999	2,875,714	65.00
66.00	06600	PHYSICAL THERAPY	0	3,388,201	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	463,733	67.00
68.00	06800	SPEECH PATHOLOGY	0	209,395	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,382,044	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	899,534	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,940,443	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,046,903	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,854,866	73.00
74.00	07400	RENAL DIALYSIS	0	351,968	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	1,745,014	90.01
90.02	09002	CTR ADVANCED HEART CARE	-124,348	162,753	90.02
90.03	09003	RADIATION ONCOLOGY	-521,080	3,958,884	90.03
90.04	09004	MUNCIE CLINIC	-81,456	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	460,204	90.05
90.06	09006	PREGNANCY PLUS	0	0	90.06
90.07	09007	O/P LAB	0	0	90.07
90.08	09008	O/P LAB	0	0	90.08
90.09	09009	FORTVILLE CLINIC	-912	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	-3,885	415,442	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	90.12
91.00	09100	EMERGENCY	874,516	7,325,835	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-55,233,561	186,217,328	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	637,056	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	29,520	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	-115	190.10
190.11	19011	ONCOLOGIST	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	17,369	190.12
190.13	19013	RHEUMATOLOGY	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	133,257	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	190.15
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,585,430	192.00
192.01	19201	MUNCIE MD OFFICES	0	27,409	192.01
192.02	19202	FOUNDATION	0	0	192.02
192.03	19203	SPOE	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	192.04
192.05	19205	VACANT SPACE	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	11	192.07
192.08	19208	RENTAL PROPERTY	0	8,207	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	2,552	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	192.10
200.00		TOTAL (SUM OF LINES 118 through 199)	-55,233,561	188,658,024	200.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/30/2022 2:53 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - Chargeable Medical Supplies					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,940,443	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
TOTALS			0	4,940,443	
B - Implantable Device Reclass					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		7,046,903	1.00
2.00					2.00
3.00					3.00
			0	7,046,903	
C - Drugs Charges to Pat					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,834	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,854,160	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
TOTALS			0	9,856,994	
D - Depreciation Expense					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,622,559	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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
TOTALS			0	7,622,559	
F - Other Capital Rental					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,350,053	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
TOTALS			0	2,350,053	
G - Therapy Reclass					
1.00	OCCUPATIONAL THERAPY	67.00	358,631	0	1.00
2.00	SPEECH PATHOLOGY	68.00	161,937	0	2.00
3.00	OCCUPATIONAL THERAPY	67.00	0	105,102	3.00
4.00	SPEECH PATHOLOGY	68.00	0	47,458	4.00
TOTALS			520,568	152,560	
H - Labor and Delivery					
1.00	NURSERY	43.00	702,138	272,981	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,264,606	491,660	2.00
TOTALS			1,966,744	764,641	
I - Cafeteria					
1.00	CAFETERIA	11.00	1,015,355	953,101	1.00
TOTALS			1,015,355	953,101	
J - STD BENEFIT RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	25,797	1.00
2.00	OPERATION OF PLANT	7.00	0	6,836	2.00
3.00	HOUSEKEEPING	9.00	0	9,641	3.00
4.00	DIETARY	10.00	0	16,130	4.00
5.00	NURSING ADMINISTRATION	13.00	0	755	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,719	6.00
7.00	PHARMACY	15.00	0	27,496	7.00
8.00	ADULTS & PEDIATRICS	30.00	0	96,123	8.00
9.00	INTENSIVE CARE UNIT	31.00	0	26,243	9.00
10.00	OPERATING ROOM	50.00	0	44,286	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,082	11.00
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	58	12.00
13.00	CARDIAC CATHETERIZATION	59.00	0	5,891	13.00
14.00	LABORATORY	60.00	0	8,740	14.00
15.00	RESPIRATORY THERAPY	65.00	0	43,253	15.00
16.00	PHYSICAL THERAPY	66.00	0	37,161	16.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6

Date/Time Prepared:
5/30/2022 2:53 pm

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
17.00	ELECTROCARDIOLOGY	69.00	0	3,922		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,703		18.00
19.00	WOUND/OSTOMY CLINIC	90.01	0	12,508		19.00
20.00	RADIATION ONCOLOGY	90.03	0	20,016		20.00
21.00	EMERGENCY	91.00	0	30,369		21.00
22.00	WELLNESS CENTERS	190.01	0	386		22.00
	TOTALS		0	430,115		
K - Building Depreciation						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,038,545		1.00
	TOTALS		0	3,038,545		
L - Capital Insurance Costs						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	129,861		1.00
	TOTALS		0	129,861		
M - Radiology Support Staff						
1.00	ULTRASOUND	54.01	16,840	6,581		1.00
2.00	RADIOISOTOPE	56.00	17,191	6,718		2.00
3.00	CT SCAN	57.00	84,920	33,189		3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	24,467	9,562		4.00
	TOTALS		143,418	56,050		
500.00	Grand Total: Increases		3,646,085	37,341,825		500.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/30/2022 2:53 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - Chargeable Medical Supplies							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,416	0		1.00
2.00	OPERATION OF PLANT	7.00	0	964	0		2.00
3.00	HOUSEKEEPING	9.00	0	27	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	341	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	243,344	0		5.00
6.00	PHARMACY	15.00	0	28,153	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	275,075	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	271,567	0		8.00
9.00	OPERATING ROOM	50.00	0	2,896,658	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	3,377	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	35,449	0		11.00
12.00	ULTRASOUND	54.01	0	2,350	0		12.00
13.00	RADIOISOTOPE	56.00	0	111	0		13.00
14.00	CT SCAN	57.00	0	136,122	0		14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	7,753	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	546,704	0		16.00
17.00	LABORATORY	60.00	0	1,264	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	11,468	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	102	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	42,639	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,744	0		21.00
22.00	RENAL DIALYSIS	74.00	0	1,479	0		22.00
23.00	WOUND/OSTOMY CLINIC	90.01	0	153,931	0		23.00
24.00	CTR ADVANCED HEART CARE	90.02	0	148	0		24.00
25.00	RADIATION ONCOLOGY	90.03	0	136,119	0		25.00
26.00	EMERGENCY	91.00	0	103,835	0		26.00
27.00	WELLNESS CENTERS	190.01	0	22,087	0		27.00
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	216	0		28.00
TOTALS			0	4,940,443			
B - Implantable Device Reclass							
1.00	OPERATING ROOM	50.00		6,788,294			1.00
2.00	CARDIAC CATHETERIZATION	59.00		229,002			2.00
3.00	WOUND/OSTOMY CLINIC	90.01		29,607			3.00
TOTALS			0	7,046,903			
C - Drugs Charges to Pat							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	194	0		1.00
2.00	PHARMACY	15.00	0	9,446,612	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,291	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	1,200	0		4.00
5.00	OPERATING ROOM	50.00	0	2,943	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	41,738	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	34,494	0		7.00
8.00	RADIOISOTOPE	56.00	0	188,825	0		8.00
9.00	CT SCAN	57.00	0	99,297	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	27,726	0		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	2,749	0		11.00
12.00	LABORATORY	60.00	0	80	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	65	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	89	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	788	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	812	0		16.00
17.00	WOUND/OSTOMY CLINIC	90.01	0	1,695	0		17.00
18.00	CTR ADVANCED HEART CARE	90.02	0	512	0		18.00
19.00	RADIATION ONCOLOGY	90.03	0	688	0		19.00
20.00	DIABETIC PLUS CLINIC	90.11	0	37	0		20.00
21.00	EMERGENCY	91.00	0	2,142	0		21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	17	0		22.00
TOTALS			0	9,856,994			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	804	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	809,386	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,668,674	0		3.00
4.00	HOUSEKEEPING	9.00	0	3,124	0		4.00
5.00	DIETARY	10.00	0	246,694	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	230	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	72,462	0		7.00
8.00	PHARMACY	15.00	0	5,394	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	207,028	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	149,228	0		10.00
11.00	OPERATING ROOM	50.00	0	1,079,092	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	320,210	0		12.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-6
Date/Time Prepared:
5/30/2022 2:53 pm

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	ULTRASOUND	54.01	0	2,650	0	13.00	
14.00	RADIOISOTOPE	56.00	0	89,099	0	14.00	
15.00	CT SCAN	57.00	0	934	0	15.00	
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	106,193	0	16.00	
17.00	CARDIAC CATHETERIZATION	59.00	0	202,198	0	17.00	
18.00	LABORATORY	60.00	0	209,869	0	18.00	
19.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	2,968	0	19.00	
20.00	RESPIRATORY THERAPY	65.00	0	62,170	0	20.00	
21.00	PHYSICAL THERAPY	66.00	0	96,662	0	21.00	
22.00	ELECTROCARDIOLOGY	69.00	0	142,835	0	22.00	
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	62,860	0	23.00	
24.00	WOUND/OSTOMY CLINIC	90.01	0	19,030	0	24.00	
25.00	CTR ADVANCED HEART CARE	90.02	0	365	0	25.00	
26.00	RADIATION ONCOLOGY	90.03	0	1,236,589	0	26.00	
27.00	MUNCIE CLINIC	90.04	0	13,811	0	27.00	
28.00	FORTVILLE CLINIC	90.09	0	2,086	0	28.00	
29.00	DIABETIC PLUS CLINIC	90.11	0	2,105	0	29.00	
30.00	EMERGENCY	91.00	0	64,160	0	30.00	
31.00	WELLNESS CENTERS	190.01	0	128,226	0	31.00	
32.00	MONTICELLO HSE.	190.06	0	46,099	0	32.00	
33.00	CLINICAL RESEARCH CENTER	190.10	0	181	0	33.00	
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	565,425	0	34.00	
35.00	RESIDENTIAL PROPERTY (1430 N MADISON	192.09	0	3,718	0	35.00	
	TOTALS		0	7,622,559			
F - Other Capital Rental							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,833	10	1.00	
2.00	DIETARY	10.00	0	2,560	0	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	154,267	0	3.00	
4.00	PHARMACY	15.00	0	395,819	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	114	0	5.00	
6.00	OPERATING ROOM	50.00	0	302,862	0	6.00	
7.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	327,000	0	7.00	
8.00	LABORATORY	60.00	0	53,391	0	8.00	
9.00	PHYSICAL THERAPY	66.00	0	713,896	0	9.00	
10.00	ELECTROENCEPHALOGRAPHY	70.00	0	8,827	0	10.00	
11.00	FORTVILLE CLINIC	90.09	0	44,604	0	11.00	
12.00	EMERGENCY	91.00	0	114	0	12.00	
13.00	WELLNESS CENTERS	190.01	0	191,799	0	13.00	
14.00	ROCK STEADY BOXING	190.14	0	22,472	0	14.00	
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	524	0	15.00	
16.00	MUNCIE MD OFFICES	192.01	0	129,000	0	16.00	
17.00	RENTAL PROPERTY	192.08	0	971	0	17.00	
	TOTALS		0	2,350,053			
G - Therapy Recl ass							
1.00	PHYSICAL THERAPY	66.00	520,568	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00	PHYSICAL THERAPY	66.00	0	152,560	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		520,568	152,560			
H - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	1,966,744	764,641	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		1,966,744	764,641			
I - Cafeteria							
1.00	DIETARY	10.00	1,015,355	953,101	0	1.00	
	TOTALS		1,015,355	953,101			
J - STD BENEFIT RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	25,797	0	0	1.00	
2.00	OPERATION OF PLANT	7.00	6,836	0	0	2.00	
3.00	HOUSEKEEPING	9.00	9,641	0	0	3.00	
4.00	DIETARY	10.00	16,130	0	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	755	0	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	3,719	0	0	6.00	
7.00	PHARMACY	15.00	27,496	0	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	96,123	0	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	26,243	0	0	9.00	
10.00	OPERATING ROOM	50.00	44,286	0	0	10.00	
11.00	RADIOLOGY-DIAGNOSTIC	54.00	8,082	0	0	11.00	
12.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	58	0	0	12.00	

Decreases							
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
13.00	CARDIAC CATHETERIZATION	59.00	5,891	0	0		13.00
14.00	LABORATORY	60.00	8,740	0	0		14.00
15.00	RESPIRATORY THERAPY	65.00	43,253	0	0		15.00
16.00	PHYSICAL THERAPY	66.00	37,161	0	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	3,922	0	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	2,703	0	0		18.00
19.00	WOUND/OSTOMY CLINIC	90.01	12,508	0	0		19.00
20.00	RADIATION ONCOLOGY	90.03	20,016	0	0		20.00
21.00	EMERGENCY	91.00	30,369	0	0		21.00
22.00	WELLNESS CENTERS	190.01	386	0	0		22.00
	TOTALS		430,115	0			
K - Building Depreciation							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,038,545	9		1.00
	TOTALS		0	3,038,545			
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	129,861	12		1.00
	TOTALS		0	129,861			
M - Radiology Support Staff							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	143,418	56,050	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		143,418	56,050			
500.00	Grand Total: Decreases		4,076,200	36,911,710			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,208,238	0	0	0	1.00
2.00	Land Improvements	1,989,234	1,502,692	0	1,502,692	2.00
3.00	Buildings and Fixtures	78,460,300	0	0	0	3.00
4.00	Building Improvements	1,311,533	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	78,070,536	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	166,039,841	1,502,692	0	1,502,692	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	166,039,841	1,502,692	0	1,502,692	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,280,153	0			1.00
2.00	Land Improvements	2,007,545	0			2.00
3.00	Buildings and Fixtures	78,186,026	0			3.00
4.00	Building Improvements	2,763,325	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	79,330,674	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	168,567,723	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	168,567,723	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	89,237,049	0	89,237,049	0.529384	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	79,330,674	0	79,330,674	0.470616	0	2.00
3.00	Total (sum of lines 1-2)	168,567,723	0	168,567,723	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,038,545	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,734,867	2,350,053	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,773,412	2,350,053	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	129,861	0	0	3,168,406	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	8,084,920	2.00
3.00	Total (sum of lines 1-2)	0	129,861	0	0	11,253,326	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8

Date/Time Prepared:
5/30/2022 2:53 pm

Line #	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 #			
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)			0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)			0	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B		0	ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00	Television and radio service (chapter 21)			0		0.00	0	8.00
9.00	Parking lot (chapter 21)			0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,095,664				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)			0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-1,158,629				0	12.00
13.00	Laundry and linen service			0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-846,641	CAFETERIA		11.00	0	14.00
15.00	Rental of quarters to employee and others			0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00	Sale of drugs to other than patients			0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B		0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing and allied health education (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00	Vending machines			0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist	A		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant			0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00	Misc Rev Sales	B	-337,381	ADMINISTRATIVE & GENERAL		5.00	0	33.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 Investment Income	B	-1,413,532	ADMINISTRATIVE & GENERAL	5.00	9 33.01
33.02 Space Rental Income	B	-56,510	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 Space Rental Income	B	-521,080	RADIATION ONCOLOGY	90.03	0 33.03
33.04 Space Rental Income	B	-60,115	MUNCIE CLINIC	90.04	0 33.04
33.05 Misc Revenue	B	-210	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.05
33.06 Misc Revenue	B	-1,018,680	ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 Misc Revenue	B	-6,997	CAFETERIA	11.00	0 33.07
33.08 Misc Revenue	B	-2,782	MEDICAL RECORDS & LIBRARY	16.00	0 33.08
33.09 Misc Revenue	B	-14,149	OPERATING ROOM	50.00	0 33.09
33.10 Misc Revenue	B	-6,472	LABORATORY	60.00	0 33.10
34.00 HAF Tax Offset	A	-9,471,473	ADMINISTRATIVE & GENERAL	5.00	0 34.00
34.01 Loss on Assets	A	-117,709	OPERATING ROOM	50.00	0 34.01
34.02 Sponsorship	A	-526,789	ADMINISTRATIVE & GENERAL	5.00	0 34.02
34.03 Sponsorship	A	-997	CTR ADVANCED HEART CARE	90.02	0 34.03
34.04 Sponsorship	A	-3,885	DIABETIC PLUS CLINIC	90.11	0 34.04
34.05 APP	A	-166,999	RESPIRATORY THERAPY	65.00	0 34.05
34.06 APP	A	-123,351	CTR ADVANCED HEART CARE	90.02	0 34.06
34.07 Hospitalist Loss	A	-30,607,199	ADMINISTRATIVE & GENERAL	5.00	0 34.07
34.08 Hospitalist Loss	A	-42,180	ANESTHESIOLOGY	53.00	0 34.08
34.09 CRNA	A	-824,065	ANESTHESIOLOGY	53.00	0 34.09
34.12 EPIC Amortization	A	97,968	CAP REL COSTS-MVBLE EQUIP	2.00	9 34.12
34.13 EPIC Amortization	A	1,134,351	ADMINISTRATIVE & GENERAL	5.00	0 34.13
35.00 Bad Debt	A	-7,910,635	ADMINISTRATIVE & GENERAL	5.00	0 35.00
35.01 OFFSET COSTS TO ELIMINATE HFS ERROR	A	-21,341	MUNCIE CLINIC	90.04	0 35.01
36.00 OFFSET COSTS TO ELIMINATE HFS ERROR	A	-912	FORTVILLE CLINIC	90.09	0 36.00
36.01 Non Allow Marketing	A	-109,503	ADMINISTRATIVE & GENERAL	5.00	0 36.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-55,233,561			50.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/30/2022 2:53 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	21.00	I&R SERVICES-SALARY & FRINGE	RESIDENTS	26,146	0
2.00	22.00	I&R SERVICES-OTHER PRGM. COS	RESIDENTS	35,381	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE	1,052,885	0
3.01	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	2,913,288	0
3.02	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	19,976,424	30,134,721
3.03	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,750,330	0
3.04	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	952,388	0
3.05	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE	1,016,357	0
3.06	30.00	ADULTS & PEDIATRICS	HOME OFFICE	215,002	0
3.07	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	74,970	0
4.00	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	88,405	0
4.01	91.00	EMERGENCY	CPN CALL	874,516	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			28,976,092	30,134,721

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

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

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

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

6.00	A	IN PROHEALTH	100.00	0.00	6.00
7.00	B	CHNW	100.00	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: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-1

Date/Time Prepared:
5/30/2022 2:53 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	26,146	0		1.00
2.00	35,381	0		2.00
3.00	1,052,885	9		3.00
3.01	2,913,288	0		3.01
3.02	-10,158,297	0		3.02
3.03	1,750,330	0		3.03
3.04	952,388	0		3.04
3.05	1,016,357	0		3.05
3.06	215,002	0		3.06
3.07	74,970	0		3.07
4.00	88,405	0		4.00
4.01	874,516	0		4.01
5.00	-1,158,629			5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet A-8-2

Date/Time Prepared:
5/30/2022 2:53 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	1,180,264	1,057,032	123,232	211,500	832	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,180,264	1,057,032	123,232		832	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	84,600	4,230	0	0	0	1.00
2.00	0.00		0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			84,600	4,230	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	84,600	38,632	1,095,664		1.00
2.00	0.00		0	0	0	0		2.00
3.00	0.00		0	0	0	0		3.00
4.00	0.00		0	0	0	0		4.00
5.00	0.00		0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	84,600	38,632	1,095,664		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,168,406	3,168,406			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	8,084,920		8,084,920		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,127,786	19,401	0	3,147,187	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	47,874,929	173,592	1,405,689	390,347	49,844,557
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	7,524,226	374,792	658,742	133,309	8,691,069
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	3,135,248	19,357	3,148	98,539	3,256,292
10.00 01000	DIETARY	1,120,054	25,058	35,594	26,768	1,207,474
11.00 01100	CAFETERIA	1,220,039	48,275	48,582	49,465	1,366,361
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,532,433	20,217	232	63,288	3,616,170
14.00 01400	CENTRAL SERVICES & SUPPLY	2,248,057	48,022	214,717	37,561	2,548,357
15.00 01500	PHARMACY	3,279,375	21,932	403,844	112,725	3,817,876
16.00 01600	MEDICAL RECORDS & LIBRARY	995,839	23,767	0	0	1,019,606
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	26,146	0	0	0	26,146
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	35,381	0	0	0	35,381
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,238,656	256,486	178,866	661,785	22,335,793
31.00 03100	INTENSIVE CARE UNIT	5,365,062	84,110	149,123	163,550	5,761,845
43.00 04300	NURSERY	975,119	62,019	10,619	32,956	1,080,713
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	10,300,577	208,901	1,377,436	275,044	12,161,958
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,756,266	52,122	19,125	59,356	1,886,869
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,631,220	73,162	262,605	70,372	3,037,359
54.01 05401	ULTRASOUND	710,113	7,328	2,911	25,498	745,850
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	503,058	9,511	89,780	15,268	617,617
57.00 05700	CT SCAN	1,190,348	37,132	1,217	35,203	1,263,900
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,183,697	5,923	436,853	29,851	1,656,324
59.00 05900	CARDIAC CATHETERIZATION	1,186,809	41,251	177,600	34,275	1,439,935
60.00 06000	LABORATORY	7,618,565	49,193	263,314	116,510	8,047,582
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	704,066	5,404	2,991	8,471	720,932
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,875,714	1,190	59,880	103,562	3,040,346
66.00 06600	PHYSICAL THERAPY	3,388,201	36,638	811,468	116,838	4,353,145
67.00 06700	OCCUPATIONAL THERAPY	463,733	6,828	3,639	16,833	491,033
68.00 06800	SPEECH PATHOLOGY	209,395	3,082	1,643	7,601	221,721
69.00 06900	ELECTROCARDIOLOGY	1,382,044	110,073	143,926	45,580	1,681,623
70.00 07000	ELECTROENCEPHALOGRAPHY	899,534	21,850	72,235	27,932	1,021,551
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,940,443	0	0	0	4,940,443
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	7,046,903	0	0	0	7,046,903
73.00 07300	DRUGS CHARGED TO PATIENTS	9,854,866	3,164	0	0	9,858,030
74.00 07400	RENAL DIALYSIS	351,968	0	0	0	351,968
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC	1,745,014	34,411	5,764	28,094	1,813,283
90.02 09002	CTR ADVANCED HEART CARE	162,753	13,396	368	10,329	186,846
90.03 09003	RADIATION ONCOLOGY	3,958,884	73,985	676,390	79,015	4,788,274
90.04 09004	MUNCIE CLINIC	0	0	0	0	90.04
90.05 09005	ANTI COAGULATION CLINIC	460,204	0	0	15,188	475,392
90.06 09006	PREGNANCY PLUS	0	0	0	0	90.06
90.07 09007	O/P LAB	0	0	0	0	90.07
90.08 09008	O/P LAB	0	0	0	0	90.08
90.09 09009	FORTVILLE CLINIC	0	0	0	0	90.09
90.10 09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	90.10
90.11 09011	DIABETIC PLUS CLINIC	415,442	8,233	2,121	15,594	441,390
90.12 09012	OTHER ONCOLOGY SERVICES	0	0	0	0	90.12
91.00 09100	EMERGENCY	7,325,835	79,149	50,023	216,307	7,671,314
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
OTHER REIMBURSABLE COST CENTERS						
98.00 09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	186,217,328	2,058,954	7,570,445	3,123,014	184,569,228 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 19001	WELLNESS CENTERS	637,056	23,078	322,470	19,540	1,002,144 190.01
190.02 19002	EMPLOYED ORTHO MD	0	0	0	0	0 190.02
190.03 19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0 190.03
190.04 19004	SUMMIT CONV. (LTC)	0	0	0	0	0 190.04
190.05 19005	PARKVIEW CONV. (LTC)	0	0	0	0	0 190.05
190.06 19006	MONTICELLO HSE.	29,520	76,377	0	0	105,897 190.06
190.07 19007	NH PARK PLACE (LTC)	0	0	0	0	0 190.07
190.08 19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0 190.08
190.09 19009	SPI NE SURGEON	0	0	0	0	0 190.09
190.10 19010	CLINICAL RESEARCH CENTER	-115	10,093	182	0	10,160 190.10
190.11 19011	ONCOLOGIST	0	0	0	0	0 190.11
190.12 19012	MEDICAL INTERNIST	17,369	0	0	617	17,986 190.12
190.13 19013	RHEUMATOLOGY	0	0	0	0	0 190.13
190.14 19014	ROCK STEADY BOXING	133,257	32,936	22,644	4,016	192,853 190.14
190.15 19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0 190.15
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,585,430	907,948	38,215	0	2,531,593 192.00
192.01 19201	MUNCIE MD OFFICES	27,409	36,410	129,986	0	193,805 192.01
192.02 19202	FOUNDATION	0	0	0	0	0 192.02
192.03 19203	SPOE	0	0	0	0	0 192.03
192.04 19204	HEALTHY HEART	0	0	0	0	0 192.04
192.05 19205	VACANT SPACE	0	0	0	0	0 192.05
192.07 19207	PARK PLACE CENTER	11	0	0	0	11 192.07
192.08 19208	RENTAL PROPERTY	8,207	4,575	978	0	13,760 192.08
192.09 19209	RESIDENTIAL PROPERTY (1430 N MADISON	2,552	7,910	0	0	10,462 192.09
192.10 19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	10,125	0	0	10,125 192.10
200.00	Cross Foot Adjustments					0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118 through 201)	188,658,024	3,168,406	8,084,920	3,147,187	188,658,024 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part I Date/Time Prepared: 5/30/2022 2:53 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	49,844,557				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	3,120,754	0	11,811,823		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,169,256	0	87,917	0	4,513,465
10.00	01000	DIETARY	433,575	0	113,813	0	0
11.00	01100	CAFETERIA	490,627	0	219,262	0	77,018
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,298,480	0	91,826	0	11,758
14.00	01400	CENTRAL SERVICES & SUPPLY	915,054	0	218,112	0	159,914
15.00	01500	PHARMACY	1,370,908	0	99,615	0	20,577
16.00	01600	MEDICAL RECORDS & LIBRARY	366,116	0	107,950	0	25,868
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	9,388	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	12,704	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	8,020,222	0	1,164,941	0	1,353,983
31.00	03100	INTENSIVE CARE UNIT	2,068,940	0	382,019	0	206,360
43.00	04300	NURSERY	388,058	0	281,686	0	92,891
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	4,367,067	0	948,812	0	974,772
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	677,529	0	236,736	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,090,643	0	332,298	0	174,024
54.01	05401	ULTRASOUND	267,817	0	33,282	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	221,771	0	43,197	0	7,643
57.00	05700	CT SCAN	453,836	0	168,650	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	594,746	0	26,901	0	6,467
59.00	05900	CARDIAC CATHETERIZATION	517,046	0	187,360	0	92,891
60.00	06000	LABORATORY	2,889,694	0	223,429	0	105,826
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	258,869	0	24,544	0	2,940
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,091,715	0	5,403	0	0
66.00	06600	PHYSICAL THERAPY	1,563,110	0	166,408	0	27,632
67.00	06700	OCCUPATIONAL THERAPY	176,318	0	31,011	0	29,396
68.00	06800	SPEECH PATHOLOGY	79,615	0	13,997	0	7,643
69.00	06900	ELECTROCARDIOLOGY	603,830	0	499,942	0	452,699
70.00	07000	ELECTROENCEPHALOGRAPHY	366,814	0	99,241	0	63,495
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,773,995	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,530,374	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,539,782	0	14,370	0	0
74.00	07400	RENAL DIALYSIS	126,383	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	651,106	0	156,291	0	89,952
90.02	09002	CTR ADVANCED HEART CARE	67,092	0	60,844	0	0
90.03	09003	RADIATION ONCOLOGY	1,719,354	0	336,035	0	0
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	170,702	0	0	0	0
90.06	09006	PREGNANCY PLUS	0	0	0	0	0
90.07	09007	O/P LAB	0	0	0	0	0
90.08	09008	O/P LAB	0	0	0	0	0
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0
90.11	09011	DIABETIC PLUS CLINIC	158,493	0	37,391	0	0
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0
91.00	09100	EMERGENCY	2,754,585	0	359,487	0	484,446
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	48,376,368	0	6,772,770	0	4,468,195

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	359,846	0	104,817	0	45,270 190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0 190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0 190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0 190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0 190.05
190.06	19006	MONTICELLO HSE.	38,025	0	346,899	0	0 190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0 190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0 190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0 190.09
190.10	19010	CLINICAL RESEARCH CENTER	3,648	0	45,841	0	0 190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0 190.11
190.12	19012	MEDICAL INTERNIST	6,458	0	0	0	0 190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0 190.13
190.14	19014	ROCK STEADY BOXING	69,249	0	149,595	0	0 190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0 190.15
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	909,034	0	4,123,838	0	0 192.00
192.01	19201	MUNCIE MD OFFICES	69,591	0	165,373	0	0 192.01
192.02	19202	FOUNDATION	0	0	0	0	0 192.02
192.03	19203	SPOE	0	0	0	0	0 192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0 192.04
192.05	19205	VACANT SPACE	0	0	0	0	0 192.05
192.07	19207	PARK PLACE CENTER	4	0	0	0	0 192.07
192.08	19208	RENTAL PROPERTY	4,941	0	20,779	0	0 192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	3,757	0	35,926	0	0 192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	3,636	0	45,985	0	0 192.10
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	49,844,557	0	11,811,823	0	4,513,465 202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/30/2022 2:53 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,754,862					10.00
11.00	01100	CAFETERIA	0	2,153,268				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	66,596	0	5,084,830		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	53,911	0	0	3,895,348	14.00
15.00	01500	PHARMACY	0	79,281	0	0	1,947,811	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	2	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING PROGRAM	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,514,419	593,020	0	2,996,961	91,099	30.00
31.00	03100	INTENSIVE CARE UNIT	206,135	133,192	0	675,749	25,522	31.00
43.00	04300	NURSERY	0	25,370	0	131,883	5,480	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	731	253,699	0	1,280,237	196,222	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	47,569	0	0	9,870	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,082	0	0	11,607	54.00
54.01	05401	ULTRASOUND	0	15,856	0	0	531	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	9,514	0	0	789	56.00
57.00	05700	CT SCAN	0	25,370	0	0	1,493	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	25,370	0	0	2,386	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	25,370	0	0	15,156	59.00
60.00	06000	LABORATORY	0	130,021	0	0	264,135	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,342	0	0	44,695	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	72,938	0	0	15,780	65.00
66.00	06600	PHYSICAL THERAPY	0	120,507	0	0	3,245	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,342	0	0	124	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,171	0	0	56	68.00
69.00	06900	ELECTROCARDIOLOGY	0	44,397	0	0	15,865	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	25,370	0	0	4,303	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	474,910	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	677,398	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	42	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	273	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	22,199	0	0	7,679	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	9,514	0	0	1,022	90.02
90.03	09003	RADIATION ONCOLOGY	0	63,425	0	0	15,295	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	12,685	0	0	2,943	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	15,856	0	0	227	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	33,577	190,274	0	0	55,444	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,754,862	2,134,241	0	5,084,830	3,891,404	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	15,856	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	179	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	3,171	0	0	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,906	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	192.10
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	1,754,862	2,153,268	0	5,084,830	3,895,348

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part I Date/Time Prepared: 5/30/2022 2:53 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	7,336,068					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,668,030	5,187,572				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	4,255,672	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	57,689	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	230,756	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	13,313	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	44,376	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	328,384	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	195,255	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,668,038	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	62,127	0	0	0	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	0	0	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	0	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	0	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	7,336,068	5,187,572	0	0	0	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	0 190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0 190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0 190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0 190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0 190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0 190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0 190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0 190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0 190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0 190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0 190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	0 190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0 190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	0	0 190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0 190.15
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0 192.01
192.02	19202	FOUNDATION	0	0	0	0	0 192.02
192.03	19203	SPOE	0	0	0	0	0 192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0 192.04
192.05	19205	VACANT SPACE	0	0	0	0	0 192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0 192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0 192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0 192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0 192.10
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	7,336,068	5,187,572	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING PROGRAM							20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	35,534						21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		48,085					22.00
23.00 02300 PARAMED PRGM-(EMS)			0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	35,534	48,085	0	42,409,729	-83,619		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	9,459,762	0		31.00
43.00 04300 NURSERY	0	0	0	2,063,770	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	20,414,254	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	2,858,573	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,703,013	0		54.00
54.01 05401 ULTRASOUND	0	0	0	1,063,336	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0	900,531	0		56.00
57.00 05700 CT SCAN	0	0	0	1,926,562	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,356,570	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	2,277,758	0		59.00
60.00 06000 LABORATORY	0	0	0	11,989,071	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,253,577	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	4,226,182	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	6,234,047	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	734,224	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	326,203	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	3,298,356	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	1,580,774	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,189,348	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,254,675	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	17,080,262	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0	478,624	0		74.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	2,802,637	0		90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	325,318	0		90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	6,922,383	0		90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	661,722	0		90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0		90.06
90.07 09007 O/P LAB	0	0	0	0	0		90.07
90.08 09008 O/P LAB	0	0	0	0	0		90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0		90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0		90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	653,357	0		90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0		90.12
91.00 09100 EMERGENCY	0	0	0	11,549,127	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS					
	21.00	22.00	23.00				
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	35,534	48,085	0	177,993,745	-83,619
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	1,528,640	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	490,821	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	190.08
190.09	19009	SPIKE SURGEON	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	59,649	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	24,623	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	415,020	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	7,567,371	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	428,769	192.01
192.02	19202	FOUNDATION	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	15	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	39,480	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	50,145	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	59,746	192.10
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	35,534	48,085	0	188,658,024	-83,619

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING PROGRAM		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	42,326,110	30.00
31.00	03100 INTENSIVE CARE UNIT	9,459,762	31.00
43.00	04300 NURSERY	2,063,770	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	20,414,254	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,858,573	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,703,013	54.00
54.01	05401 ULTRASOUND	1,063,336	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	900,531	56.00
57.00	05700 CT SCAN	1,926,562	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,356,570	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,277,758	59.00
60.00	06000 LABORATORY	11,989,071	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,253,577	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	4,226,182	65.00
66.00	06600 PHYSICAL THERAPY	6,234,047	66.00
67.00	06700 OCCUPATIONAL THERAPY	734,224	67.00
68.00	06800 SPEECH PATHOLOGY	326,203	68.00
69.00	06900 ELECTROCARDIOLOGY	3,298,356	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,580,774	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,189,348	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,254,675	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,080,262	73.00
74.00	07400 RENAL DIALYSIS	478,624	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	2,802,637	90.01
90.02	09002 CTR ADVANCED HEART CARE	325,318	90.02
90.03	09003 RADIATION ONCOLOGY	6,922,383	90.03
90.04	09004 MUNCIE CLINIC	0	90.04
90.05	09005 ANTICOAGULATION CLINIC	661,722	90.05
90.06	09006 PREGNANCY PLUS	0	90.06
90.07	09007 O/P LAB	0	90.07
90.08	09008 O/P LAB	0	90.08
90.09	09009 FORTVILLE CLINIC	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	653,357	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	90.12
91.00	09100 EMERGENCY	11,549,127	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	177,910,126	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
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To 12/31/2021

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Cost Center Description			Total	
			26.00	
190.01	19001	WELLNESS CENTERS	1,528,640	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	190.05
190.06	19006	MONTICELLO HSE.	490,821	190.06
190.07	19007	NH PARK PLACE (LTC)	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009	SPIKE SURGEON	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	59,649	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	24,623	190.12
190.13	19013	RHEUMATOLOGY	0	190.13
190.14	19014	ROCK STEADY BOXING	415,020	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	190.15
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,567,371	192.00
192.01	19201	MUNCIE MD OFFICES	428,769	192.01
192.02	19202	FOUNDATION	0	192.02
192.03	19203	SPOE	0	192.03
192.04	19204	HEALTHY HEART	0	192.04
192.05	19205	VACANT SPACE	0	192.05
192.07	19207	PARK PLACE CENTER	15	192.07
192.08	19208	RENTAL PROPERTY	39,480	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	50,145	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	59,746	192.10
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	188,574,405	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	19,401	0	19,401	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	173,592	1,405,689	1,579,281	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	374,792	658,742	1,033,534	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	19,357	3,148	22,505	9.00
10.00 01000	DIETARY	0	25,058	35,594	60,652	10.00
11.00 01100	CAFETERIA	0	48,275	48,582	96,857	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	20,217	232	20,449	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	48,022	214,717	262,739	14.00
15.00 01500	PHARMACY	0	21,932	403,844	425,776	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	23,767	0	23,767	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING PROGRAM	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	256,486	178,866	435,352	30.00
31.00 03100	INTENSIVE CARE UNIT	0	84,110	149,123	233,233	31.00
43.00 04300	NURSERY	0	62,019	10,619	72,638	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	208,901	1,377,436	1,586,337	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	52,122	19,125	71,247	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	73,162	262,605	335,767	54.00
54.01 05401	ULTRASOUND	0	7,328	2,911	10,239	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	9,511	89,780	99,291	56.00
57.00 05700	CT SCAN	0	37,132	1,217	38,349	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,923	436,853	442,776	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	41,251	177,600	218,851	59.00
60.00 06000	LABORATORY	0	49,193	263,314	312,507	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,404	2,991	8,395	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	1,190	59,880	61,070	65.00
66.00 06600	PHYSICAL THERAPY	0	36,638	811,468	848,106	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	6,828	3,639	10,467	67.00
68.00 06800	SPEECH PATHOLOGY	0	3,082	1,643	4,725	68.00
69.00 06900	ELECTROCARDIOLOGY	0	110,073	143,926	253,999	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	21,850	72,235	94,085	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	3,164	0	3,164	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	WOUND/OSTOMY CLINIC	0	34,411	5,764	40,175	90.01
90.02 09002	CTR ADVANCED HEART CARE	0	13,396	368	13,764	90.02
90.03 09003	RADIATION ONCOLOGY	0	73,985	676,390	750,375	90.03
90.04 09004	MUNCIE CLINIC	0	0	0	0	90.04
90.05 09005	ANTI COAGULATION CLINIC	0	0	0	0	90.05
90.06 09006	PREGNANCY PLUS	0	0	0	0	90.06
90.07 09007	O/P LAB	0	0	0	0	90.07
90.08 09008	O/P LAB	0	0	0	0	90.08
90.09 09009	FORTVILLE CLINIC	0	0	0	0	90.09
90.10 09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	90.10
90.11 09011	DIABETIC PLUS CLINIC	0	8,233	2,121	10,354	90.11
90.12 09012	OTHER ONCOLOGY SERVICES	0	0	0	0	90.12
91.00 09100	EMERGENCY	0	79,149	50,023	129,172	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	2,058,954	7,570,445	9,629,399	19,252
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	0	23,078	322,470	345,548	120
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	0	0	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	0	0	0	190.05
190.06	19006 MONTICELLO HSE.	0	76,377	0	76,377	190.06
190.07	19007 NH PARK PLACE (LTC)	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	10,093	182	10,275	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	0	0	0	190.12
190.13	19013 RHEUMATOLOGY	0	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	0	32,936	22,644	55,580	25
190.15	19015 OTHER ONCOLOGY SERVICES	0	0	0	0	190.15
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	907,948	38,215	946,163	192.00
192.01	19201 MUNCIE MD OFFICES	0	36,410	129,986	166,396	192.01
192.02	19202 FOUNDATION	0	0	0	0	192.02
192.03	19203 SPOE	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	0	0	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	192.07
192.08	19208 RENTAL PROPERTY	0	4,575	978	5,553	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	7,910	0	7,910	192.09
192.10	19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	10,125	0	10,125	192.10
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118 through 201)	0	3,168,406	8,084,920	11,253,326	19,401

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 2:53 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		5.00	6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,581,684			5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00
7.00	00700	OPERATION OF PLANT	99,026	0	1,133,381	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00	00900	HOUSEKEEPING	37,102	0	8,436	0
10.00	01000	DIETARY	13,758	0	10,921	0
11.00	01100	CAFETERIA	15,568	0	21,039	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	41,203	0	8,811	0
14.00	01400	CENTRAL SERVICES & SUPPLY	29,036	0	20,929	0
15.00	01500	PHARMACY	43,501	0	9,558	0
16.00	01600	MEDICAL RECORDS & LIBRARY	11,617	0	10,358	0
17.00	01700	SOCIAL SERVICE	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING PROGRAM	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	298	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	403	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	254,539	0	111,780	0
31.00	03100	INTENSIVE CARE UNIT	65,650	0	36,656	0
43.00	04300	NURSERY	12,314	0	27,029	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	138,573	0	91,041	0
51.00	05100	RECOVERY ROOM	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	21,499	0	22,716	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,608	0	31,885	0
54.01	05401	ULTRASOUND	8,498	0	3,193	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	7,037	0	4,145	0
57.00	05700	CT SCAN	14,401	0	16,182	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,872	0	2,581	0
59.00	05900	CARDIAC CATHETERIZATION	16,407	0	17,978	0
60.00	06000	LABORATORY	91,694	0	21,439	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,214	0	2,355	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	34,642	0	518	0
66.00	06600	PHYSICAL THERAPY	49,600	0	15,967	0
67.00	06700	OCCUPATIONAL THERAPY	5,595	0	2,976	0
68.00	06800	SPEECH PATHOLOGY	2,526	0	1,343	0
69.00	06900	ELECTROCARDIOLOGY	19,160	0	47,971	0
70.00	07000	ELECTROENCEPHALOGRAPHY	11,640	0	9,522	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	56,291	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	80,292	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	112,322	0	1,379	0
74.00	07400	RENAL DIALYSIS	4,010	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	20,661	0	14,997	0
90.02	09002	CTR ADVANCED HEART CARE	2,129	0	5,838	0
90.03	09003	RADIATION ONCOLOGY	54,558	0	32,244	0
90.04	09004	MUNCIE CLINIC	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	5,417	0	0	0
90.06	09006	PREGNANCY PLUS	0	0	0	0
90.07	09007	O/P LAB	0	0	0	0
90.08	09008	O/P LAB	0	0	0	0
90.09	09009	FORTVILLE CLINIC	0	0	0	0
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0
90.11	09011	DIABETIC PLUS CLINIC	5,029	0	3,588	0
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0
91.00	09100	EMERGENCY	87,407	0	34,494	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	1,535,097	0	649,869	0
						67,961
						118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	11,418	0	10,057	0	689 190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0 190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0 190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0 190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0 190.05
190.06	19006	MONTECELLO HSE.	1,207	0	33,286	0	0 190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0 190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0 190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0 190.09
190.10	19010	CLINICAL RESEARCH CENTER	116	0	4,399	0	0 190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0 190.11
190.12	19012	MEDICAL INTERNIST	205	0	0	0	0 190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0 190.13
190.14	19014	ROCK STEADY BOXING	2,197	0	14,354	0	0 190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0 190.15
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,845	0	395,695	0	0 192.00
192.01	19201	MUNCIE MD OFFICES	2,208	0	15,868	0	0 192.01
192.02	19202	FOUNDATION	0	0	0	0	0 192.02
192.03	19203	SPOE	0	0	0	0	0 192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0 192.04
192.05	19205	VACANT SPACE	0	0	0	0	0 192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0 192.07
192.08	19208	RENTAL PROPERTY	157	0	1,994	0	0 192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	119	0	3,447	0	0 192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	115	0	4,412	0	0 192.10
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118 through 201)	1,581,684	0	1,133,381	0	68,650 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 2:53 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	85,496					10.00
11.00	01100	CAFETERIA	0	134,940				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,173		75,205		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,378		0	318,745	14.00
15.00	01500	PHARMACY	0	4,968		0	159,379	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0		0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0		0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING PROGRAM	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0		0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	73,781	37,163	0	44,325	7,455	30.00
31.00	03100	INTENSIVE CARE UNIT	10,043	8,347	0	9,994	2,088	31.00
43.00	04300	NURSERY	0	1,590	0	1,951	448	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36	15,899	0	18,935	16,057	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,981	0	0	808	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,577	0	0	950	54.00
54.01	05401	ULTRASOUND	0	994	0	0	43	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	596	0	0	65	56.00
57.00	05700	CT SCAN	0	1,590	0	0	122	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,590	0	0	195	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,590	0	0	1,240	59.00
60.00	06000	LABORATORY	0	8,148	0	0	21,614	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	397	0	0	3,657	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,571	0	0	1,291	65.00
66.00	06600	PHYSICAL THERAPY	0	7,552	0	0	266	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	397	0	0	10	67.00
68.00	06800	SPEECH PATHOLOGY	0	199	0	0	5	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,782	0	0	1,298	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,590	0	0	352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	38,862	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	55,431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	22	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	1,391	0	0	628	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	596	0	0	84	90.02
90.03	09003	RADIATION ONCOLOGY	0	3,975	0	0	1,252	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	795	0	0	241	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	994	0	0	19	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	1,636	11,924	0	0	4,537	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	85,496	133,747	0	75,205	318,422	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	994	0	0	58	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	0	15	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	199	0	0	12	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	238	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	85,496	134,940	0	75,205	318,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet B Part II Date/Time Prepared: 5/30/2022 2:53 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	644,189					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	322,093	368,228				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING PROGRAM	0	0	0		0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0			22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	302,078	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0			31.00
43.00	04300	NURSERY	0	4,095	0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,380	0			50.00
51.00	05100	RECOVERY ROOM	0	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
54.01	05401	ULTRASOUND	0	0	0			54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0	0			56.00
57.00	05700	CT SCAN	0	945	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,150	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	06000	LABORATORY	0	23,310	0			60.00
60.01	06001	BLOOD LABORATORY	0	0	0			60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	13,860	0			62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	322,096	0	0			73.00
74.00	07400	RENAL DIALYSIS	0	0	0			74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0			90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	4,410	0			90.01
90.02	09002	CTR ADVANCED HEART CARE	0	0	0			90.02
90.03	09003	RADIATION ONCOLOGY	0	0	0			90.03
90.04	09004	MUNCIE CLINIC	0	0	0			90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0			90.05
90.06	09006	PREGNANCY PLUS	0	0	0			90.06
90.07	09007	O/P LAB	0	0	0			90.07
90.08	09008	O/P LAB	0	0	0			90.08
90.09	09009	FORTVILLE CLINIC	0	0	0			90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0			90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	0			90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0			90.12
91.00	09100	EMERGENCY	0	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0			92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	644,189	368,228	0	0	0	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING PROGRAM	
		15.00	16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01	19001	WELLNESS CENTERS	0	0	0		190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0		190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0		190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0		190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0		190.05
190.06	19006	MONTICELLO HSE.	0	0	0		190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0		190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0		190.08
190.09	19009	SPINE SURGEON	0	0	0		190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0		190.10
190.11	19011	ONCOLOGIST	0	0	0		190.11
190.12	19012	MEDICAL INTERNIST	0	0	0		190.12
190.13	19013	RHEUMATOLOGY	0	0	0		190.13
190.14	19014	ROCK STEADY BOXING	0	0	0		190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0		190.15
191.00	19100	RESEARCH	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0		192.01
192.02	19202	FOUNDATION	0	0	0		192.02
192.03	19203	SPOE	0	0	0		192.03
192.04	19204	HEALTHY HEART	0	0	0		192.04
192.05	19205	VACANT SPACE	0	0	0		192.05
192.07	19207	PARK PLACE CENTER	0	0	0		192.07
192.08	19208	RENTAL PROPERTY	0	0	0		192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0		192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0		192.10
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	644,189	368,228	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS	PARAMED PRGM-(EMS)		
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING PROGRAM				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	298			21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		403		22.00
23.00 02300	PARAMED PRGM-(EMS)			0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			1,291,163	0 30.00
31.00 03100	INTENSIVE CARE UNIT			370,157	0 31.00
43.00 04300	NURSERY			121,681	0 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			1,899,778	0 50.00
51.00 05100	RECOVERY ROOM			0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			119,616	0 52.00
53.00 05300	ANESTHESIOLOGY			0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			409,867	0 54.00
54.01 05401	ULTRASOUND			23,124	0 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC			0	0 55.00
56.00 05600	RADIOISOTOPE			111,344	0 56.00
57.00 05700	CT SCAN			71,806	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			469,446	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			257,690	0 59.00
60.00 06000	LABORATORY			481,039	0 60.00
60.01 06001	BLOOD LABORATORY			0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			36,975	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			0	0 63.00
64.00 06400	INTRAVENOUS THERAPY			0	0 64.00
65.00 06500	RESPIRATORY THERAPY			102,730	0 65.00
66.00 06600	PHYSICAL THERAPY			922,630	0 66.00
67.00 06700	OCCUPATIONAL THERAPY			19,996	0 67.00
68.00 06800	SPEECH PATHOLOGY			8,961	0 68.00
69.00 06900	ELECTROCARDIOLOGY			332,377	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			118,327	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			95,153	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			135,723	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			438,964	0 73.00
74.00 07400	RENAL DIALYSIS			4,032	0 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC			0	0 90.00
90.01 09001	WOUND/OSTOMY CLINIC			83,803	0 90.01
90.02 09002	CTR ADVANCED HEART CARE			22,475	0 90.02
90.03 09003	RADIATION ONCOLOGY			842,891	0 90.03
90.04 09004	MUNCIE CLINIC			0	0 90.04
90.05 09005	ANTI COAGULATION CLINIC			6,547	0 90.05
90.06 09006	PREGNANCY PLUS			0	0 90.06
90.07 09007	O/P LAB			0	0 90.07
90.08 09008	O/P LAB			0	0 90.08
90.09 09009	FORTVILLE CLINIC			0	0 90.09
90.10 09010	1030 S SCATTERFIELD (MEDCHECK)			0	0 90.10
90.11 09011	DIABETIC PLUS CLINIC			20,080	0 90.11
90.12 09012	OTHER ONCOLOGY SERVICES			0	0 90.12
91.00 09100	EMERGENCY			277,870	0 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM-(EMS)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS						
	21.00	22.00	23.00					
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS				0	0	98.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	9,096,245	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
190.01	19001	WELLNESS CENTERS				368,884	0	190.01
190.02	19002	EMPLOYED ORTHO MD				0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)				0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)				0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)				0	0	190.05
190.06	19006	MONTICELLO HSE.				110,870	0	190.06
190.07	19007	NH PARK PLACE (LTC)				0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)				0	0	190.08
190.09	19009	SPI NE SURGEON				0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER				14,790	0	190.10
190.11	19011	ONCOLOGIST				0	0	190.11
190.12	19012	MEDICAL INTERNIST				224	0	190.12
190.13	19013	RHEUMATOLOGY				0	0	190.13
190.14	19014	ROCK STEADY BOXING				72,367	0	190.14
190.15	19015	OTHER ONCOLOGY SERVICES				0	0	190.15
191.00	19100	RESEARCH				0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				1,370,941	0	192.00
192.01	19201	MUNCIE MD OFFICES				184,472	0	192.01
192.02	19202	FOUNDATION				0	0	192.02
192.03	19203	SPOE				0	0	192.03
192.04	19204	HEALTHY HEART				0	0	192.04
192.05	19205	VACANT SPACE				0	0	192.05
192.07	19207	PARK PLACE CENTER				0	0	192.07
192.08	19208	RENTAL PROPERTY				7,704	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON				11,476	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)				14,652	0	192.10
200.00		Cross Foot Adjustments	298	403	0	701	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	298	403	0	11,253,326	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 2:53 pm
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING PROGRAM		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	1,291,163	30.00
31.00	03100	INTENSIVE CARE UNIT	370,157	31.00
43.00	04300	NURSERY	121,681	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,899,778	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,616	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	409,867	54.00
54.01	05401	ULTRASOUND	23,124	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	111,344	56.00
57.00	05700	CT SCAN	71,806	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	469,446	58.00
59.00	05900	CARDIAC CATHETERIZATION	257,690	59.00
60.00	06000	LABORATORY	481,039	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,975	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	102,730	65.00
66.00	06600	PHYSICAL THERAPY	922,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,996	67.00
68.00	06800	SPEECH PATHOLOGY	8,961	68.00
69.00	06900	ELECTROCARDIOLOGY	332,377	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,327	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,153	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	135,723	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	438,964	73.00
74.00	07400	RENAL DIALYSIS	4,032	74.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	83,803	90.01
90.02	09002	CTR ADVANCED HEART CARE	22,475	90.02
90.03	09003	RADIATION ONCOLOGY	842,891	90.03
90.04	09004	MUNCIE CLINIC	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	6,547	90.05
90.06	09006	PREGNANCY PLUS	0	90.06
90.07	09007	O/P LAB	0	90.07
90.08	09008	O/P LAB	0	90.08
90.09	09009	FORTVILLE CLINIC	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	20,080	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	90.12
91.00	09100	EMERGENCY	277,870	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	9,096,245	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet B Part II Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description			Total	
			26.00	
190.01	19001	WELLNESS CENTERS	368,884	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	190.05
190.06	19006	MONTICELLO HSE.	110,870	190.06
190.07	19007	NH PARK PLACE (LTC)	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	190.08
190.09	19009	SPI NE SURGEON	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	14,790	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	224	190.12
190.13	19013	RHEUMATOLOGY	0	190.13
190.14	19014	ROCK STEADY BOXING	72,367	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	190.15
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,370,941	192.00
192.01	19201	MUNCIE MD OFFICES	184,472	192.01
192.02	19202	FOUNDATION	0	192.02
192.03	19203	SPOE	0	192.03
192.04	19204	HEALTHY HEART	0	192.04
192.05	19205	VACANT SPACE	0	192.05
192.07	19207	PARK PLACE CENTER	0	192.07
192.08	19208	RENTAL PROPERTY	7,704	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	11,476	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	14,652	192.10
200.00		Cross Foot Adjustments	701	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118 through 201)	11,253,326	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	500,709				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		8,023,623			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	3,066	0	67,053,242		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	27,433	1,395,036	8,316,577	-49,844,557	138,813,467
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	59,229	653,747	2,840,229	0	8,691,069
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00 00900	HOUSEKEEPING	3,059	3,124	2,099,443	0	3,256,292
10.00 01000	DIETARY	3,960	35,324	570,299	0	1,207,474
11.00 01100	CAFETERIA	7,629	48,214	1,053,880	0	1,366,361
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,195	230	1,348,386	0	3,616,170
14.00 01400	CENTRAL SERVICES & SUPPLY	7,589	213,089	800,251	0	2,548,357
15.00 01500	PHARMACY	3,466	400,782	2,401,665	0	3,817,876
16.00 01600	MEDICAL RECORDS & LIBRARY	3,756	0	0	0	1,019,606
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING PROGRAM	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	26,146
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	35,381
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	40,533	177,510	14,100,254	0	22,335,793
31.00 03100	INTENSIVE CARE UNIT	13,292	147,992	3,484,541	0	5,761,845
43.00 04300	NURSERY	9,801	10,538	702,138	0	1,080,713
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	33,013	1,366,992	5,859,976	0	12,161,958
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,237	18,980	1,264,606	0	1,886,869
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,562	260,614	1,499,326	0	3,037,359
54.01 05401	ULTRASOUND	1,158	2,889	543,250	0	745,850
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	1,503	89,099	325,295	0	617,617
57.00 05700	CT SCAN	5,868	1,208	750,029	0	1,263,900
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	936	433,541	635,996	0	1,656,324
59.00 05900	CARDIAC CATHETERIZATION	6,519	176,253	730,245	0	1,439,935
60.00 06000	LABORATORY	7,774	261,318	2,482,320	0	8,047,582
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	854	2,968	180,486	0	720,932
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	188	59,426	2,206,443	0	3,040,346
66.00 06600	PHYSICAL THERAPY	5,790	805,315	2,489,296	0	4,353,145
67.00 06700	OCCUPATIONAL THERAPY	1,079	3,611	358,631	0	491,033
68.00 06800	SPEECH PATHOLOGY	487	1,631	161,937	0	221,721
69.00 06900	ELECTROCARDIOLOGY	17,395	142,835	971,119	0	1,681,623
70.00 07000	ELECTROENCEPHALOGRAPHY	3,453	71,687	595,112	0	1,021,551
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,940,443
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,046,903
73.00 07300	DRUGS CHARGED TO PATIENTS	500	0	0	0	9,858,030
74.00 07400	RENAL DIALYSIS	0	0	0	0	351,968
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0
90.01 09001	WOUND/OSTOMY CLINIC	5,438	5,720	598,561	0	1,813,283
90.02 09002	CTR ADVANCED HEART CARE	2,117	365	220,060	0	186,846
90.03 09003	RADIATION ONCOLOGY	11,692	671,262	1,683,467	0	4,788,274
90.04 09004	MUNCIE CLINIC	0	0	0	0	0
90.05 09005	ANTI COAGULATION CLINIC	0	0	323,594	0	475,392
90.06 09006	PREGNANCY PLUS	0	0	0	0	0
90.07 09007	O/P LAB	0	0	0	0	0
90.08 09008	O/P LAB	0	0	0	0	0
90.09 09009	FORTVILLE CLINIC	0	0	0	0	0
90.10 09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0
90.11 09011	DIABETIC PLUS CLINIC	1,301	2,105	332,242	0	441,390
90.12 09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0
91.00 09100	EMERGENCY	12,508	49,644	4,608,560	0	7,671,314
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00					4.00	5A
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	325,380	7,513,049	66,538,214	-49,844,557	134,724,671	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	3,647	320,025	416,311	0	1,002,144	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	12,070	0	0	0	105,897	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIRE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	1,595	181	0	0	10,160	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	13,149	0	17,986	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	5,205	22,472	85,568	0	192,853	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	143,485	37,925	0	0	2,531,593	192.00
192.01	19201	MUNCIE MD OFFICES	5,754	129,000	0	0	193,805	192.01
192.02	19202	FOUNDATION	0	0	0	0	0	192.02
192.03	19203	SPOE	0	0	0	0	0	192.03
192.04	19204	HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205	VACANT SPACE	0	0	0	0	0	192.05
192.07	19207	PARK PLACE CENTER	0	0	0	0	11	192.07
192.08	19208	RENTAL PROPERTY	723	971	0	0	13,760	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	1,250	0	0	0	10,462	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	1,600	0	0	0	10,125	192.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,168,406	8,084,920	3,147,187		49,844,557	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.327839	1.007640	0.046936		0.359076	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			19,401		1,581,684	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000289		0.011394	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00		NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		410,981				7.00
8.00	00800	0	0	0			8.00
9.00	00900	0	3,059	0	7,677		9.00
10.00	01000	0	3,960	0	0	55,191	10.00
11.00	01100	0	7,629	0	131	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	3,195	0	20	0	13.00
14.00	01400	0	7,589	0	272	0	14.00
15.00	01500	0	3,466	0	35	0	15.00
16.00	01600	0	3,756	0	44	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	40,533	0	2,303	47,629	30.00
31.00	03100	0	13,292	0	351	6,483	31.00
43.00	04300	0	9,801	0	158	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	33,013	0	1,658	23	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	8,237	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	11,562	0	296	0	54.00
54.01	05401	0	1,158	0	0	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	1,503	0	13	0	56.00
57.00	05700	0	5,868	0	0	0	57.00
58.00	05800	0	936	0	11	0	58.00
59.00	05900	0	6,519	0	158	0	59.00
60.00	06000	0	7,774	0	180	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	854	0	5	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	188	0	0	0	65.00
66.00	06600	0	5,790	0	47	0	66.00
67.00	06700	0	1,079	0	50	0	67.00
68.00	06800	0	487	0	13	0	68.00
69.00	06900	0	17,395	0	770	0	69.00
70.00	07000	0	3,453	0	108	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	500	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	5,438	0	153	0	90.01
90.02	09002	0	2,117	0	0	0	90.02
90.03	09003	0	11,692	0	0	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	0	0	0	0	0	90.05
90.06	09006	0	0	0	0	0	90.06
90.07	09007	0	0	0	0	0	90.07
90.08	09008	0	0	0	0	0	90.08
90.09	09009	0	0	0	0	0	90.09
90.10	09010	0	0	0	0	0	90.10
90.11	09011	0	1,301	0	0	0	90.11
90.12	09012	0	0	0	0	0	90.12
91.00	09100	0	12,508	0	824	1,056	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	0	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	0	235,652	0	7,600	55,191	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	0	3,647	0	77	0	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006 MONTICELLO HSE.	0	12,070	0	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	1,595	0	0	0	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13	19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	0	5,205	0	0	0	190.14
190.15	19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	143,485	0	0	0	192.00
192.01	19201 MUNCIE MD OFFICES	0	5,754	0	0	0	192.01
192.02	19202 FOUNDATION	0	0	0	0	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208 RENTAL PROPERTY	0	723	0	0	0	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	1,250	0	0	0	192.09
192.10	19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	1,600	0	0	0	192.10
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	11,811,823	0	4,513,465	1,754,862	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	28.740557	0.000000	587.920412	31.796162	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,133,381	0	68,650	85,496	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	2.757745	0.000000	8.942295	1.549093	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	679					11.00
12.00	01200	0	0				12.00
13.00	01300	21	0	659,031			13.00
14.00	01400	17	0	0	40,522,747		14.00
15.00	01500	25	0	0	20,262,741	19,825,570	15.00
16.00	01600	0	0	0	20	9,912,785	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	187	0	388,428	947,693	0	30.00
31.00	03100	42	0	87,582	265,498	0	31.00
43.00	04300	8	0	17,093	57,008	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	80	0	165,928	2,041,275	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	15	0	0	102,676	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	18	0	0	120,744	0	54.00
54.01	05401	5	0	0	5,521	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	3	0	0	8,204	0	56.00
57.00	05700	8	0	0	15,529	0	57.00
58.00	05800	8	0	0	24,825	0	58.00
59.00	05900	8	0	0	157,665	0	59.00
60.00	06000	41	0	0	2,747,770	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	2	0	0	464,953	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	23	0	0	164,158	0	65.00
66.00	06600	38	0	0	33,762	0	66.00
67.00	06700	2	0	0	1,290	0	67.00
68.00	06800	1	0	0	582	0	68.00
69.00	06900	14	0	0	165,041	0	69.00
70.00	07000	8	0	0	44,762	0	70.00
71.00	07100	0	0	0	4,940,444	0	71.00
72.00	07200	0	0	0	7,046,903	0	72.00
73.00	07300	0	0	0	432	9,912,785	73.00
74.00	07400	0	0	0	2,835	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	09001	7	0	0	79,880	0	90.01
90.02	09002	3	0	0	10,630	0	90.02
90.03	09003	20	0	0	159,115	0	90.03
90.04	09004	0	0	0	0	0	90.04
90.05	09005	4	0	0	30,619	0	90.05
90.06	09006	0	0	0	0	0	90.06
90.07	09007	0	0	0	0	0	90.07
90.08	09008	0	0	0	0	0	90.08
90.09	09009	0	0	0	0	0	90.09
90.10	09010	0	0	0	0	0	90.10
90.11	09011	5	0	0	2,360	0	90.11
90.12	09012	0	0	0	0	0	90.12
91.00	09100	60	0	0	576,779	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	0	0	0	0	0	98.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	673	0	659,031	40,481,714	19,825,570	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 WELLNESS CENTERS	5	0	0	7,359	0	190.01
190.02	19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006 MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11	19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012 MEDICAL INTERNIST	0	0	0	1,858	0	190.12
190.13	19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14	19014 ROCK STEADY BOXING	1	0	0	1,581	0	190.14
190.15	19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	30,235	0	192.00
192.01	19201 MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02	19202 FOUNDATION	0	0	0	0	0	192.02
192.03	19203 SPOE	0	0	0	0	0	192.03
192.04	19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05	19205 VACANT SPACE	0	0	0	0	0	192.05
192.07	19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08	19208 RENTAL PROPERTY	0	0	0	0	0	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10	19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,153,268	0	5,084,830	3,895,348	7,336,068	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,171.234168	0.000000	7.715616	0.096127	0.370031	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	134,940	0	75,205	318,745	644,189	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	198.733432	0.000000	0.114115	0.007866	0.032493	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	29,225					16.00
17.00 01700 SOCIAL SERVICE	0	0				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING PROGRAM	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			2,466	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	23,975	0	0	0	2,466	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00 04300 NURSERY	325	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,300	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 ULTRASOUND	0	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	75	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	250	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	1,850	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,100	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	350	0	0	0	0	90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	0	0	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	90.06
90.07 09007 O/P LAB	0	0	0	0	0	90.07
90.08 09008 O/P LAB	0	0	0	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	0	0	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING PROGRAM (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	29,225	0	0	0	2,466	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	0	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06 19006 MONTICELLO HSE.	0	0	0	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 SPINE SURGEON	0	0	0	0	0	190.09
190.10 19010 CLINICAL RESEARCH CENTER	0	0	0	0	0	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	0	190.12
190.13 19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14 19014 ROCK STEADY BOXING	0	0	0	0	0	190.14
190.15 19015 OTHER ONCOLOGY SERVICES	0	0	0	0	0	190.15
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	0	0	0	0	192.01
192.02 19202 FOUNDATION	0	0	0	0	0	192.02
192.03 19203 SPOE	0	0	0	0	0	192.03
192.04 19204 HEALTHY HEART	0	0	0	0	0	192.04
192.05 19205 VACANT SPACE	0	0	0	0	0	192.05
192.07 19207 PARK PLACE CENTER	0	0	0	0	0	192.07
192.08 19208 RENTAL PROPERTY	0	0	0	0	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	0	0	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	0	0	192.10
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,187,572	0	0	0	35,534	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	177.504602	0.000000	0.000000	0.000000	14.409570	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	368,228	0	0	0	298	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	12.599760	0.000000	0.000000	0.000000	0.120843	205.00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0		206.00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0.000000		207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-(EMS) (ASSIGNED TIME)	
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	22.00		
GENERAL SERVICE COST CENTERS			
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING PROGRAM			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,466		22.00
23.00 02300 PARAMED PRGM-(EMS)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	2,466	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
43.00 04300 NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 05401 ULTRASOUND	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	90.03
90.04 09004 MUNCIE CLINIC	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	90.05
90.06 09006 PREGNANCY PLUS	0	0	90.06
90.07 09007 O/P LAB	0	0	90.07
90.08 09008 O/P LAB	0	0	90.08
90.09 09009 FORTVILLE CLINIC	0	0	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	90.12
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet B-1

Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)		
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
	22.00			
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	2,466	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00	
190.01 19001 WELLNESS CENTERS	0	0	190.01	
190.02 19002 EMPLOYED ORTHO MD	0	0	190.02	
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	190.03	
190.04 19004 SUMMIT CONV. (LTC)	0	0	190.04	
190.05 19005 PARKVIEW CONV. (LTC)	0	0	190.05	
190.06 19006 MONTICELLO HSE.	0	0	190.06	
190.07 19007 NH PARK PLACE (LTC)	0	0	190.07	
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	190.08	
190.09 19009 SPINE SURGEON	0	0	190.09	
190.10 19010 CLINICAL RESEARCH CENTER	0	0	190.10	
190.11 19011 ONCOLOGIST	0	0	190.11	
190.12 19012 MEDICAL INTERNIST	0	0	190.12	
190.13 19013 RHEUMATOLOGY	0	0	190.13	
190.14 19014 ROCK STEADY BOXING	0	0	190.14	
190.15 19015 OTHER ONCOLOGY SERVICES	0	0	190.15	
191.00 19100 RESEARCH	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00	
192.01 19201 MUNCIE MD OFFICES	0	0	192.01	
192.02 19202 FOUNDATION	0	0	192.02	
192.03 19203 SPOE	0	0	192.03	
192.04 19204 HEALTHY HEART	0	0	192.04	
192.05 19205 VACANT SPACE	0	0	192.05	
192.07 19207 PARK PLACE CENTER	0	0	192.07	
192.08 19208 RENTAL PROPERTY	0	0	192.08	
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	0	192.09	
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	192.10	
200.00	Cross Foot Adjustments		200.00	
201.00	Negative Cost Centers		201.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	48,085	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.499189	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	403	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.163423	0.000000	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0	206.00
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)		0.000000	207.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		42,326,110	0	42,326,110	30.00
31.00	03100 INTENSIVE CARE UNIT		9,459,762	0	9,459,762	31.00
43.00	04300 NURSERY		2,063,770	0	2,063,770	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		20,414,254	0	20,414,254	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,858,573	0	2,858,573	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,703,013	0	4,703,013	54.00
54.01	05401 ULTRASOUND		1,063,336	0	1,063,336	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		900,531	0	900,531	56.00
57.00	05700 CT SCAN		1,926,562	0	1,926,562	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,356,570	0	2,356,570	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,277,758	0	2,277,758	59.00
60.00	06000 LABORATORY		11,989,071	0	11,989,071	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,253,577	0	1,253,577	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,226,182	0	4,226,182	65.00
66.00	06600 PHYSICAL THERAPY	0	6,234,047	0	6,234,047	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	734,224	0	734,224	67.00
68.00	06800 SPEECH PATHOLOGY	0	326,203	0	326,203	68.00
69.00	06900 ELECTROCARDIOLOGY		3,298,356	0	3,298,356	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,580,774	0	1,580,774	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,189,348	0	7,189,348	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,254,675	0	10,254,675	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		17,080,262	0	17,080,262	73.00
74.00	07400 RENAL DIALYSIS		478,624	0	478,624	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC		2,802,637	0	2,802,637	90.01
90.02	09002 CTR ADVANCED HEART CARE		325,318	0	325,318	90.02
90.03	09003 RADIATION ONCOLOGY		6,922,383	0	6,922,383	90.03
90.04	09004 MUNCIE CLINIC		0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC		661,722	0	661,722	90.05
90.06	09006 PREGNANCY PLUS		0	0	0	90.06
90.07	09007 O/P LAB		0	0	0	90.07
90.08	09008 O/P LAB		0	0	0	90.08
90.09	09009 FORTVILLE CLINIC		0	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)		0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC		653,357	0	653,357	90.11
90.12	09012 OTHER ONCOLOGY SERVICES		0	0	0	90.12
91.00	09100 EMERGENCY		11,549,127	0	11,549,127	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,835,315	0	3,835,315	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
200.00	Subtotal (see instructions)		181,745,441	0	181,745,441	200.00
201.00	Less Observation Beds		3,835,315	0	3,835,315	201.00
202.00	Total (see instructions)		177,910,126	0	177,910,126	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet C Part I Date/Time Prepared: 5/30/2022 2:53 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	62,287,273		62,287,273				30.00
31.00	03100	INTENSIVE CARE UNIT	18,485,103		18,485,103				31.00
43.00	04300	NURSERY	2,172,258		2,172,258				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	36,743,376	92,913,718	129,657,094	0.157448	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,912,412	0	3,912,412	0.730642	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,225,792	11,147,760	14,373,552	0.327199	0.000000		54.00
54.01	05401	ULTRASOUND	1,896,655	7,158,213	9,054,868	0.117433	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	602,791	8,688,556	9,291,347	0.096921	0.000000		56.00
57.00	05700	CT SCAN	10,354,487	35,548,758	45,903,245	0.041970	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,157,136	14,801,397	16,958,533	0.138961	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	7,764,833	16,950,026	24,714,859	0.092161	0.000000		59.00
60.00	06000	LABORATORY	15,077,143	45,126,430	60,203,573	0.199142	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,351,367	678,468	2,029,835	0.617576	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	11,054,198	2,323,493	13,377,691	0.315913	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,096,909	8,645,423	9,742,332	0.639893	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	822,150	971,037	1,793,187	0.409452	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	509,453	301,517	810,970	0.402238	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	4,295,133	10,458,169	14,753,302	0.223567	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	810,476	3,985,322	4,795,798	0.329616	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,309,308	12,345,399	17,654,707	0.407220	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,156,560	14,599,593	21,756,153	0.471346	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,967,767	32,388,265	65,356,032	0.261342	0.000000		73.00
74.00	07400	RENAL DIALYSIS	813,372	0	813,372	0.588444	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	340,078	6,747,641	7,087,719	0.395422	0.000000		90.01
90.02	09002	CTR ADVANCED HEART CARE	6,470	448,539	455,009	0.714970	0.000000		90.02
90.03	09003	RADIATION ONCOLOGY	1,233,702	47,374,204	48,607,906	0.142413	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	1,853	787,579	789,432	0.838225	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000		90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000		90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	0.000000		90.10
90.11	09011	DIABETIC PLUS CLINIC	7,835	229,752	237,587	2.749969	0.000000		90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	21,951,098	69,323,418	91,274,516	0.126532	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	953,671	2,512,641	3,466,312	1.106454	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	255,360,659	446,455,318	701,815,977				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	255,360,659	446,455,318	701,815,977				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 2:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.157448		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.730642		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.327199		54.00
54.01	05401 ULTRASOUND	0.117433		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.096921		56.00
57.00	05700 CT SCAN	0.041970		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.138961		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092161		59.00
60.00	06000 LABORATORY	0.199142		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.617576		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.315913		65.00
66.00	06600 PHYSICAL THERAPY	0.639893		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409452		67.00
68.00	06800 SPEECH PATHOLOGY	0.402238		68.00
69.00	06900 ELECTROCARDIOLOGY	0.223567		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.329616		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407220		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.471346		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.261342		73.00
74.00	07400 RENAL DIALYSIS	0.588444		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.395422		90.01
90.02	09002 CTR ADVANCED HEART CARE	0.714970		90.02
90.03	09003 RADIATION ONCOLOGY	0.142413		90.03
90.04	09004 MUNCIE CLINIC	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	0.838225		90.05
90.06	09006 PREGNANCY PLUS	0.000000		90.06
90.07	09007 O/P LAB	0.000000		90.07
90.08	09008 O/P LAB	0.000000		90.08
90.09	09009 FORTVILLE CLINIC	0.000000		90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000		90.10
90.11	09011 DIABETIC PLUS CLINIC	2.749969		90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000		90.12
91.00	09100 EMERGENCY	0.126532		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.106454		92.00
	OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

		Title XIX		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		42,409,729	0	42,409,729	30.00
31.00	03100 INTENSIVE CARE UNIT		9,459,762	0	9,459,762	31.00
43.00	04300 NURSERY		2,063,770	0	2,063,770	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		20,414,254	0	20,414,254	50.00
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,858,573	0	2,858,573	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,703,013	0	4,703,013	54.00
54.01	05401 ULTRASOUND		1,063,336	0	1,063,336	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		900,531	0	900,531	56.00
57.00	05700 CT SCAN		1,926,562	0	1,926,562	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,356,570	0	2,356,570	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,277,758	0	2,277,758	59.00
60.00	06000 LABORATORY		11,989,071	0	11,989,071	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,253,577	0	1,253,577	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	4,226,182	0	4,226,182	65.00
66.00	06600 PHYSICAL THERAPY	0	6,234,047	0	6,234,047	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	734,224	0	734,224	67.00
68.00	06800 SPEECH PATHOLOGY	0	326,203	0	326,203	68.00
69.00	06900 ELECTROCARDIOLOGY		3,298,356	0	3,298,356	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,580,774	0	1,580,774	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,189,348	0	7,189,348	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		10,254,675	0	10,254,675	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		17,080,262	0	17,080,262	73.00
74.00	07400 RENAL DIALYSIS		478,624	0	478,624	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC		2,802,637	0	2,802,637	90.01
90.02	09002 CTR ADVANCED HEART CARE		325,318	0	325,318	90.02
90.03	09003 RADIATION ONCOLOGY		6,922,383	0	6,922,383	90.03
90.04	09004 MUNCIE CLINIC		0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC		661,722	0	661,722	90.05
90.06	09006 PREGNANCY PLUS		0	0	0	90.06
90.07	09007 O/P LAB		0	0	0	90.07
90.08	09008 O/P LAB		0	0	0	90.08
90.09	09009 FORTVILLE CLINIC		0	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)		0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC		653,357	0	653,357	90.11
90.12	09012 OTHER ONCOLOGY SERVICES		0	0	0	90.12
91.00	09100 EMERGENCY		11,549,127	0	11,549,127	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,835,315	0	3,835,315	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
200.00	Subtotal (see instructions)		181,829,060	0	181,829,060	200.00
201.00	Less Observation Beds		3,835,315	0	3,835,315	201.00
202.00	Total (see instructions)		177,993,745	0	177,993,745	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet C
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

		Title XIX			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	62,287,273		62,287,273		30.00
31.00	03100	INTENSIVE CARE UNIT	18,485,103		18,485,103		31.00
43.00	04300	NURSERY	2,172,258		2,172,258		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	36,743,376	92,913,718	129,657,094	0.157448	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,912,412	0	3,912,412	0.730642	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,225,792	11,147,760	14,373,552	0.327199	54.00
54.01	05401	ULTRASOUND	1,896,655	7,158,213	9,054,868	0.117433	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	602,791	8,688,556	9,291,347	0.096921	56.00
57.00	05700	CT SCAN	10,354,487	35,548,758	45,903,245	0.041970	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,157,136	14,801,397	16,958,533	0.138961	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,764,833	16,950,026	24,714,859	0.092161	59.00
60.00	06000	LABORATORY	15,077,143	45,126,430	60,203,573	0.199142	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,351,367	678,468	2,029,835	0.617576	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,054,198	2,323,493	13,377,691	0.315913	65.00
66.00	06600	PHYSICAL THERAPY	1,096,909	8,645,423	9,742,332	0.639893	66.00
67.00	06700	OCCUPATIONAL THERAPY	822,150	971,037	1,793,187	0.409452	67.00
68.00	06800	SPEECH PATHOLOGY	509,453	301,517	810,970	0.402238	68.00
69.00	06900	ELECTROCARDIOLOGY	4,295,133	10,458,169	14,753,302	0.223567	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	810,476	3,985,322	4,795,798	0.329616	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,309,308	12,345,399	17,654,707	0.407220	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,156,560	14,599,593	21,756,153	0.471346	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	32,967,767	32,388,265	65,356,032	0.261342	73.00
74.00	07400	RENAL DIALYSIS	813,372	0	813,372	0.588444	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	340,078	6,747,641	7,087,719	0.395422	90.01
90.02	09002	CTR ADVANCED HEART CARE	6,470	448,539	455,009	0.714970	90.02
90.03	09003	RADIATION ONCOLOGY	1,233,702	47,374,204	48,607,906	0.142413	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	1,853	787,579	789,432	0.838225	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	90.06
90.07	09007	O/P LAB	0	0	0	0.000000	90.07
90.08	09008	O/P LAB	0	0	0	0.000000	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	90.10
90.11	09011	DIABETIC PLUS CLINIC	7,835	229,752	237,587	2.749969	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0.000000	90.12
91.00	09100	EMERGENCY	21,951,098	69,323,418	91,274,516	0.126532	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	953,671	2,512,641	3,466,312	1.106454	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
200.00		Subtotal (see instructions)	255,360,659	446,455,318	701,815,977		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	255,360,659	446,455,318	701,815,977		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet C Part I Date/Time Prepared: 5/30/2022 2:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.157448		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.730642		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.327199		54.00
54.01	05401 ULTRASOUND	0.117433		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.096921		56.00
57.00	05700 CT SCAN	0.041970		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.138961		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092161		59.00
60.00	06000 LABORATORY	0.199142		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.617576		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.315913		65.00
66.00	06600 PHYSICAL THERAPY	0.639893		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409452		67.00
68.00	06800 SPEECH PATHOLOGY	0.402238		68.00
69.00	06900 ELECTROCARDIOLOGY	0.223567		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.329616		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407220		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.471346		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.261342		73.00
74.00	07400 RENAL DIALYSIS	0.588444		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.395422		90.01
90.02	09002 CTR ADVANCED HEART CARE	0.714970		90.02
90.03	09003 RADIATION ONCOLOGY	0.142413		90.03
90.04	09004 MUNCIE CLINIC	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	0.838225		90.05
90.06	09006 PREGNANCY PLUS	0.000000		90.06
90.07	09007 O/P LAB	0.000000		90.07
90.08	09008 O/P LAB	0.000000		90.08
90.09	09009 FORTVILLE CLINIC	0.000000		90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000		90.10
90.11	09011 DIABETIC PLUS CLINIC	2.749969		90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000		90.12
91.00	09100 EMERGENCY	0.126532		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.106454		92.00
	OTHER REIMBURSABLE COST CENTERS			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 15-0113

Period: From 01/01/2021 To 12/31/2021

Worksheet C Part II Date/Time Prepared: 5/30/2022 2:53 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,414,254	1,899,778	18,514,476	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,858,573	119,616	2,738,957	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,703,013	409,867	4,293,146	0	0	54.00
54.01	05401	ULTRASOUND	1,063,336	23,124	1,040,212	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	900,531	111,344	789,187	0	0	56.00
57.00	05700	CT SCAN	1,926,562	71,806	1,854,756	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,356,570	469,446	1,887,124	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,277,758	257,690	2,020,068	0	0	59.00
60.00	06000	LABORATORY	11,989,071	481,039	11,508,032	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,253,577	36,975	1,216,602	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,226,182	102,730	4,123,452	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,234,047	922,630	5,311,417	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	734,224	19,996	714,228	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	326,203	8,961	317,242	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,298,356	332,377	2,965,979	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,580,774	118,327	1,462,447	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,189,348	95,153	7,094,195	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,254,675	135,723	10,118,952	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,080,262	438,964	16,641,298	0	0	73.00
74.00	07400	RENAL DIALYSIS	478,624	4,032	474,592	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	2,802,637	83,803	2,718,834	0	0	90.01
90.02	09002	CTR ADVANCED HEART CARE	325,318	22,475	302,843	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	6,922,383	842,891	6,079,492	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	661,722	6,547	655,175	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	653,357	20,080	633,277	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	11,549,127	277,870	11,271,257	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,835,315	116,996	3,718,319	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Subtotal (sum of lines 50 thru 199)	127,895,799	7,430,240	120,465,559	0	0	200.00
201.00		Less Observation Beds	3,835,315	116,996	3,718,319	0	0	201.00
202.00		Total (line 200 minus line 201)	124,060,484	7,313,244	116,747,240	0	0	202.00

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

Provider CCN: 15-0113

Period: From 01/01/2021 To 12/31/2021

Worksheet C Part II Date/Time Prepared: 5/30/2022 2:53 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20,414,254	129,657,094	0.157448		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,858,573	3,912,412	0.730642		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,703,013	14,373,552	0.327199		54.00
54.01	05401 ULTRASOUND	1,063,336	9,054,868	0.117433		54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	900,531	9,291,347	0.096921		56.00
57.00	05700 CT SCAN	1,926,562	45,903,245	0.041970		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,356,570	16,958,533	0.138961		58.00
59.00	05900 CARDIAC CATHETERIZATION	2,277,758	24,714,859	0.092161		59.00
60.00	06000 LABORATORY	11,989,071	60,203,573	0.199142		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,253,577	2,029,835	0.617576		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	4,226,182	13,377,691	0.315913		65.00
66.00	06600 PHYSICAL THERAPY	6,234,047	9,742,332	0.639893		66.00
67.00	06700 OCCUPATIONAL THERAPY	734,224	1,793,187	0.409452		67.00
68.00	06800 SPEECH PATHOLOGY	326,203	810,970	0.402238		68.00
69.00	06900 ELECTROCARDIOLOGY	3,298,356	14,753,302	0.223567		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,580,774	4,795,798	0.329616		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,189,348	17,654,707	0.407220		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	10,254,675	21,756,153	0.471346		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	17,080,262	65,356,032	0.261342		73.00
74.00	07400 RENAL DIALYSIS	478,624	813,372	0.588444		74.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0.000000		90.00
90.01	09001 WOUND/OSTOMY CLINIC	2,802,637	7,087,719	0.395422		90.01
90.02	09002 CTR ADVANCED HEART CARE	325,318	455,009	0.714970		90.02
90.03	09003 RADIATION ONCOLOGY	6,922,383	48,607,906	0.142413		90.03
90.04	09004 MUNCIE CLINIC	0	0	0.000000		90.04
90.05	09005 ANTI COAGULATION CLINIC	661,722	789,432	0.838225		90.05
90.06	09006 PREGNANCY PLUS	0	0	0.000000		90.06
90.07	09007 O/P LAB	0	0	0.000000		90.07
90.08	09008 O/P LAB	0	0	0.000000		90.08
90.09	09009 FORTVILLE CLINIC	0	0	0.000000		90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000		90.10
90.11	09011 DIABETIC PLUS CLINIC	653,357	237,587	2.749969		90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	0	0.000000		90.12
91.00	09100 EMERGENCY	11,549,127	91,274,516	0.126532		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,835,315	3,466,312	1.106454		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
200.00	Subtotal (sum of lines 50 thru 199)	127,895,799	618,871,343			200.00
201.00	Less Observation Beds	3,835,315	0			201.00
202.00	Total (line 200 minus line 201)	124,060,484	618,871,343			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	1,291,163	0	1,291,163	22,745	56.77	30.00	
31.00	INTENSIVE CARE UNIT	370,157		370,157	4,228	87.55	31.00	
43.00	NURSERY	121,681		121,681	1,389	87.60	43.00	
200.00	Total (Lines 30 through 199)	1,783,001		1,783,001	28,362		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	6,068	344,480					30.00
31.00	INTENSIVE CARE UNIT	1,167	102,171					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30 through 199)	7,235	446,651					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part II Date/Time Prepared: 5/30/2022 2:53 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,899,778	129,657,094	0.014652	11,070,937	162,211	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	119,616	3,912,412	0.030573	17,431	533	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	409,867	14,373,552	0.028515	1,027,388	29,296	54.00
54.01	05401	ULTRASOUND	23,124	9,054,868	0.002554	495,726	1,266	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	111,344	9,291,347	0.011984	177,282	2,125	56.00
57.00	05700	CT SCAN	71,806	45,903,245	0.001564	2,887,298	4,516	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	469,446	16,958,533	0.027682	562,666	15,576	58.00
59.00	05900	CARDIAC CATHETERIZATION	257,690	24,714,859	0.010427	1,499,820	15,639	59.00
60.00	06000	LABORATORY	481,039	60,203,573	0.007990	4,352,521	34,777	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	36,975	2,029,835	0.018216	325,574	5,931	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	102,730	13,377,691	0.007679	3,033,822	23,297	65.00
66.00	06600	PHYSICAL THERAPY	922,630	9,742,332	0.094703	385,288	36,488	66.00
67.00	06700	OCCUPATIONAL THERAPY	19,996	1,793,187	0.011151	268,817	2,998	67.00
68.00	06800	SPEECH PATHOLOGY	8,961	810,970	0.011050	164,699	1,820	68.00
69.00	06900	ELECTROCARDIOLOGY	332,377	14,753,302	0.022529	1,389,738	31,309	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	118,327	4,795,798	0.024673	293,051	7,230	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	95,153	17,654,707	0.005390	1,545,470	8,330	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	135,723	21,756,153	0.006238	2,540,848	15,850	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	438,964	65,356,032	0.006717	8,981,807	60,331	73.00
74.00	07400	RENAL DIALYSIS	4,032	813,372	0.004957	222,636	1,104	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	83,803	7,087,719	0.011824	128,707	1,522	90.01
90.02	09002	CTR ADVANCED HEART CARE	22,475	455,009	0.049395	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	842,891	48,607,906	0.017341	356,750	6,186	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	6,547	789,432	0.008293	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0.000000	0	0	90.06
90.07	09007	O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008	O/P LAB	0	0	0.000000	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0.000000	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	20,080	237,587	0.084516	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	277,870	91,274,516	0.003044	6,422,494	19,550	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	116,996	3,466,312	0.033752	333,492	11,256	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50 through 199)	7,430,240	618,871,343		48,484,262	499,141	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part III Date/Time Prepared: 5/30/2022 2:53 pm		
Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost	PPS	
Title XVIII			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	
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		
Title XVIII			4.00	5.00	6.00	7.00	8.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	22,745	0.00	6,068	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,228	0.00	1,167	31.00	
43.00	04300	NURSERY		0	1,389	0.00	0	43.00	
200.00		Total (lines 30 through 199)		0	28,362		7,235	200.00	
Cost Center Description			Inpatient Program Pass-Through Cost (col. 7 x col. 8)						
Title XVIII			9.00						
30.00	03000	ADULTS & PEDIATRICS	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0						31.00
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: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description		Title XVIII					Hospital	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health	PPS	
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	0	0	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	0	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	0	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50 through 199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	129,657,094	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,912,412	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	14,373,552	0.000000	54.00
54.01 05401 ULTRASOUND	0	0	0	9,054,868	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	9,291,347	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	45,903,245	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	16,958,533	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	24,714,859	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	60,203,573	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,029,835	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	13,377,691	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,742,332	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,793,187	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	810,970	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,753,302	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,795,798	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,654,707	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,756,153	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	65,356,032	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	813,372	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	7,087,719	0.000000	90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	455,009	0.000000	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	48,607,906	0.000000	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 ANTICOAGULATION CLINIC	0	0	0	789,432	0.000000	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0.000000	90.06
90.07 09007 O/P LAB	0	0	0	0	0.000000	90.07
90.08 09008 O/P LAB	0	0	0	0	0.000000	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0.000000	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0.000000	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	237,587	0.000000	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	91,274,516	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,466,312	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	618,871,343		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description		Title XVIII					Hospital	PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	11,070,937	0	17,785,271	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	17,431	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,027,388	0	2,066,830	0	54.00	
54.01	05401 ULTRASOUND	0.000000	495,726	0	1,341,850	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	177,282	0	2,144,100	0	56.00	
57.00	05700 CT SCAN	0.000000	2,887,298	0	7,743,569	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	562,666	0	3,563,433	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	1,499,820	0	4,905,711	0	59.00	
60.00	06000 LABORATORY	0.000000	4,352,521	0	3,208,204	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	325,574	0	194,153	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	3,033,822	0	394,238	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	385,288	0	9,940	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	268,817	0	9,230	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	164,699	0	2,335	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,389,738	0	2,474,639	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	293,051	0	615,038	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	1,545,470	0	2,749,699	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	2,540,848	0	2,787,276	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	8,981,807	0	10,166,122	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	222,636	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 WOUND/OSTOMY CLINIC	0.000000	128,707	0	2,539,271	0	90.01	
90.02	09002 CTR ADVANCED HEART CARE	0.000000	0	0	139,466	0	90.02	
90.03	09003 RADIATION ONCOLOGY	0.000000	356,750	0	11,418,529	0	90.03	
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0	90.04	
90.05	09005 ANTI COAGULATION CLINIC	0.000000	0	0	273,848	0	90.05	
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0	90.06	
90.07	09007 O/P LAB	0.000000	0	0	0	0	90.07	
90.08	09008 O/P LAB	0.000000	0	0	0	0	90.08	
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0	90.09	
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10	
90.11	09011 DIABETIC PLUS CLINIC	0.000000	0	0	63	0	90.11	
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	90.12	
91.00	09100 EMERGENCY	0.000000	6,422,494	0	10,517,622	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	333,492	0	1,664,223	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00	Total (lines 50 through 199)		48,484,262	0	88,714,660	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 2:53 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.157448	17,785,271	0	0	2,800,255	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.730642	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.327199	2,066,830	0	0	676,265	54.00
54.01	05401 ULTRASOUND	0.117433	1,341,850	0	0	157,577	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIO SOTOP	0.096921	2,144,100	0	0	207,808	56.00
57.00	05700 CT SCAN	0.041970	7,743,569	0	0	324,998	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.138961	3,563,433	0	0	495,178	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.092161	4,905,711	0	0	452,115	59.00
60.00	06000 LABORATORY	0.199142	3,208,204	0	0	638,888	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.617576	194,153	0	0	119,904	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.315913	394,238	0	0	124,545	65.00
66.00	06600 PHYSICAL THERAPY	0.639893	9,940	0	0	6,361	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409452	9,230	0	0	3,779	67.00
68.00	06800 SPEECH PATHOLOGY	0.402238	2,335	0	0	939	68.00
69.00	06900 ELECTROCARDIOLOGY	0.223567	2,474,639	0	0	553,248	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.329616	615,038	0	0	202,726	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407220	2,749,699	4,953	0	1,119,732	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.471346	2,787,276	0	0	1,313,771	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.261342	10,166,122	0	30,049	2,656,835	73.00
74.00	07400 RENAL DIALYSIS	0.588444	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.395422	2,539,271	0	0	1,004,084	90.01
90.02	09002 CTR ADVANCED HEART CARE	0.714970	139,466	0	0	99,714	90.02
90.03	09003 RADIATION ONCOLOGY	0.142413	11,418,529	0	0	1,626,147	90.03
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	0.838225	273,848	0	0	229,546	90.05
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0	90.06
90.07	09007 O/P LAB	0.000000	0	0	0	0	90.07
90.08	09008 O/P LAB	0.000000	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	2.749969	63	0	0	173	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	90.12
91.00	09100 EMERGENCY	0.126532	10,517,622	0	0	1,330,816	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.106454	1,664,223	0	0	1,841,386	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		88,714,660	4,953	30,049	17,986,790	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 - line 201)		88,714,660	4,953	30,049	17,986,790	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 2:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,017	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	7,853		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0		90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0		90.02
90.03 09003 RADIATION ONCOLOGY	0	0		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0		90.05
90.06 09006 PREGNANCY PLUS	0	0		90.06
90.07 09007 O/P LAB	0	0		90.07
90.08 09008 O/P LAB	0	0		90.08
90.09 09009 FORTVILLE CLINIC	0	0		90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0		90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0		90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0		90.12
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	2,017	7,853		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	2,017	7,853		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part I Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,291,163	0	1,291,163	22,745	56.77	30.00
31.00	INTENSIVE CARE UNIT	370,157		370,157	4,228	87.55	31.00
43.00	NURSERY	121,681		121,681	1,389	87.60	43.00
200.00	Total (Lines 30 through 199)	1,783,001		1,783,001	28,362		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	568	32,245				
31.00	INTENSIVE CARE UNIT	231	20,224				
43.00	NURSERY	1,316	115,282				
200.00	Total (Lines 30 through 199)	2,115	167,751				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,899,778	129,657,094	0.014652	558,553	8,184	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	119,616	3,912,412	0.030573	124,784	3,815	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	409,867	14,373,552	0.028515	82,643	2,357	54.00
54.01	05401 ULTRASOUND	23,124	9,054,868	0.002554	46,070	118	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	111,344	9,291,347	0.011984	35,755	428	56.00
57.00	05700 CT SCAN	71,806	45,903,245	0.001564	302,677	473	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	469,446	16,958,533	0.027682	82,006	2,270	58.00
59.00	05900 CARDIAC CATHETERIZATION	257,690	24,714,859	0.010427	139,172	1,451	59.00
60.00	06000 LABORATORY	481,039	60,203,573	0.007990	512,275	4,093	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	36,975	2,029,835	0.018216	66,718	1,215	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	102,730	13,377,691	0.007679	287,181	2,205	65.00
66.00	06600 PHYSICAL THERAPY	922,630	9,742,332	0.094703	20,206	1,914	66.00
67.00	06700 OCCUPATIONAL THERAPY	19,996	1,793,187	0.011151	15,143	169	67.00
68.00	06800 SPEECH PATHOLOGY	8,961	810,970	0.011050	12,099	134	68.00
69.00	06900 ELECTROCARDIOLOGY	332,377	14,753,302	0.022529	99,714	2,246	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	118,327	4,795,798	0.024673	19,653	485	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	95,153	17,654,707	0.005390	96,602	521	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	135,723	21,756,153	0.006238	28,396	177	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	438,964	65,356,032	0.006717	683,773	4,593	73.00
74.00	07400 RENAL DIALYSIS	4,032	813,372	0.004957	58,405	290	74.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	83,803	7,087,719	0.011824	13,257	157	90.01
90.02	09002 CTR ADVANCED HEART CARE	22,475	455,009	0.049395	0	0	90.02
90.03	09003 RADIATION ONCOLOGY	842,891	48,607,906	0.017341	28,869	501	90.03
90.04	09004 MUNCIE CLINIC	0	0	0.000000	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	6,547	789,432	0.008293	0	0	90.05
90.06	09006 PREGNANCY PLUS	0	0	0.000000	0	0	90.06
90.07	09007 O/P LAB	0	0	0.000000	0	0	90.07
90.08	09008 O/P LAB	0	0	0.000000	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0	0	0.000000	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0.000000	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	20,080	237,587	0.084516	0	0	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	0	0.000000	0	0	90.12
91.00	09100 EMERGENCY	277,870	91,274,516	0.003044	776,115	2,362	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	116,996	3,466,312	0.033752	9,021	304	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50 through 199)	7,430,240	618,871,343		4,099,087	40,462	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part III Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description			Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost		
			1A	1.00	2A	2.00	3.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00	
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	22,745	0.00	568	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	4,228	0.00	231	31.00	
43.00	04300	NURSERY		0	1,389	0.00	1,316	43.00	
200.00		Total (lines 30 through 199)		0	28,362		2,115	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
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: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet D
Part IV
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing Program Post-Stepdown Adjustments	Nursing Program	Allied Health Post-Stepdown Adjustments	Allied Health		
		1.00	2A	2.00	3A	3.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700 CT SCAN	0	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0	0	0	0	0	90.00	
90.01	09001 WOUND/OSTOMY CLINIC	0	0	0	0	0	90.01	
90.02	09002 CTR ADVANCED HEART CARE	0	0	0	0	0	90.02	
90.03	09003 RADIATION ONCOLOGY	0	0	0	0	0	90.03	
90.04	09004 MUNCIE CLINIC	0	0	0	0	0	90.04	
90.05	09005 ANTI COAGULATION CLINIC	0	0	0	0	0	90.05	
90.06	09006 PREGNANCY PLUS	0	0	0	0	0	90.06	
90.07	09007 O/P LAB	0	0	0	0	0	90.07	
90.08	09008 O/P LAB	0	0	0	0	0	90.08	
90.09	09009 FORTVILLE CLINIC	0	0	0	0	0	90.09	
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10	
90.11	09011 DIABETIC PLUS CLINIC	0	0	0	0	0	90.11	
90.12	09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12	
91.00	09100 EMERGENCY	0	0	0	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
200.00	Total (lines 50 through 199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of col. 1, 2, 3, and 4)	Total Outpatient Cost (sum of col. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	129,657,094	0.000000	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0.000000	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	3,912,412	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	14,373,552	0.000000	54.00
54.01 05401 ULTRASOUND	0	0	0	9,054,868	0.000000	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOISOTOPE	0	0	0	9,291,347	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	45,903,245	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	16,958,533	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	24,714,859	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	60,203,573	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,029,835	0.000000	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0.000000	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0.000000	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	13,377,691	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	9,742,332	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,793,187	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	810,970	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	14,753,302	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	4,795,798	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,654,707	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,756,153	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	65,356,032	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	813,372	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	7,087,719	0.000000	90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	455,009	0.000000	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	48,607,906	0.000000	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 ANTICOAGULATION CLINIC	0	0	0	789,432	0.000000	90.05
90.06 09006 PREGNANCY PLUS	0	0	0	0	0.000000	90.06
90.07 09007 O/P LAB	0	0	0	0	0.000000	90.07
90.08 09008 O/P LAB	0	0	0	0	0.000000	90.08
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0.000000	90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0.000000	90.10
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	237,587	0.000000	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0.000000	90.12
91.00 09100 EMERGENCY	0	0	0	91,274,516	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	3,466,312	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0.000000	98.00
200.00 Total (lines 50 through 199)	0	0	0	618,871,343		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part IV Date/Time Prepared: 5/30/2022 2:53 pm
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Cost Center Description		Title XIX				Hospital		PPS
		Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		9.00	10.00	11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	0.000000	558,553	0	0	0	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	124,784	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	82,643	0	0	0	54.00	
54.01	05401 ULTRASOUND	0.000000	46,070	0	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	35,755	0	0	0	56.00	
57.00	05700 CT SCAN	0.000000	302,677	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	82,006	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	139,172	0	0	0	59.00	
60.00	06000 LABORATORY	0.000000	512,275	0	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	66,718	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.000000	287,181	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0.000000	20,206	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	15,143	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.000000	12,099	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.000000	99,714	0	0	0	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	19,653	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	96,602	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	28,396	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	683,773	0	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0.000000	58,405	0	0	0	74.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00	
90.01	09001 WOUND/OSTOMY CLINIC	0.000000	13,257	0	0	0	90.01	
90.02	09002 CTR ADVANCED HEART CARE	0.000000	0	0	0	0	90.02	
90.03	09003 RADIATION ONCOLOGY	0.000000	28,869	0	0	0	90.03	
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0	90.04	
90.05	09005 ANTI COAGULATION CLINIC	0.000000	0	0	0	0	90.05	
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0	90.06	
90.07	09007 O/P LAB	0.000000	0	0	0	0	90.07	
90.08	09008 O/P LAB	0.000000	0	0	0	0	90.08	
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0	90.09	
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10	
90.11	09011 DIABETIC PLUS CLINIC	0.000000	0	0	0	0	90.11	
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	90.12	
91.00	09100 EMERGENCY	0.000000	776,115	0	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	9,021	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00	
200.00	Total (lines 50 through 199)		4,099,087	0	0	0	200.00	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet D Part V Date/Time Prepared: 5/30/2022 2:53 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.157448	0	1,275,247	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.730642	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.327199	0	257,610	0	0	54.00
54.01	05401	ULTRASOUND	0.117433	0	145,904	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.096921	0	89,398	0	0	56.00
57.00	05700	CT SCAN	0.041970	0	990,189	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.138961	0	273,323	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092161	0	99,854	0	0	59.00
60.00	06000	LABORATORY	0.199142	0	846,533	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.617576	0	36,045	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.315913	0	34,552	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.639893	0	81,736	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409452	0	2,592	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.402238	0	7,749	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.223567	0	100,164	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.329616	0	99,939	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407220	0	243,412	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471346	0	55,938	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261342	0	323,221	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.588444	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.395422	0	197,009	0	0	90.01
90.02	09002	CTR ADVANCED HEART CARE	0.714970	0	14,784	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	0.142413	0	635,401	0	0	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0.838225	0	6,851	0	0	90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0	0	0	90.06
90.07	09007	O/P LAB	0.000000	0	0	0	0	90.07
90.08	09008	O/P LAB	0.000000	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	2.749969	0	6,365	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0	90.12
91.00	09100	EMERGENCY	0.126532	0	2,978,140	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.106454	0	43,143	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		0	8,845,099	0	0	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	8,845,099	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D Part V Date/Time Prepared: 5/30/2022 2:53 pm
		Title XIX	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	200,785	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	84,290	0		54.00
54.01 05401 ULTRASOUND	17,134	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	8,665	0		56.00
57.00 05700 CT SCAN	41,558	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	37,981	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	9,203	0		59.00
60.00 06000 LABORATORY	168,580	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	22,261	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	10,915	0		65.00
66.00 06600 PHYSICAL THERAPY	52,302	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	1,061	0		67.00
68.00 06800 SPEECH PATHOLOGY	3,117	0		68.00
69.00 06900 ELECTROCARDIOLOGY	22,393	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	32,941	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	99,122	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	26,366	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	84,471	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	77,902	0		90.01
90.02 09002 CTR ADVANCED HEART CARE	10,570	0		90.02
90.03 09003 RADIATION ONCOLOGY	90,489	0		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	5,743	0		90.05
90.06 09006 PREGNANCY PLUS	0	0		90.06
90.07 09007 O/P LAB	0	0		90.07
90.08 09008 O/P LAB	0	0		90.08
90.09 09009 FORTVILLE CLINIC	0	0		90.09
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0		90.10
90.11 09011 DIABETIC PLUS CLINIC	17,504	0		90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0		90.12
91.00 09100 EMERGENCY	376,830	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	47,736	0		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	1,549,919	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 - line 201)	1,549,919	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2022 2:53 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,745	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)		20,684	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		6,068	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)		42,326,110	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)		42,326,110	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)		42,326,110	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)		1,860.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,291,941	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)		11,291,941	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1 Date/Time Prepared: 5/30/2022 2:53 pm
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)
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	9,459,762	4,228	2,237.41	1,167	2,611,057
44.00 CORONARY CARE UNIT					
45.00 BURN INTENSIVE CARE UNIT					
46.00 SURGICAL INTENSIVE CARE UNIT					
47.00 OTHER SPECIAL CARE (SPECIFY)					
Cost Center Description					
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					10,950,040
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					24,853,038
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					446,651
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					499,141
52.00 Total Program excludable cost (sum of lines 50 and 51)					945,792
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					23,907,246
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/IID routine service cost (line 37)					
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					
72.00 Program routine service cost (line 9 x line 71)					
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					
76.00 Per diem capital-related costs (line 75 ÷ line 2)					
77.00 Program capital-related costs (line 9 x line 76)					
78.00 Inpatient routine service cost (line 74 minus line 77)					
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					
81.00 Inpatient routine service cost per diem limitation					
82.00 Inpatient routine service cost limitation (line 9 x line 81)					
83.00 Reasonable inpatient routine service costs (see instructions)					
84.00 Program inpatient ancillary services (see instructions)					
85.00 Utilization review - physician compensation (see instructions)					
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					2,061
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,860.90
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,835,315

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 2:53 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,291,163	42,326,110	0.030505	3,835,315	116,996	90.00
91.00	Nursing Program cost	0	42,326,110	0.000000	3,835,315	0	91.00
92.00	Allied health cost	0	42,326,110	0.000000	3,835,315	0	92.00
93.00	All other Medical Education	0	42,326,110	0.000000	3,835,315	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2022 2:53 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		22,745	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		22,745	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)		20,684	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days) (see instructions)		568	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,389	15.00
16.00	Nursery days (title V or XIX only)		1,316	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)		42,409,729	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)		42,409,729	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)		42,409,729	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)		1,864.57	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,059,076	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,059,076	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1		
Title XIX			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)		2,063,770	1,389	1,485.80	1,316	1,955,313	42.00	
Intensive Care Type Inpatient Hospital Units									
43.00	INTENSIVE CARE UNIT		9,459,762	4,228	2,237.41	231	516,842	43.00	
44.00	CORONARY CARE UNIT							44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00	
46.00	SURGICAL INTENSIVE CARE UNIT							46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00	
Cost Center Description									
			1.00						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)							921,992	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							4,453,223	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)							167,751	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							40,462	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							208,213	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							4,245,010	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)							2,061	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							1,864.57	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							3,842,879	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2021 To 12/31/2021		Worksheet D-1 Date/Time Prepared: 5/30/2022 2:53 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,291,163	42,409,729	0.030445	3,842,879	116,996	90.00
91.00	Nursing Program cost	0	42,409,729	0.000000	3,842,879	0	91.00
92.00	Allied health cost	0	42,409,729	0.000000	3,842,879	0	92.00
93.00	All other Medical Education	0	42,409,729	0.000000	3,842,879	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 2:53 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		13,559,251	30.00
31.00	03100	INTENSIVE CARE UNIT		4,845,878	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.157448	11,070,937	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.730642	17,431	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.327199	1,027,388	54.00
54.01	05401	ULTRASOUND	0.117433	495,726	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.096921	177,282	56.00
57.00	05700	CT SCAN	0.041970	2,887,298	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.138961	562,666	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092161	1,499,820	59.00
60.00	06000	LABORATORY	0.199142	4,352,521	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.617576	325,574	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.315913	3,033,822	65.00
66.00	06600	PHYSICAL THERAPY	0.639893	385,288	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409452	268,817	67.00
68.00	06800	SPEECH PATHOLOGY	0.402238	164,699	68.00
69.00	06900	ELECTROCARDIOLOGY	0.223567	1,389,738	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.329616	293,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407220	1,545,470	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471346	2,540,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261342	8,981,807	73.00
74.00	07400	RENAL DIALYSIS	0.588444	222,636	74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.395422	128,707	90.01
90.02	09002	CTR ADVANCED HEART CARE	0.714970	0	90.02
90.03	09003	RADIATION ONCOLOGY	0.142413	356,750	90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	90.04
90.05	09005	ANTICOAGULATION CLINIC	0.838225	0	90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	90.06
90.07	09007	O/P LAB	0.000000	0	90.07
90.08	09008	O/P LAB	0.000000	0	90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	2.749969	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	90.12
91.00	09100	EMERGENCY	0.126532	6,422,494	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.106454	333,492	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		48,484,262	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)		48,484,262	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet D-3 Date/Time Prepared: 5/30/2022 2:53 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,907,847	30.00
31.00	03100	INTENSIVE CARE UNIT		568,968	31.00
43.00	04300	NURSERY		149,118	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.157448	558,553	87,943 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.730642	124,784	91,172 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.327199	82,643	27,041 54.00
54.01	05401	ULTRASOUND	0.117433	46,070	5,410 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.096921	35,755	3,465 56.00
57.00	05700	CT SCAN	0.041970	302,677	12,703 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.138961	82,006	11,396 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.092161	139,172	12,826 59.00
60.00	06000	LABORATORY	0.199142	512,275	102,015 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.617576	66,718	41,203 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.315913	287,181	90,724 65.00
66.00	06600	PHYSICAL THERAPY	0.639893	20,206	12,930 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409452	15,143	6,200 67.00
68.00	06800	SPEECH PATHOLOGY	0.402238	12,099	4,867 68.00
69.00	06900	ELECTROCARDIOLOGY	0.223567	99,714	22,293 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.329616	19,653	6,478 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.407220	96,602	39,338 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.471346	28,396	13,384 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.261342	683,773	178,699 73.00
74.00	07400	RENAL DIALYSIS	0.588444	58,405	34,368 74.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.395422	13,257	5,242 90.01
90.02	09002	CTR ADVANCED HEART CARE	0.714970	0	0 90.02
90.03	09003	RADIATION ONCOLOGY	0.142413	28,869	4,111 90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0 90.04
90.05	09005	ANTICOAGULATION CLINIC	0.838225	0	0 90.05
90.06	09006	PREGNANCY PLUS	0.000000	0	0 90.06
90.07	09007	O/P LAB	0.000000	0	0 90.07
90.08	09008	O/P LAB	0.000000	0	0 90.08
90.09	09009	FORTVILLE CLINIC	0.000000	0	0 90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0 90.10
90.11	09011	DIABETIC PLUS CLINIC	2.749969	0	0 90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.126532	776,115	98,203 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.106454	9,021	9,981 92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,099,087	921,992 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net charges (line 200 minus line 201)		4,099,087	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 2:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments			0 1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		10,498,098	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,242,394	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)			2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)		592,493	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		171,988	2.04
3.00	Managed Care Simulated Payments		14,807,683	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		118.35	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.25	11.00
12.00	Current year allowable FTE (see instructions)		0.25	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.16	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.14	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.14	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.001183	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 CFR 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.66	30.00
31.00	Percentage of Medicaid patient days (see instructions)		25.84	31.00
32.00	Sum of lines 30 and 31		28.50	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.73	33.00
34.00	Disproportionate share adjustment (see instructions)		469,116	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 2:53 pm
		Title XVIII	Hospital	PPS
		Prior to 10/1	On/After 10/1	
		1.00	2.00	
Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)	8,290,014,521	7,192,008,710	35.00
35.01	Factor 3 (see instructions)	0.000147153	0.000111704	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,219,902	803,373	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	912,420	202,494	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,114,914		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges (see instructions)	0		40.00
41.00	Total ESRD Medicare discharges (see instructions)	0		41.00
41.01	Total ESRD Medicare covered and paid discharges (see instructions)	0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days (see instructions)	0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)	0		46.00
47.00	Subtotal (see instructions)	17,089,003		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)		17,089,003	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,198,466	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).		4,755	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		768,134	54.00
54.01	Islet isolation add-on payment		0	54.01
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,060,358	59.00
60.00	Primary payer payments		23,404	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,036,954	61.00
62.00	Deductibles billed to program beneficiaries		1,601,048	62.00
63.00	Coinurance billed to program beneficiaries		35,559	63.00
64.00	Allowable bad debts (see instructions)		30,306	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		19,699	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		11,773	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,420,046	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)		75,953	70.93
70.94	HRR adjustment amount (see instructions)		-134,306	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part A Date/Time Prepared: 5/30/2022 2:53 pm	
		Title XVIII	Hospital	PPS	
		FFY (yyyy)	Amount		
		0	1.00		
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98
70.99	HAC adjustment amount (see instructions)			52,950	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			17,308,743	71.00
71.01	Sequestration adjustment (see instructions)			0	71.01
71.02	Demonstration payment adjustment amount after sequestration			0	71.02
71.03	Sequestration adjustment-PARHM pass-throughs			0	71.03
72.00	Interim payments			16,917,574	72.00
72.01	Interim payments-PARHM				72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)				73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			391,169	74.00
74.01	Balance due provider/program-PARHM (see instructions)				74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			286,369	75.00
TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)					
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03 plus 2.04 (see instructions)			0	90.00
91.00	Capital outlier from Wkst. L, Pt. 1, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the time value of money (see instructions)			0.00	94.00
95.00	Time value of money for operating expenses (see instructions)			0	95.00
96.00	Time value of money for capital related expenses (see instructions)			0	96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)			0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0.0000000000	0.0000000000	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)			0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)			0	104.00
Rural Community Hospital Demonstration Project (\$410A Demonstration) Adjustment					
200.00	Is this the first year of the current 5-year demonstration period under the 21st Century Cures Act? Enter "Y" for yes or "N" for no.				200.00
Cost Reimbursement					
201.00	Medicare inpatient service costs (from Wkst. D-1, Pt. 11, line 49)				201.00
202.00	Medicare discharges (see instructions)				202.00
203.00	Case-mix adjustment factor (see instructions)				203.00
Computation of Demonstration Target Amount Limitation (N/A in first year of the current 5-year demonstration period)					
204.00	Medicare target amount				204.00
205.00	Case-mix adjusted target amount (line 203 times line 204)				205.00
206.00	Medicare inpatient routine cost cap (line 202 times line 205)				206.00
Adjustment to Medicare Part A Inpatient Reimbursement					
207.00	Program reimbursement under the \$410A Demonstration (see instructions)				207.00
208.00	Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)				208.00
209.00	Adjustment to Medicare IPPS payments (see instructions)				209.00
210.00	Reserved for future use				210.00
211.00	Total adjustment to Medicare IPPS payments (see instructions)				211.00
Comparison of PPS versus Cost Reimbursement					
212.00	Total adjustment to Medicare Part A IPPS payments (from line 211)				212.00
213.00	Low-volume adjustment (see instructions)				213.00
218.00	Net Medicare Part A IPPS adjustment (difference between PPS and cost reimbursement) (line 212 minus line 213) (see instructions)				218.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet E Part B Date/Time Prepared: 5/30/2022 2:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		9,870	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,986,790	2.00
3.00	OPPS payments		13,222,830	3.00
4.00	Outlier payment (see instructions)		206,999	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)		9,870	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		35,002	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)		35,002	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)		35,002	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		25,132	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)		9,870	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)		13,429,829	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		991	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,290,903	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)		11,147,805	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		3,445	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)		11,151,250	30.00
31.00	Primary payer payments		7,156	31.00
32.00	Subtotal (line 30 minus line 31)		11,144,094	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)		187,617	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		121,951	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		181,726	36.00
37.00	Subtotal (see instructions)		11,266,045	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-101	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)		11,266,146	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
40.02	Demonstration payment adjustment amount after sequestration		0	40.02
40.03	Sequestration adjustment-PARHM pass-throughs		0	40.03
41.00	Interim payments		11,579,355	41.00
41.01	Interim payments-PARHM		0	41.01
42.00	Tentative settlement (for contractors use only)		0	42.00
42.01	Tentative settlement-PARHM (for contractor use only)		0	42.01
43.00	Balance due provider/program (see instructions)		-313,209	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		20,659	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2022 2:53 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		16,917,574		11,579,355	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		16,917,574		11,579,355	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		391,169		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		313,209	6.02	
7.00	Total Medicare program liability (see instructions)		17,308,743		11,266,146	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2022 2:53 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, and 8 through 12, and plus for cost reporting periods beginning on or after 10/01/2013, line 32)			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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 2:53 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			0.00	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.25		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.25		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.16		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.14		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
15.01	Unweighted adjustment for residents in initial years of new programs	0.00	0.00		15.01
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
16.01	Unweighted adjustment for residents displaced by program or hospital closure	0.00	0.00		16.01
17.00	Adjusted rolling average FTE count	0.00	0.14		17.00
18.00	Per resident amount	97,625.92	97,625.92		18.00
19.00	Approved amount for resident costs	0	13,668	13,668	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locality adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			13,668	25.00
		Inpatient Part A	Managed Care	Total	
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions) (Title XIX - see S-2 Part IX, line 3.02, column 2)	7,235	8,159		26.00
27.00	Total Inpatient Days (see instructions)	25,103	25,103		27.00
28.00	Ratio of inpatient days to total inpatient days	0.288213	0.325021		28.00
29.00	Program direct GME amount	3,939	4,442	8,381	29.00
29.01	Percent reduction for MA DGME		4.07		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		181	181	30.00
31.00	Net Program direct GME amount			8,200	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet E-4 Date/Time Prepared: 5/30/2022 2:53 pm
		Title XVIII	Hospital	PPS
		1.00		
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING PROGRAM AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		813,372	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)		24,853,038	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)		23,404	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		24,829,634	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		17,996,660	42.00
43.00	Primary payer payments (see instructions)		7,156	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		17,989,504	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		42,819,138	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.579872	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.420128	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		8,200	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		4,755	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		3,445	50.00

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

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet G

Date/Time Prepared:
5/30/2022 2:53 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	336,087	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	63,869,873	0	0	0	4.00
5.00	Other receivable	-37,586,192	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	3,429,146	0	0	0	6.00
7.00	Inventory	3,680,662	0	0	0	7.00
8.00	Prepaid expenses	71,159	0	0	0	8.00
9.00	Other current assets	149,093	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)	33,949,828	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,280,153	0	0	0	12.00
13.00	Land improvements	2,007,545	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	78,186,026	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	2,763,325	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	78,296,815	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	1,033,859	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	-115,086,776	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)	53,480,947	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	393,175	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	220,078,802	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	220,471,977	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	307,902,752	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	923,864	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	10,365,401	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,289,265	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,377,036	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,377,036	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	14,666,301	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	293,236,451				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)	293,236,451	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	307,902,752	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-1

Date/Time Prepared:
5/30/2022 2:53 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		287,731,700		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,504,751			2.00
3.00	Total (sum of line 1 and line 2)		293,236,451		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		293,236,451		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		293,236,451		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2022 2:53 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	35,839,139		35,839,139	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				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)	35,839,139		35,839,139	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	18,388,590		18,388,590	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	18,388,590		18,388,590	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	54,227,729		54,227,729	17.00
18.00	Ancillary services	187,906,861	474,114,023	662,020,884	18.00
19.00	Outpatient services	0	0	0	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				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	242,134,590	474,114,023	716,248,613	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		243,891,585		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)		243,891,585		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2021
To 12/31/2021

Worksheet G-3

Date/Time Prepared:
5/30/2022 2:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	716,248,613	1.00
2.00	Less contractual allowances and discounts on patients' accounts	510,589,116	2.00
3.00	Net patient revenues (line 1 minus line 2)	205,659,497	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	243,891,585	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-38,232,088	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	143,240	6.00
7.00	Income from investments	34,364,371	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	846,641	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	337,381	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	2,395,202	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	1,068,547	24.00
24.50	COVID-19 PHE Funding	4,581,457	24.50
25.00	Total other income (sum of lines 6-24)	43,736,839	25.00
26.00	Total (line 5 plus line 25)	5,504,751	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)	5,504,751	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0113	Period: From 01/01/2021 To 12/31/2021	Worksheet L Parts I-III Date/Time Prepared: 5/30/2022 2:53 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,117,993	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		13,393	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)		69.21	3.00
4.00	Number of interns & residents (see instructions)		0.14	4.00
5.00	Indirect medical education percentage (see instructions)		0.06	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)		671	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.66	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		25.84	8.00
9.00	Sum of lines 7 and 8		28.50	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.94	10.00
11.00	Disproportionate share adjustment (see instructions)		66,409	11.00
12.00	Total prospective capital payments (see instructions)		1,198,466	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