

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 01/01/2020 To 12/31/2020	Worksheet S Parts I-III Date/Time Prepared: 8/2/2021 3:34 pm
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PART I - COST REPORT STATUS

Provider use only 1. Electronically prepared cost report Date: 8/2/2021 Time: 3:34 pm
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL ANDERSON (15-0113) for the cost reporting period beginning 01/01/2020 and ending 12/31/2020 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

(Signed) HOLLY MILLARD
 Officer or Administrator of Provider(s)

NETWORK SVP OF FINANCE
 Title

(Dated when report is electronically signed.)
 Date

Cost Center Description	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	462,127	-189,082	0	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I						4.00
5.00 Swing Bed - SNF	0	0	0		0	5.00
6.00 Swing Bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	462,127	-189,082	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 3:34 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1515 NORTH MADISON AVE		PO Box:						1.00			
2.00	City: ANDERSON		State: IN		Zip Code: 46011		County: MADISON		2.00			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		COMMUNITY HOSPITAL ANDERSON	150113	26900	1	01/01/1966	N	P	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	
17.10	Hospital-Based (CORF) I										17.10	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2020	12/31/2020		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		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00			
						In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
						1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					953	80	27	7	4,501	9	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 3:34 pm			
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of- State Medicaid paid days	Out-of- State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	0	0	0	0	0	0	25.00	
						Urban/Rural	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)					Y	N	40.00	
						V	XVII	XIX	
						1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital									
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)					N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300(b) PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", are you impacted by CR 11642 (or subsequent CR), MA GME payment reduction? Enter "Y" for yes or "N" for no in column 2.					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
				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	

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-2
Part I
Date/Time Prepared:
8/2/2021 3:34 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	0.16	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

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			1.00				
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N	80.00			
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.		N	81.00			
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N	85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			86.00			
87.00	Is this hospital an extended neoplastic disease care hospital classified under section 1886(d)(1)(B)(vi)? Enter "Y" for yes or "N" for no.		N	87.00			
			V 1.00	XIX 2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00		
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00		
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00		
93.00	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00		
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00		
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00		
98.00	Does title V or XIX follow Medicare (title XVIII) for the interns and residents post stepdown adjustments on Wkst. B, Pt. I, col. 25? Enter "Y" for yes or "N" for no in column 1 for title V, and in column 2 for title XIX.		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 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 3:34 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:	486,491	0	118.01
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
122.00	Does the cost report contain healthcare related taxes as defined in §1903(w)(3) of the Act? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y", enter in column 2 the Worksheet A line number where these taxes are included.	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 01/01/2020 To 12/31/2020	Worksheet S-2 Part I Date/Time Prepared: 8/2/2021 3:34 pm
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		1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.										
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WPS		Contractor's Number: 08101			141.00			
142.00	Street: 1500 NORTH RITTER AVE	PO Box:					142.00			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219			143.00			
								1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y						144.00		
								1.00		
145.00	If costs for renal services are claimed on Wkst. A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter "Y" for yes or "N" for no in column 2.	Y						145.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, chapter 40, §4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N						146.00		
								1.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N						147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N						148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N						149.00		
		Part A		Part B		Title V		Title XIX		
		1.00		2.00		3.00		4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)										
155.00	Hospital	N		N		N		N	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								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	161.00	
161.10	CORF			N		N		N	161.10	
								1.00		
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N						165.00		
		Name		County		State		Zip Code	CBSA	FTE/Campus
		0		1.00		2.00		3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)									0.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under §1886(n)? Enter "Y" for yes or "N" for no.	Y						167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00		
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter "Y" for yes or "N" for no. (see instructions)							168.01		
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	9.99						169.00		
								1.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)							170.00		
								1.00		
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no in column 1. If column 1 is yes, enter the number of section 1876 Medicare days in column 2. (see instructions)	N						0	171.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet S-2 Part II Date/Time Prepared: 8/2/2021 3:34 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		03/26/2020		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Interns and Residents in an approved graduate medical education program in the current cost report? If yes, see instructions.	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	06/26/2020	Y	06/26/2020		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N			19.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 8/2/2021 3:34 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 01/01/2020 To 12/31/2020	Worksheet S-2 Part II Date/Time Prepared: 8/2/2021 3:34 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 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 3:34 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	104	38,064	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)		104	38,064	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,222	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		121	44,286	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		121				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 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 3:34 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)	5,863	654	18,520			1.00
2.00 HMO and other (see instructions)	6,442	3,542				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	5,863	654	18,520			7.00
8.00 INTENSIVE CARE UNIT	1,687	183	3,562			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,189	1,488			13.00
14.00 Total (see instructions)	7,550	2,026	23,570	0.00	1,002.06	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)			45			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,002.06	27.00
28.00 Observation Bed Days		274	1,349			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			212			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	9	108			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 01/01/2020
To 12/31/2020

Worksheet S-3
Part I
Date/Time Prepared:
8/2/2021 3:34 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	1,611	94	5,265	1.00
2.00	HMO and other (see instructions)			1,338	999		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	1,611	94	5,265	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0		0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days				0		33.00
33.01	LTCH site neutral days and discharges				0		33.01

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet S-3
Part II
Date/Time Prepared:
8/2/2021 3:34 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	69,224,684	-333,632	68,891,052	2,084,285.00	33.05
2.00	Non-physician anesthetist Part A		321,360	0	321,360	3,123.00	102.90
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		133,300	0	133,300	671.00	198.66
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician and Non-Physician-Part B		91,522	0	91,522	1,639.00	55.84
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)		1,067,469	-4,148	1,063,321	32,640.00	32.58
OTHER WAGES & RELATED COSTS							
11.00	Contract Labor: Direct Patient Care		1,474,019	0	1,474,019	10,624.00	138.74
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		1,396,214	0	1,396,214	18,964.00	73.62
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		7,219,862	0	7,219,862	156,138.00	46.24
14.02	Related organization salaries		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		667,160	0	667,160	9,300.00	71.74
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)		16,175,892	0	16,175,892		
18.00	Wage-related costs (other) (see instructions)						
19.00	Excluded areas		257,325	0	257,325		
20.00	Non-physician anesthetist Part A		29,617	0	29,617		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		6,892	0	6,892		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		15,628	0	15,628		
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)		1,552,698	0	1,552,698		
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 01/01/2020
To 12/31/2020

Worksheet S-3
Part II
Date/Time Prepared:
8/2/2021 3:34 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	1,733,949	-1,560	1,732,389	51,863.00	33.40	26.00
27.00	Administrative & General	12,905,296	-37,810	12,867,486	325,338.00	39.55	27.00
28.00	Administrative & General under contract (see inst.)	4,055,880	0	4,055,880	39,242.00	103.36	28.00
29.00	Maintenance & Repairs	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	2,396,354	-5,525	2,390,829	84,513.00	28.29	30.00
31.00	Laundry & Linen Service	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	1,765,218	-11,360	1,753,858	95,652.00	18.34	32.00
33.00	Housekeeping under contract (see instructions)	0	0	0	0.00	0.00	33.00
34.00	Dietary	523,713	-310,540	213,173	10,754.00	19.82	34.00
35.00	Dietary under contract (see instructions)	0	0	0	0.00	0.00	35.00
36.00	Cafeteria	30,185	307,258	337,443	18,428.00	18.31	36.00
37.00	Maintenance of Personnel	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	1,559,038	-26,666	1,532,372	49,282.00	31.09	38.00
39.00	Central Services and Supply	735,177	-2,164	733,013	36,056.00	20.33	39.00
40.00	Pharmacy	2,216,316	-28,200	2,188,116	52,172.00	41.94	40.00
41.00	Medical Records & Medical Records Library	1,141,159	-181	1,140,978	40,187.00	28.39	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 01/01/2020
To 12/31/2020

Worksheet S-3
Part III
Date/Time Prepared:
8/2/2021 3:34 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)	72,867,682	-333,632	72,534,050	2,118,765.00	34.23	1.00
2.00	Excluded area salaries (see instructions)	1,067,469	-4,148	1,063,321	32,640.00	32.58	2.00
3.00	Subtotal salaries (line 1 minus line 2)	71,800,213	-329,484	71,470,729	2,086,125.00	34.26	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,757,255	0	10,757,255	195,026.00	55.16	4.00
5.00	Subtotal wage-related costs (see inst.)	17,735,482	0	17,735,482	0.00	24.82	5.00
6.00	Total (sum of lines 3 thru 5)	100,292,950	-329,484	99,963,466	2,281,151.00	43.82	6.00
7.00	Total overhead cost (see instructions)	29,062,285	-116,748	28,945,537	803,487.00	36.02	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet S-3 Part IV Date/Time Prepared: 8/2/2021 3:34 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,557,446	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)	9,602,756	8.02
8.03	Health Insurance (Purchased)	0	8.03
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	257,627	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	37,471	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	4,875,993	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	73,556	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	80,503	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,485,352	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 01/01/2020
To 12/31/2020

Worksheet S-3
Part V
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,474,019	16,485,352	1.00
2.00	Hospital	1,474,019	16,228,027	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	257,325	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet S-10 Date/Time Prepared: 8/2/2021 3:34 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)		0.268708	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,403,097	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is yes, does line 2 include all DSH and/or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is no, then enter DSH and/or supplemental payments from Medicaid		-5,831,274	5.00	
6.00	Medicaid charges		39,850,886	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,708,252	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)		6,136,429	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		19,412	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)		6,136,429	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)	5,120,405	1,700,260	6,820,665	20.00
21.00	Cost of patients approved for charity care and uninsured discounts (see instructions)	1,375,894	1,700,260	3,076,154	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)	1,375,894	1,700,260	3,076,154	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)			7,119,173	26.00
27.00	Medicare reimbursable bad debts for the entire hospital complex (see instructions)			356,187	27.00
27.01	Medicare allowable bad debts for the entire hospital complex (see instructions)			547,980	27.01
28.00	Non-Medicare bad debt expense (see instructions)			6,571,193	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (see instructions)			1,957,525	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			5,033,679	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			11,170,108	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		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	3,371,850	3,371,850	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	6,347,975	6,347,975	2.00
3.00	00300	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,733,949	11,759,025	13,492,974	-3,743	13,489,231	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,905,296	82,054,846	94,960,142	-1,181,897	93,778,245	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	2,396,354	5,939,067	8,335,421	-1,749,966	6,585,455	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	1,765,218	519,721	2,284,939	-4,534	2,280,405	9.00
10.00	01000	DIETARY	523,713	480,519	1,004,232	-651,666	352,566	10.00
11.00	01100	CAFETERIA	30,185	40,654	70,839	547,027	617,866	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,559,038	266,569	1,825,607	-3,460	1,822,147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	735,177	1,263,618	1,998,795	-377,715	1,621,080	14.00
15.00	01500	PHARMACY	2,216,316	8,591,018	10,807,334	-8,269,515	2,537,819	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,141,159	213,889	1,355,048	0	1,355,048	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,425,688	3,775,787	19,201,475	-1,713,690	17,487,785	30.00
31.00	03100	INTENSIVE CARE UNIT	3,077,629	1,042,043	4,119,672	-347,331	3,772,341	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	447,424	447,424	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,230,282	14,104,361	19,334,643	-11,695,301	7,639,342	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	580,674	580,674	52.00
53.00	05300	ANESTHESIOLOGY	876,360	79,310	955,670	-31,285	924,385	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,500,256	1,453,822	2,954,078	-444,853	2,509,225	54.00
54.01	05401	ULTRASOUND	460,992	70,143	531,135	-2,921	528,214	54.01
54.02	05402	WOMEN'S CENTER	291,926	113,674	405,600	-40,442	365,158	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	103,313	269,945	373,258	-129,619	243,639	56.00
57.00	05700	CT SCAN	598,016	439,380	1,037,396	-46,924	990,472	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	594,896	894,653	1,489,549	-200,301	1,289,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	730,778	950,447	1,681,225	-694,570	986,655	59.00
60.00	06000	LABORATORY	2,263,014	3,718,416	5,981,430	-224,152	5,757,278	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	189,510	553,377	742,887	-2,968	739,919	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,405,509	332,636	1,738,145	-64,736	1,673,409	65.00
66.00	06600	PHYSICAL THERAPY	2,613,630	1,022,489	3,636,119	-1,235,318	2,400,801	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	328,869	328,869	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	177,143	177,143	68.00
69.00	06900	ELECTROCARDIOLOGY	639,979	222,600	862,579	-129,012	733,567	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	374,716	221,044	595,760	-64,589	531,171	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,034,182	5,034,182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,199,678	7,199,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	96	96	8,130,654	8,130,750	73.00
74.00	07400	RENAL DIALYSIS	0	432,778	432,778	-9,267	423,511	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	430,446	1,041,079	1,471,525	-182,114	1,289,411	90.01
90.02	09002	CTR ADVANCED HEART CARE	331,769	38,925	370,694	-454	370,240	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet A	
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	
90.03	09003	RADIATION ONCOLOGY	1,301,853	2,952,569	4,254,422	-1,471,796	2,782,626	90.03
90.04	09004	MUNCIE CLINIC	0	80,549	80,549	-35,360	45,189	90.04
90.05	09005	ANTI COAGULATION CLINIC	311,225	47,564	358,789	-690	358,099	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	48,063	48,063	-46,323	1,740	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	383,504	31,615	415,119	-1,582	413,537	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	4,015,519	964,065	4,979,584	-175,777	4,803,807	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	68,157,215	146,030,356	214,187,571	931,605	215,119,176	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	436,616	518,331	954,947	-28,560	926,387	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	233,725	233,725	-48,669	185,056	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	SPIKE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	474,994	131,450	606,444	-34,287	572,157	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	88,137	12,056	100,193	0	100,193	190.12
190.13	19013	RHEUMATOLOGY	0	1,440	1,440	0	1,440	190.13
190.14	19014	ROCK STEADY BOXING	67,722	83,511	151,233	-34,408	116,825	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	7,834	7,834	-7,834	0	190.15
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,183,075	2,183,075	-643,222	1,539,853	192.00
192.01	19201	MUNCIE MD OFFICES	0	138,423	138,423	-120,230	18,193	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	22	22	0	22	192.07
192.08	19208	RENTAL PROPERTY	0	29,781	29,781	-10,677	19,104	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	6,585	6,585	-3,718	2,867	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	5,388	5,388	0	5,388	192.10
200.00		TOTAL (SUM OF LINES 118 through 199)	69,224,684	149,381,977	218,606,661	0	218,606,661	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
8/2/2021 3:34 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	3,371,850	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	97,968	6,445,943	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,970,940	15,460,171	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-63,080,414	30,697,831	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	6,585,455	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8.00
9.00	00900	HOUSEKEEPING	0	2,280,405	9.00
10.00	01000	DIETARY	0	352,566	10.00
11.00	01100	CAFETERIA	-799,205	-181,339	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,569,931	3,392,078	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,686,577	3,307,657	14.00
15.00	01500	PHARMACY	0	2,537,819	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-2,310	1,352,738	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	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	126,313	17,614,098	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,772,341	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	447,424	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	7,639,342	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	580,674	52.00
53.00	05300	ANESTHESIOLOGY	-321,360	603,025	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-70,998	2,438,227	54.00
54.01	05401	ULTRASOUND	0	528,214	54.01
54.02	05402	WOMEN'S CENTER	0	365,158	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	243,639	56.00
57.00	05700	CT SCAN	0	990,472	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,289,248	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	986,655	59.00
60.00	06000	LABORATORY	-4,442	5,752,836	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	739,919	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	-16,368	1,657,041	65.00
66.00	06600	PHYSICAL THERAPY	-2,695	2,398,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	328,869	67.00
68.00	06800	SPEECH PATHOLOGY	0	177,143	68.00
69.00	06900	ELECTROCARDIOLOGY	0	733,567	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	531,171	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,034,182	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,199,678	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,130,750	73.00
74.00	07400	RENAL DIALYSIS	0	423,511	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	-9,563	1,279,848	90.01
90.02	09002	CTR ADVANCED HEART CARE	-76,356	293,884	90.02
90.03	09003	RADIATION ONCOLOGY	-459,385	2,323,241	90.03
90.04	09004	MUNCIE CLINIC	-45,189	0	90.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet A
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
90.05	09005	ANTI COAGULATION CLINIC	-2,790	355,309	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	-1,740	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	-904	412,633	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	90.12
91.00	09100	EMERGENCY	561,760	5,365,567	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	-58,880,230	156,238,946	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	926,387	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	185,056	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	572,157	190.10
190.11	19011	ONCOLOGIST	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	100,193	190.12
190.13	19013	RHEUMATOLOGY	0	1,440	190.13
190.14	19014	ROCK STEADY BOXING	0	116,825	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	1,539,853	192.00
192.01	19201	MUNCIE MD OFFICES	0	18,193	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	22	192.07
192.08	19208	RENTAL PROPERTY	0	19,104	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	2,867	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	5,388	192.10
200.00		TOTAL (SUM OF LINES 118 through 199)	-58,880,230	159,726,431	200.00

		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	5,034,182		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	5,034,182		
B - Implantable Device Reclass						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		7,199,678		1.00
2.00						2.00
3.00						3.00
TOTALS			0	7,199,678		
C - Drugs Charges to Pat						
1.00	ELECTROCARDIOLOGY	69.00	0	3,116		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,130,654		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
TOTALS			0	8,133,770		
D - Depreciation Expense						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	8,102,092		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

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
TOTALS					8,102,092
E - Interest Expense					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	17,202	1.00
TOTALS					17,202
F - Other Capital Rental					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,469,339	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
TOTALS					1,469,339
G - Therapy Recl ass					
1.00	OCCUPATIONAL THERAPY	67.00	300,926	27,943	1.00
2.00	SPEECH PATHOLOGY	68.00	162,092	15,051	2.00
TOTALS					463,018
H - Labor and Delivery					
1.00	NURSERY	43.00	377,310	70,114	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	489,679	90,995	2.00
TOTALS					866,989
I - Cafeteria					
1.00	CAFETERIA	11.00	307,258	239,769	1.00
TOTALS					307,258
J - STD BENEFIT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,560	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	37,810	2.00
3.00	OPERATION OF PLANT	7.00	0	5,525	3.00
4.00	HOUSEKEEPING	9.00	0	11,360	4.00
5.00	DIETARY	10.00	0	3,282	5.00
6.00	NURSING ADMINISTRATION	13.00	0	26,666	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,164	7.00
8.00	PHARMACY	15.00	0	28,200	8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	181	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	60,886	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	26,729	11.00
12.00	OPERATING ROOM	50.00	0	28,255	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,939	13.00
14.00	ULTRASOUND	54.01	0	1,124	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	5,520	15.00
16.00	LABORATORY	60.00	0	12,455	16.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
17.00	RESPIRATORY THERAPY	65.00	0	11,494	17.00
18.00	PHYSICAL THERAPY	66.00	0	29,695	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	7,167	19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	4,206	20.00
21.00	WOUND/OSTOMY CLINIC	90.01	0	2,922	21.00
22.00	RADIATION ONCOLOGY	90.03	0	5,326	22.00
23.00	EMERGENCY	91.00	0	7,018	23.00
24.00	WELLNESS CENTERS	190.01	0	3,884	24.00
25.00	MEDICAL INTERNIST	190.12	0	264	25.00
	TOTALS		0	333,632	
K - Building Depreciation					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,223,456	1.00
	TOTALS		0	3,223,456	
L - Capital Insurance Costs					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	131,192	1.00
	TOTALS		0	131,192	
M - Radiology Support Staff					
1.00	ULTRASOUND	54.01	5,469	1,241	1.00
2.00	WOMEN'S CENTER	54.02	1,898	431	2.00
3.00	CT SCAN	57.00	34,820	7,899	3.00
4.00	CT SCAN	57.00	9,452	2,144	4.00
	TOTALS		51,639	11,715	
500.00	Grand Total: Increases		1,688,904	34,100,130	500.00

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
8/2/2021 3:34 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	21,556	0	1.00	
2.00	OPERATION OF PLANT	7.00	0	4,258	0	2.00	
3.00	HOUSEKEEPING	9.00	0	15	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	135,925	0	4.00	
5.00	PHARMACY	15.00	0	48,794	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	264,911	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	187,534	0	7.00	
8.00	OPERATING ROOM	50.00	0	3,497,571	0	8.00	
9.00	ANESTHESIOLOGY	53.00	0	1,676	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25,241	0	10.00	
11.00	ULTRASOUND	54.01	0	6,654	0	11.00	
12.00	WOMEN'S CENTER	54.02	0	27,028	0	12.00	
13.00	RADIOISOTOPE	56.00	0	19,746	0	13.00	
14.00	CT SCAN	57.00	0	72,851	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	839	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	282,709	0	16.00	
17.00	LABORATORY	60.00	0	557	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	12,635	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	756	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	1,737	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	162	0	21.00	
22.00	RENAL DIALYSIS	74.00	0	9,267	0	22.00	
23.00	WOUND/OSTOMY CLINIC	90.01	0	154,962	0	23.00	
24.00	CTR ADVANCED HEART CARE	90.02	0	89	0	24.00	
25.00	RADIATION ONCOLOGY	90.03	0	116,945	0	25.00	
26.00	EMERGENCY	91.00	0	111,118	0	26.00	
27.00	WELLNESS CENTERS	190.01	0	28,560	0	27.00	
28.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	86	0	28.00	
TOTALS			0	5,034,182			
B - Implantable Device Reclass							
1.00	OPERATING ROOM	50.00		7,001,115		1.00	
2.00	CARDIAC CATHETERIZATION	59.00		191,541		2.00	
3.00	WOUND/OSTOMY CLINIC	90.01		7,022		3.00	
TOTALS			0	7,199,678			
C - Drugs Charges to Pat							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,919	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	351	0	2.00	
3.00	HOUSEKEEPING	9.00	0	11	0	3.00	
4.00	DIETARY	10.00	0	3	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	4	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	20,709	0	6.00	
7.00	PHARMACY	15.00	0	7,961,381	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	536	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	339	0	9.00	
10.00	OPERATING ROOM	50.00	0	535	0	10.00	
11.00	ANESTHESIOLOGY	53.00	0	29,609	0	11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,095	0	12.00	
13.00	RADIOISOTOPE	56.00	0	80,173	0	13.00	
14.00	CT SCAN	57.00	0	27,454	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	60	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	3,017	0	16.00	
17.00	LABORATORY	60.00	0	858	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	50	0	18.00	
19.00	ELECTROENCEPHALOGRAPHY	70.00	0	112	0	19.00	
20.00	WOUND/OSTOMY CLINIC	90.01	0	593	0	20.00	
21.00	RADIATION ONCOLOGY	90.03	0	466	0	21.00	
22.00	DIABETIC PLUS CLINIC	90.11	0	411	0	22.00	
23.00	EMERGENCY	91.00	0	84	0	23.00	
TOTALS			0	8,133,770			
D - Depreciation Expense							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	824	9	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,011,596	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	1,745,708	0	3.00	
4.00	HOUSEKEEPING	9.00	0	4,508	0	4.00	
5.00	DIETARY	10.00	0	104,636	0	5.00	
6.00	NURSING ADMINISTRATION	13.00	0	266	0	6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	83,524	0	7.00	
8.00	PHARMACY	15.00	0	6,426	0	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	419,825	0	9.00	
10.00	INTENSIVE CARE UNIT	31.00	0	159,458	0	10.00	
11.00	OPERATING ROOM	50.00	0	1,190,084	0	11.00	

RECLASSIFICATIONS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-6
Date/Time Prepared:
8/2/2021 3:34 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	352,163	0		12.00
13.00	ULTRASOUND	54.01	0	2,977	0		13.00
14.00	WOMEN'S CENTER	54.02	0	15,743	0		14.00
15.00	RADIOISOTOPE	56.00	0	29,700	0		15.00
16.00	CT SCAN	57.00	0	934	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	67,402	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	217,303	0		18.00
19.00	LABORATORY	60.00	0	167,526	0		19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	2,968	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	52,101	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	94,439	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	130,391	0		23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	54,317	0		24.00
25.00	WOUND/OSTOMY CLINIC	90.01	0	19,537	0		25.00
26.00	CTR ADVANCED HEART CARE	90.02	0	365	0		26.00
27.00	RADIATION ONCOLOGY	90.03	0	1,354,385	0		27.00
28.00	MUNCIE CLINIC	90.04	0	35,360	0		28.00
29.00	ANTI COAGULATION CLINIC	90.05	0	690	0		29.00
30.00	FORTVILLE CLINIC	90.09	0	5,436	0		30.00
31.00	DIABETIC PLUS CLINIC	90.11	0	1,171	0		31.00
32.00	EMERGENCY	91.00	0	64,575	0		32.00
33.00	MONTICELLO HSE.	190.06	0	48,669	0		33.00
34.00	CLINICAL RESEARCH CENTER	190.10	0	2,397	0		34.00
35.00	OTHER ONCOLOGY SERVICES	190.15	0	7,834	0		35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	643,136	0		36.00
37.00	RESIDENTIAL PROPERTY (1430 N MADISON)	192.09	0	3,718	0		37.00
TOTALS			0	8,102,092			
E - Interest Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,202	11		1.00
TOTALS			0	17,202			
F - Other Capital Rental							
1.00	NURSING ADMINISTRATION	13.00	0	3,190	10		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	137,557	0		2.00
3.00	PHARMACY	15.00	0	252,914	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	320	0		4.00
5.00	OPERATING ROOM	50.00	0	5,996	0		5.00
6.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	132,000	0		6.00
7.00	LABORATORY	60.00	0	55,211	0		7.00
8.00	PHYSICAL THERAPY	66.00	0	634,061	0		8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	9,998	0		9.00
10.00	FORTVILLE CLINIC	90.09	0	40,887	0		10.00
11.00	CLINICAL RESEARCH CENTER	190.10	0	31,890	0		11.00
12.00	ROCK STEADY BOXING	190.14	0	34,408	0		12.00
13.00	MUNCIE MD OFFICES	192.01	0	120,230	0		13.00
14.00	RENTAL PROPERTY	192.08	0	10,677	0		14.00
TOTALS			0	1,469,339			
G - Therapy Recl ass							
1.00	PHYSICAL THERAPY	66.00	463,018	42,994	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			463,018	42,994			
H - Labor and Delivery							
1.00	ADULTS & PEDIATRICS	30.00	866,989	161,109	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			866,989	161,109			
I - Cafeteria							
1.00	DIETARY	10.00	307,258	239,769	0		1.00
TOTALS			307,258	239,769			
J - STD BENEFIT RECLASS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,560	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	37,810	0	0		2.00
3.00	OPERATION OF PLANT	7.00	5,525	0	0		3.00
4.00	HOUSEKEEPING	9.00	11,360	0	0		4.00
5.00	DIETARY	10.00	3,282	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	26,666	0	0		6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	2,164	0	0		7.00
8.00	PHARMACY	15.00	28,200	0	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	181	0	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	60,886	0	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	26,729	0	0		11.00
12.00	OPERATING ROOM	50.00	28,255	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	RADIOLOGY-DIAGNOSTIC	54.00	9,939	0	0		13.00
14.00	ULTRASOUND	54.01	1,124	0	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	5,520	0	0		15.00
16.00	LABORATORY	60.00	12,455	0	0		16.00
17.00	RESPIRATORY THERAPY	65.00	11,494	0	0		17.00
18.00	PHYSICAL THERAPY	66.00	29,695	0	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	7,167	0	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	4,206	0	0		20.00
21.00	WOUND/OSTOMY CLINIC	90.01	2,922	0	0		21.00
22.00	RADIATION ONCOLOGY	90.03	5,326	0	0		22.00
23.00	EMERGENCY	91.00	7,018	0	0		23.00
24.00	WELLNESS CENTERS	190.01	3,884	0	0		24.00
25.00	MEDICAL INTERNIST	190.12	264	0	0		25.00
	TOTALS		333,632	0			
K - Building Depreciation							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,223,456	9		1.00
	TOTALS		0	3,223,456			
L - Capital Insurance Costs							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	131,192	12		1.00
	TOTALS		0	131,192			
M - Radiology Support Staff							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	51,639	11,715	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		51,639	11,715			
500.00	Grand Total: Decreases		2,022,536	33,766,498			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part I
Date/Time Prepared:
8/2/2021 3:34 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	0	0	0	2.00
3.00	Buildings and Fixtures	77,460,002	1,866,653	0	1,866,653	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	77,301,014	1,666,254	0	1,666,254	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	164,270,021	3,532,907	0	3,532,907	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	164,270,021	3,532,907	0	3,532,907	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,208,238	0			1.00
2.00	Land Improvements	1,989,234	0			2.00
3.00	Buildings and Fixtures	78,460,300	0			3.00
4.00	Building Improvements	1,311,533	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	78,070,536	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	166,039,841	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	166,039,841	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-7
Part II
Date/Time Prepared:
8/2/2021 3:34 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 01/01/2020
To 12/31/2020

Worksheet A-7
Part III
Date/Time Prepared:
8/2/2021 3:34 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	87,969,305	0	87,969,305	0.529808	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	78,070,536	0	78,070,536	0.470192	0	2.00
3.00	Total (sum of lines 1-2)	166,039,841	0	166,039,841	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	3,223,456	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,976,604	1,469,339	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,200,060	1,469,339	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	17,202	131,192	0	0	3,371,850	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,445,943	2.00
3.00	Total (sum of lines 1-2)	17,202	131,192	0	0	9,817,793	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet A-8

Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - 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	-7,785	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	-33,507,421	0		0.00	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	-6,913,341	0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-256,575	0	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	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist	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	-203,918	0	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	3.00	
33.01 Investment Income	B	-1,226,391	ADMINISTRATIVE & GENERAL		5.00	9 33.01
33.02 Space Rental Income	B	-4,406	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.02
33.03 Space Rental Income	B	-50,537	ADMINISTRATIVE & GENERAL		5.00	0 33.03
33.04 Space Rental Income	B	-4,787	NURSING ADMINISTRATION		13.00	0 33.04
33.05 Space Rental Income	B	-459,385	RADIATION ONCOLOGY		90.03	0 33.05
33.06 Space Rental Income	B	-45,189	MUNICIPAL CLINIC		90.04	0 33.06
33.07 Misc Revenue	B	-7,455	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 33.07
33.08 Misc Revenue	B	-265,035	ADMINISTRATIVE & GENERAL		5.00	0 33.08
33.09 Misc Revenue	B	-542,630	CAFETERIA		11.00	0 33.09
33.10 Misc Revenue	B	-1,438	NURSING ADMINISTRATION		13.00	0 33.10
33.11 Misc Revenue	B	-2,310	MEDICAL RECORDS & LIBRARY		16.00	0 33.11
33.12 Misc Revenue	B	-4,442	LABORATORY		60.00	0 33.12
33.13 Misc Revenue	B	-2,695	PHYSICAL THERAPY		66.00	0 33.13
34.00 HAF Tax Offset	A	-8,334,510	ADMINISTRATIVE & GENERAL		5.00	0 34.00
34.01 Loss on Assets	A	-156,713	ADMINISTRATIVE & GENERAL		5.00	0 34.01
34.02 Sponsorship	A	-1,805	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.02
34.03 Sponsorship	A	-269,916	ADMINISTRATIVE & GENERAL		5.00	0 34.03
34.04 Sponsorship	A	-7,956	ADULTS & PEDIATRICS		30.00	0 34.04
34.05 Sponsorship	A	-1,202	CTR ADVANCED HEART CARE		90.02	0 34.05
34.06 Sponsorship	A	-990	ANTI COAGULATION CLINIC		90.05	0 34.06
34.07 Sponsorship	A	-904	DIABETIC PLUS CLINIC		90.11	0 34.07
34.08 Sponsorship	A	-1,611	EMERGENCY		91.00	0 34.08
34.09 APP	A	-75,154	CTR ADVANCED HEART CARE		90.02	0 34.09
34.10 APP	A	-16,368	RESPIRATORY THERAPY		65.00	0 34.10
34.11 APP	A	-321,360	ANESTHESIOLOGY		53.00	0 34.11
34.12 EPIC IMPLEMENTATION AMORTIZATION	A	97,968	CAP REL COSTS-MVBLE EQUIP		2.00	9 34.12
34.13 EPIC IMPLEMENTATION AMORTIZATION	A	1,134,351	ADMINISTRATIVE & GENERAL		5.00	0 34.13
35.00 Bad Debt	A	-7,332,681	ADMINISTRATIVE & GENERAL		5.00	0 35.00
36.00 OFFSET COSTS TO ELIMINATE HFS ERROR	A	-1,740	FORTVILLE CLINIC		90.09	0 36.00
36.01 Non Allow Sponsorship	A	-83,899	ADMINISTRATIVE & GENERAL		5.00	0 36.01
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-58,880,230				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 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
8/2/2021 3:34 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	5.00	ADMINISTRATIVE & GENERAL	CPN MEDICAL DIRECTOR	103,790	0
2.00	91.00	EMERGENCY	CPN CALL	563,371	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE	1,984,606	0
3.01	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	10,398,181	23,417,696
3.02	13.00	NURSING ADMINISTRATION	HOME OFFICE	1,576,156	0
3.03	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE	1,686,577	0
3.04	30.00	ADULTS & PEDIATRICS	HOME OFFICE	134,269	0
3.05	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE	57,405	0
4.00	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			16,504,355	23,417,696

* 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 01/01/2020
To 12/31/2020

Worksheet A-8-1

Date/Time Prepared:
8/2/2021 3:34 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	103,790	0		1.00
2.00	563,371	0		2.00
3.00	1,984,606	0		3.00
3.01	-13,019,515	0		3.01
3.02	1,576,156	0		3.02
3.03	1,686,577	0		3.03
3.04	134,269	0		3.04
3.05	57,405	0		3.05
4.00	0	0		4.00
5.00	-6,913,341			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 01/01/2020
To 12/31/2020

Worksheet A-8-2

Date/Time Prepared:
8/2/2021 3:34 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	ADMINISTRATIVE & GENERAL	133,300	0	133,300	211,500	671	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	33,302,584	33,302,584	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	128,403	128,403	0	0	0	3.00
4.00	90.01	WOUND/OSTOMY CLINIC	9,563	9,563	0	0	0	4.00
5.00	90.05	ANTI COAGULATION CLINIC	1,800	1,800	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			33,575,650	33,442,350	133,300		671	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	68,229	3,411	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	90.01	WOUND/OSTOMY CLINIC	0	0	0	0	0	4.00
5.00	90.05	ANTI COAGULATION CLINIC	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			68,229	3,411	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	68,229	65,071	65,071	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	33,302,584	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	128,403	3.00
4.00	90.01	WOUND/OSTOMY CLINIC	0	0	0	9,563	4.00
5.00	90.05	ANTI COAGULATION CLINIC	0	0	0	1,800	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	68,229	65,071	33,507,421	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 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	3,371,850	3,371,850				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	6,445,943		6,445,943			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	15,460,171	35,771	796	15,496,738		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	30,697,831	186,203	746,866	2,969,147	34,600,047	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	6,585,455	401,947	688,571	551,679	8,227,652	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	2,280,405	20,759	4,354	404,699	2,710,217	9.00
10.00 01000 DIETARY	352,566	26,894	20,620	49,189	449,269	10.00
11.00 01100 CAFETERIA	-181,339	51,752	139,410	77,864	87,687	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	3,392,078	21,682	3,338	353,592	3,770,690	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	3,307,657	51,501	200,366	169,141	3,728,665	14.00
15.00 01500 PHARMACY	2,537,819	23,521	250,079	504,903	3,316,322	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,352,738	25,489	0	263,278	1,641,505	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	17,614,098	309,029	272,020	3,345,354	21,540,501	30.00
31.00 03100 INTENSIVE CARE UNIT	3,772,341	90,204	152,716	703,989	4,719,250	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	447,424	66,513	6,978	87,064	607,979	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,639,342	224,037	1,079,343	1,200,357	10,143,079	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	580,674	20,617	9,055	112,992	723,338	52.00
53.00 05300 ANESTHESIOLOGY	603,025	4,391	0	202,218	809,634	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,438,227	68,372	270,098	331,972	3,108,669	54.00
54.01 05401 ULTRASOUND	528,214	7,859	3,484	107,376	646,933	54.01
54.02 05402 WOMEN'S CENTER	365,158	10,091	15,418	67,799	458,466	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	243,639	10,200	28,687	23,839	306,365	56.00
57.00 05700 CT SCAN	990,472	39,822	3,876	148,207	1,182,377	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,289,248	6,352	193,653	137,271	1,626,524	58.00
59.00 05900 CARDIAC CATHETERIZATION	986,655	44,240	179,682	167,352	1,377,929	59.00
60.00 06000 LABORATORY	5,752,836	64,158	212,793	519,312	6,549,099	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	739,919	5,796	2,867	43,729	792,311	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,657,041	0	50,104	321,666	2,028,811	65.00
66.00 06600 PHYSICAL THERAPY	2,398,106	25,116	699,014	489,397	3,611,633	66.00
67.00 06700 OCCUPATIONAL THERAPY	328,869	9,881	3,016	69,438	411,204	67.00
68.00 06800 SPEECH PATHOLOGY	177,143	2,450	1,625	37,402	218,620	68.00
69.00 06900 ELECTROCARDIOLOGY	733,567	118,048	125,944	146,020	1,123,579	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	531,171	23,433	62,121	85,494	702,219	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,034,182	0	0	0	5,034,182	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,199,678	0	0	0	7,199,678	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,130,750	0	0	0	8,130,750	73.00
74.00 07400 RENAL DIALYSIS	423,511	0	0	0	423,511	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:34 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	
90.01	09001	WOUND/OSTOMY CLINIC	1,279,848	36,904	5,987	98,650	1,421,389	90.01
90.02	09002	CTR ADVANCED HEART CARE	293,884	14,367	353	76,555	385,159	90.02
90.03	09003	RADIATION ONCOLOGY	2,323,241	84,150	721,107	299,171	3,427,669	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	355,309	0	666	71,815	427,790	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	412,633	8,829	1,131	88,493	511,086	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	5,365,567	84,883	48,549	924,954	6,423,953	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	156,238,946	2,225,261	6,204,687	15,251,378	154,605,741	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	926,387	5,443	0	99,852	1,031,682	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.	185,056	122,629	0	0	307,685	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	572,157	10,824	33,118	109,604	725,703	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	100,193	0	0	20,277	120,470	190.12
190.13	19013	RHEUMATOLOGY	1,440	0	0	0	1,440	190.13
190.14	19014	ROCK STEADY BOXING	116,825	19,273	33,234	15,627	184,959	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	1,539,853	925,124	48,462	0	2,513,439	192.00
192.01	19201	MUNCIE MD OFFICES	18,193	39,048	116,129	0	173,370	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	22	0	0	0	22	192.07
192.08	19208	RENTAL PROPERTY	19,104	4,907	10,313	0	34,324	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	2,867	8,483	0	0	11,350	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	5,388	10,858	0	0	16,246	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)	159,726,431	3,371,850	6,445,943	15,496,738	159,726,431	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 8/2/2021 3:34 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	34,600,047				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	2,275,119	0	10,502,771		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	749,432	0	79,344	0	3,538,993
10.00	01000	DIETARY	124,232	0	102,791	0	241,882
11.00	01100	CAFETERIA	24,247	0	197,801	0	57,535
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,042,675	0	82,871	0	14,873
14.00	01400	CENTRAL SERVICES & SUPPLY	1,031,054	0	196,842	0	38,357
15.00	01500	PHARMACY	917,033	0	89,900	0	19,961
16.00	01600	MEDICAL RECORDS & LIBRARY	453,911	0	97,422	0	14,090
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	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	5,956,377	0	1,181,128	0	1,065,771
31.00	03100	INTENSIVE CARE UNIT	1,304,972	0	344,765	0	218,007
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	168,119	0	254,216	0	28,180
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,804,774	0	856,283	0	639,931
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	200,018	0	78,799	0	0
53.00	05300	ANESTHESIOLOGY	223,881	0	16,782	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	859,612	0	261,323	0	101,371
54.01	05401	ULTRASOUND	178,891	0	30,036	0	0
54.02	05402	WOMEN'S CENTER	126,775	0	38,569	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIO SOTOPE	84,716	0	38,984	0	10,176
57.00	05700	CT SCAN	326,952	0	152,203	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	449,768	0	24,278	0	2,348
59.00	05900	CARDIAC CATHETERIZATION	381,026	0	169,088	0	41,879
60.00	06000	LABORATORY	1,810,963	0	245,216	0	108,025
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	219,091	0	22,151	0	1,566
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	561,009	0	0	0	0
66.00	06600	PHYSICAL THERAPY	998,692	0	95,996	0	22,310
67.00	06700	OCCUPATIONAL THERAPY	113,707	0	37,765	0	13,307
68.00	06800	SPEECH PATHOLOGY	60,453	0	9,364	0	1,957
69.00	06900	ELECTROCARDIOLOGY	310,693	0	451,187	0	307,636
70.00	07000	ELECTROENCEPHALOGRAPHY	194,178	0	89,563	0	45,010
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,392,057	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,990,862	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,248,323	0	0	0	0
74.00	07400	RENAL DIALYSIS	117,110	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	393,044	0	141,050	0	52,838
90.02	09002	CTR ADVANCED HEART CARE	106,505	0	54,910	0	0
90.03	09003	RADIATION ONCOLOGY	947,822	0	321,628	0	0
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	118,293	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	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	141,326	0	33,745	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	1,776,358	0	324,430	0	457,149	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	33,184,070	0	6,120,430	0	3,504,159	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	285,282	0	20,802	0	34,834	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.	85,081	0	468,695	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	200,672	0	41,371	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	33,312	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	398	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	51,145	0	73,663	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	695,019	0	3,535,889	0	0	192.00
192.01	19201	MUNCIE MD OFFICES	47,940	0	149,246	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	6	0	0	0	0	192.07
192.08	19208	RENTAL PROPERTY	9,491	0	18,753	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	3,139	0	32,422	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	4,492	0	41,500	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)	34,600,047	0	10,502,771	0	3,538,993	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:34 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	918,174					10.00
11.00	01100	CAFETERIA	0	367,270				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	12,225	0	4,923,334		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	8,660	0	0	5,003,578	14.00
15.00	01500	PHARMACY	0	12,735	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	9,678	0	0	1,225	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	806,961	116,140	0	3,146,616	306,268	30.00
31.00	03100	INTENSIVE CARE UNIT	111,213	21,904	0	594,107	72,089	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,547	0	53,808	7,437	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	38,714	0	1,128,803	289,240	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,566	0	0	4,446	52.00
53.00	05300	ANESTHESIOLOGY	0	2,038	0	0	302	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,678	0	0	14,309	54.00
54.01	05401	ULTRASOUND	0	2,547	0	0	5,871	54.01
54.02	05402	WOMEN'S CENTER	0	2,038	0	0	7,807	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	509	0	0	66,018	56.00
57.00	05700	CT SCAN	0	4,075	0	0	7,894	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	4,075	0	0	3,094	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,585	0	0	47,419	59.00
60.00	06000	LABORATORY	0	20,885	0	0	445,108	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,528	0	0	102,632	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	10,188	0	0	28,521	65.00
66.00	06600	PHYSICAL THERAPY	0	9,169	0	0	7,063	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	7,131	0	0	657	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,019	0	0	386	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,585	0	0	4,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,056	0	0	6,407	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,398,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,003,896	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	2,547	0	0	24,930	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	1,528	0	0	4,037	90.02
90.03	09003	RADIATION ONCOLOGY	0	5,603	0	0	9,358	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	ANTI COAGULATION CLINIC	0	2,038	0	0	3,102	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	2,547	0	0	862	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	29,035	0	0	119,388	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	918,174	356,573	0	4,923,334	4,992,518	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	2,547	0	0	3,166	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	509	0	0	1	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	5,094	0	0	890	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	1,019	0	0	341	190.12
190.13	19013	RHEUMATOLOGY	0	509	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	1,019	0	0	266	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	6,314	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	82	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)	918,174	367,270	0	4,923,334	5,003,578	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 8/2/2021 3:34 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	4,355,951				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,217,831			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,398,357	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	18,956	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	75,823	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	37,912	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	WOMEN'S CENTER	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	4,374	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,581	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	107,902	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	64,158	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,355,951	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	20,414	0	0	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	0	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	0	0	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	90.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	0	0	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	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	475,354	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	4,355,951	2,217,831	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	0	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	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	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	4,355,951	2,217,831	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:34 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				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500	ADMINISTRATIVE & GENERAL						5.00
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		0				22.00
23.00 02300	PARAMED PRGM-(EMS)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	0	0	35,518,119	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	7,386,307	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	1,141,242	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	0	15,976,647	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	1,010,167	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	1,052,637	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	4,392,874	0	54.00
54.01 05401	ULTRASOUND	0	0	0	864,278	0	54.01
54.02 05402	WOMEN'S CENTER	0	0	0	633,655	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	506,768	0	56.00
57.00 05700	CT SCAN	0	0	0	1,677,875	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	2,124,668	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	2,021,926	0	59.00
60.00 06000	LABORATORY	0	0	0	9,287,198	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,203,437	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	2,628,529	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	4,744,863	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	583,771	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	291,799	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	2,202,092	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	1,040,433	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,824,579	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,194,436	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,735,024	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	540,621	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS	PARAMED ED PRGM-(EMS)			
90.01	09001	WOUND/OSTOMY CLINIC	0	0	0	2,056,212	0	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	0	0	552,139	0	90.02
90.03	09003	RADIATION ONCOLOGY	0	0	0	4,712,080	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	0	0	551,223	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	689,566	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	0	9,605,667	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE						116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	148,750,832	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	0	0	1,378,313	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	510	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	861,461	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPIRE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	0	0	973,730	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	0	155,142	0	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	2,347	0	190.13
190.14	19014	ROCK STEADY BOXING	0	0	0	311,052	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	6,750,661	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	0	0	370,556	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	28	0	192.07
192.08	19208	RENTAL PROPERTY	0	0	0	62,650	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	0	0	46,911	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	0	0	62,238	0	192.10
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	159,726,431	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part I Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	35,518,119	30.00
31.00	03100 INTENSIVE CARE UNIT	7,386,307	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,141,242	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	15,976,647	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,010,167	52.00
53.00	05300 ANESTHESIOLOGY	1,052,637	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,392,874	54.00
54.01	05401 ULTRASOUND	864,278	54.01
54.02	05402 WOMEN'S CENTER	633,655	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIO SOTOPE	506,768	56.00
57.00	05700 CT SCAN	1,677,875	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,124,668	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,021,926	59.00
60.00	06000 LABORATORY	9,287,198	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,203,437	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,628,529	65.00
66.00	06600 PHYSICAL THERAPY	4,744,863	66.00
67.00	06700 OCCUPATIONAL THERAPY	583,771	67.00
68.00	06800 SPEECH PATHOLOGY	291,799	68.00
69.00	06900 ELECTROCARDIOLOGY	2,202,092	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,040,433	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,824,579	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,194,436	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,735,024	73.00
74.00	07400 RENAL DIALYSIS	540,621	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	2,056,212	90.01
90.02	09002 CTR ADVANCED HEART CARE	552,139	90.02
90.03	09003 RADIATION ONCOLOGY	4,712,080	90.03
90.04	09004 MUNCIE CLINIC	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	551,223	90.05
90.06	09006 PREGNANCY PLUS	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part I
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description			Total	
			26.00	
90.07	09007	O/P LAB	0	90.07
90.08	09008	O/P LAB	0	90.08
90.09	09009	FORTVILLE CLINIC	0	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011	DIABETIC PLUS CLINIC	689,566	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	90.12
91.00	09100	EMERGENCY	9,605,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	148,750,832	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	WELLNESS CENTERS	1,378,313	190.01
190.02	19002	EMPLOYED ORTHO MD	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	510	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.	861,461	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	973,730	190.10
190.11	19011	ONCOLOGIST	0	190.11
190.12	19012	MEDICAL INTERNIST	155,142	190.12
190.13	19013	RHEUMATOLOGY	2,347	190.13
190.14	19014	ROCK STEADY BOXING	311,052	190.14
190.15	19015	OTHER ONCOLOGY SERVICES	0	190.15
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,750,661	192.00
192.01	19201	MUNCIE MD OFFICES	370,556	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	28	192.07
192.08	19208	RENTAL PROPERTY	62,650	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	46,911	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	62,238	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)	159,726,431	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:34 pm	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
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	35,771	796	36,567
5.00	00500	ADMINISTRATIVE & GENERAL	97,968	186,203	746,866	1,031,037
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	401,947	688,571	1,090,518
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0
9.00	00900	HOUSEKEEPING	0	20,759	4,354	25,113
10.00	01000	DIETARY	0	26,894	20,620	47,514
11.00	01100	CAFETERIA	0	51,752	139,410	191,162
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	21,682	3,338	25,020
14.00	01400	CENTRAL SERVICES & SUPPLY	0	51,501	200,366	251,867
15.00	01500	PHARMACY	0	23,521	250,079	273,600
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,489	0	25,489
17.00	01700	SOCIAL SERVICE	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	309,029	272,020	581,049
31.00	03100	INTENSIVE CARE UNIT	0	90,204	152,716	242,920
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	66,513	6,978	73,491
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	224,037	1,079,343	1,303,380
51.00	05100	RECOVERY ROOM	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,617	9,055	29,672
53.00	05300	ANESTHESIOLOGY	0	4,391	0	4,391
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	68,372	270,098	338,470
54.01	05401	ULTRASOUND	0	7,859	3,484	11,343
54.02	05402	WOMEN'S CENTER	0	10,091	15,418	25,509
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	10,200	28,687	38,887
57.00	05700	CT SCAN	0	39,822	3,876	43,698
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,352	193,653	200,005
59.00	05900	CARDIAC CATHETERIZATION	0	44,240	179,682	223,922
60.00	06000	LABORATORY	0	64,158	212,793	276,951
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,796	2,867	8,663
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	0	0	50,104	50,104
66.00	06600	PHYSICAL THERAPY	0	25,116	699,014	724,130
67.00	06700	OCCUPATIONAL THERAPY	0	9,881	3,016	12,897
68.00	06800	SPEECH PATHOLOGY	0	2,450	1,625	4,075
69.00	06900	ELECTROCARDIOLOGY	0	118,048	125,944	243,992
70.00	07000	ELECTROENCEPHALOGRAPHY	0	23,433	62,121	85,554
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	0	36,904	5,987	42,891

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
90.02 09002 CTR ADVANCED HEART CARE	0	14,367	353	14,720	180	90.02
90.03 09003 RADIATION ONCOLOGY	0	84,150	721,107	805,257	705	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	666	666	169	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	8,829	1,131	9,960	209	90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00 09100 EMERGENCY	0	84,883	48,549	133,432	2,181	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	97,968	2,225,261	6,204,687	8,527,916	35,989	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	5,443	0	5,443	235	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	122,629	0	122,629	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	10,824	33,118	43,942	258	190.10
190.11 19011 ONCOLOGIST	0	0	0	0	0	190.11
190.12 19012 MEDICAL INTERNIST	0	0	0	0	48	190.12
190.13 19013 RHEUMATOLOGY	0	0	0	0	0	190.13
190.14 19014 ROCK STEADY BOXING	0	19,273	33,234	52,507	37	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	925,124	48,462	973,586	0	192.00
192.01 19201 MUNCIE MD OFFICES	0	39,048	116,129	155,177	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	4,907	10,313	15,220	0	192.08
192.09 19209 RESIDENTIAL PROPERTY (1430 N MADISON	0	8,483	0	8,483	0	192.09
192.10 19210 HOSPITAL RENTAL (1927 N MADISON AVE)	0	10,858	0	10,858	0	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)	97,968	3,371,850	6,445,943	9,915,761	36,567	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:34 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	1,038,037				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	68,257	0	1,160,076		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	22,484	0	8,764	0	57,315
10.00	01000	DIETARY	3,727	0	11,354	0	3,917
11.00	01100	CAFETERIA	727	0	21,848	0	932
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	31,282	0	9,153	0	241
14.00	01400	CENTRAL SERVICES & SUPPLY	30,933	0	21,742	0	621
15.00	01500	PHARMACY	27,512	0	9,930	0	323
16.00	01600	MEDICAL RECORDS & LIBRARY	13,618	0	10,761	0	228
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	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	178,688	0	130,461	0	17,261
31.00	03100	INTENSIVE CARE UNIT	39,151	0	38,081	0	3,531
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	5,044	0	28,079	0	456
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	84,147	0	94,580	0	10,364
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,001	0	8,704	0	0
53.00	05300	ANESTHESIOLOGY	6,717	0	1,854	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,790	0	28,864	0	1,642
54.01	05401	ULTRASOUND	5,367	0	3,318	0	0
54.02	05402	WOMEN'S CENTER	3,803	0	4,260	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,542	0	4,306	0	165
57.00	05700	CT SCAN	9,809	0	16,811	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13,494	0	2,682	0	38
59.00	05900	CARDIAC CATHETERIZATION	11,431	0	18,677	0	678
60.00	06000	LABORATORY	54,331	0	27,085	0	1,749
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,573	0	2,447	0	25
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	16,831	0	0	0	0
66.00	06600	PHYSICAL THERAPY	29,962	0	10,603	0	361
67.00	06700	OCCUPATIONAL THERAPY	3,411	0	4,171	0	216
68.00	06800	SPEECH PATHOLOGY	1,814	0	1,034	0	32
69.00	06900	ELECTROCARDIOLOGY	9,321	0	49,836	0	4,982
70.00	07000	ELECTROENCEPHALOGRAPHY	5,826	0	9,893	0	729
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	41,764	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	59,729	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	67,453	0	0	0	0
74.00	07400	RENAL DIALYSIS	3,513	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	11,792	0	15,580	0	856
90.02	09002	CTR ADVANCED HEART CARE	3,195	0	6,065	0	0
90.03	09003	RADIATION ONCOLOGY	28,436	0	35,525	0	0
90.04	09004	MUNCIE CLINIC	0	0	0	0	0
90.05	09005	ANTI COAGULATION CLINIC	3,549	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
90.06	09006	PREGNANCY PLUS	0	0	0	0	0	90.06
90.07	09007	O/P LAB	0	0	0	0	0	90.07
90.08	09008	O/P LAB	0	0	0	0	0	90.08
90.09	09009	FORTVILLE CLINIC	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	4,240	0	3,727	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	53,293	0	35,835	0	7,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	995,557	0	676,030	0	56,751	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	8,559	0	2,298	0	564	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.	2,553	0	51,769	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	6,020	0	4,570	0	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	999	0	0	0	0	190.12
190.13	19013	RHEUMATOLOGY	12	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	1,534	0	8,136	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	20,851	0	390,552	0	0	192.00
192.01	19201	MUNCIE MD OFFICES	1,438	0	16,485	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	285	0	2,071	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	94	0	3,581	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	135	0	4,584	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)	1,038,037	0	1,160,076	0	57,315	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 8/2/2021 3:34 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	66,628					10.00
11.00	01100	CAFETERIA	0	143,835				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	4,788	0	71,318		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,391	0	0	308,953	14.00
15.00	01500	PHARMACY	0	4,987	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,790	0	0	76	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	58,558	45,492	0	45,582	18,911	30.00
31.00	03100	INTENSIVE CARE UNIT	8,070	8,578	0	8,606	4,451	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	997	0	779	459	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	15,162	0	16,351	17,860	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,396	0	0	275	52.00
53.00	05300	ANESTHESIOLOGY	0	798	0	0	19	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,790	0	0	884	54.00
54.01	05401	ULTRASOUND	0	997	0	0	363	54.01
54.02	05402	WOMEN'S CENTER	0	798	0	0	482	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	199	0	0	4,076	56.00
57.00	05700	CT SCAN	0	1,596	0	0	487	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,596	0	0	191	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,795	0	0	2,928	59.00
60.00	06000	LABORATORY	0	8,179	0	0	27,484	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	598	0	0	6,337	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	3,990	0	0	1,761	65.00
66.00	06600	PHYSICAL THERAPY	0	3,591	0	0	436	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,793	0	0	41	67.00
68.00	06800	SPEECH PATHOLOGY	0	399	0	0	24	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,795	0	0	272	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,197	0	0	396	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	86,344	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	123,730	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	997	0	0	1,539	90.01
90.02	09002	CTR ADVANCED HEART CARE	0	598	0	0	249	90.02
90.03	09003	RADIATION ONCOLOGY	0	2,194	0	0	578	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 8/2/2021 3:34 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
90.05	09005	ANTI COAGULATION CLINIC	0	798	0	0	192	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	997	0	0	53	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	11,371	0	0	7,372	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	66,628	139,647	0	71,318	308,270	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	997	0	0	196	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	199	0	0	0	190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06	19006	MONTICELLO HSE.	0	0	0	0	0	190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09	19009	SPI NE SURGEON	0	0	0	0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER	0	1,995	0	0	55	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	399	0	0	21	190.12
190.13	19013	RHEUMATOLOGY	0	199	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	0	399	0	0	16	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	390	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	5	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	71,018	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	66,628	214,853	0	71,318	308,953	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:34 pm		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	317,542				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	54,583			16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0		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	34,414	0		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	467	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,866	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	933	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
54.02	05402	WOMEN'S CENTER	0	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	108	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	359	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	2,656	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,579	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	317,542	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0	502	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

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet B Part II Date/Time Prepared: 8/2/2021 3:34 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
90.05	09005	ANTI COAGULATION CLINIC	0	0	0			90.05
90.06	09006	PREGNANCY PLUS	0	0	0			90.06
90.07	09007	O/P LAB	0	0	0			90.07
90.08	09008	O/P LAB	0	0	0			90.08
90.09	09009	FORTVILLE CLINIC	0	0	0			90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0			90.10
90.11	09011	DIABETIC PLUS CLINIC	0	0	0			90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0			90.12
91.00	09100	EMERGENCY	0	11,699	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500	AMBULANCE SERVICES	0	0	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	317,542	54,583	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
190.01	19001	WELLNESS CENTERS	0	0	0			190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0			190.02
190.03	19003	NORTHVIEW CONV. (LTC)	0	0	0			190.03
190.04	19004	SUMMIT CONV. (LTC)	0	0	0			190.04
190.05	19005	PARKVIEW CONV. (LTC)	0	0	0			190.05
190.06	19006	MONTICELLO HSE.	0	0	0			190.06
190.07	19007	NH PARK PLACE (LTC)	0	0	0			190.07
190.08	19008	MADISON PLACE OF ELWOOD (LTC)	0	0	0			190.08
190.09	19009	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	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118 through 201)	317,542	54,583	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description	INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS	PARAMED PRGM-(EMS)			
	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD		0			22.00
23.00 02300	PARAMED PRGM-(EMS)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			1,118,334	0	30.00
31.00 03100	INTENSIVE CARE UNIT			355,048	0	31.00
32.00 03200	CORONARY CARE UNIT			0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT			0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT			0	0	34.00
40.00 04000	SUBPROVIDER - I PF			0	0	40.00
41.00 04100	SUBPROVIDER - IRF			0	0	41.00
42.00 04200	SUBPROVIDER			0	0	42.00
43.00 04300	NURSERY			109,977	0	43.00
44.00 04400	SKILLED NURSING FACILITY			0	0	44.00
45.00 04500	NURSING FACILITY			0	0	45.00
46.00 04600	OTHER LONG TERM CARE			0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			1,546,540	0	50.00
51.00 05100	RECOVERY ROOM			0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			46,314	0	52.00
53.00 05300	ANESTHESIOLOGY			14,256	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			401,156	0	54.00
54.01 05401	ULTRASOUND			21,641	0	54.01
54.02 05402	WOMEN'S CENTER			35,012	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC			0	0	55.00
56.00 05600	RADIOISOTOPE			50,231	0	56.00
57.00 05700	CT SCAN			72,858	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			218,689	0	58.00
59.00 05900	CARDIAC CATHETERIZATION			259,826	0	59.00
60.00 06000	LABORATORY			399,659	0	60.00
60.01 06001	BLOOD LABORATORY			0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			26,325	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			73,444	0	65.00
66.00 06600	PHYSICAL THERAPY			770,237	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			23,693	0	67.00
68.00 06800	SPEECH PATHOLOGY			7,466	0	68.00
69.00 06900	ELECTROCARDIOLOGY			310,542	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			103,797	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			128,108	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			183,459	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			384,995	0	73.00
74.00 07400	RENAL DIALYSIS			3,513	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)			0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC			0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	89.00
90.00 09000	CLINIC			0	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B
Part II
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description			INTERNS & RESIDENTS			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM. COSTS	PARAMED ED PRGM-(EMS)			
90.01	09001	WOUND/OSTOMY CLINIC				74,390	0	90.01
90.02	09002	CTR ADVANCED HEART CARE				25,007	0	90.02
90.03	09003	RADIATION ONCOLOGY				872,695	0	90.03
90.04	09004	MUNCIE CLINIC				0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC				5,374	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				19,186	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES				0	0	90.12
91.00	09100	EMERGENCY				262,587	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS				0	0	94.00
95.00	09500	AMBULANCE SERVICES				0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
99.00	09900	CMHC				0	0	99.00
99.10	09910	CORF				0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00	10100	HOME HEALTH AGENCY				0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION				0	0	105.00
106.00	10600	HEART ACQUISITION				0	0	106.00
107.00	10700	LIVER ACQUISITION				0	0	107.00
108.00	10800	LUNG ACQUISITION				0	0	108.00
109.00	10900	PANCREAS ACQUISITION				0	0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	0	110.00
111.00	11100	ISLET ACQUISITION				0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00	11600	HOSPICE				0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	0	0	7,924,359	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0	0	190.00
190.01	19001	WELLNESS CENTERS				18,292	0	190.01
190.02	19002	EMPLOYED ORTHO MD				0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)				199	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.				176,951	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	SPIRE SURGEON				0	0	190.09
190.10	19010	CLINICAL RESEARCH CENTER				56,840	0	190.10
190.11	19011	ONCOLOGIST				0	0	190.11
190.12	19012	MEDICAL INTERNIST				1,467	0	190.12
190.13	19013	RHEUMATOLOGY				211	0	190.13
190.14	19014	ROCK STEADY BOXING				62,629	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				1,385,379	0	192.00
192.01	19201	MUNCIE MD OFFICES				173,100	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				17,581	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON				12,158	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)				15,577	0	192.10
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	71,018	0	201.00
202.00		TOTAL (sum lines 118 through 201)	0	0	0	9,915,761	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(EMS)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	1,118,334	30.00
31.00	03100 INTENSIVE CARE UNIT	355,048	31.00
32.00	03200 CORONARY CARE UNIT	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	109,977	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,546,540	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	46,314	52.00
53.00	05300 ANESTHESIOLOGY	14,256	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	401,156	54.00
54.01	05401 ULTRASOUND	21,641	54.01
54.02	05402 WOMEN'S CENTER	35,012	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600 RADIOISOTOPE	50,231	56.00
57.00	05700 CT SCAN	72,858	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	218,689	58.00
59.00	05900 CARDIAC CATHETERIZATION	259,826	59.00
60.00	06000 LABORATORY	399,659	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	26,325	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	73,444	65.00
66.00	06600 PHYSICAL THERAPY	770,237	66.00
67.00	06700 OCCUPATIONAL THERAPY	23,693	67.00
68.00	06800 SPEECH PATHOLOGY	7,466	68.00
69.00	06900 ELECTROCARDIOLOGY	310,542	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	103,797	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	128,108	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	183,459	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	384,995	73.00
74.00	07400 RENAL DIALYSIS	3,513	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	74,390	90.01
90.02	09002 CTR ADVANCED HEART CARE	25,007	90.02
90.03	09003 RADIATION ONCOLOGY	872,695	90.03
90.04	09004 MUNCIE CLINIC	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	5,374	90.05
90.06	09006 PREGNANCY PLUS	0	90.06

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet B Part II Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description		Total	
		26.00	
90.07	09007 O/P LAB	0	90.07
90.08	09008 O/P LAB	0	90.08
90.09	09009 FORTVILLE CLINIC	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	19,186	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	90.12
91.00	09100 EMERGENCY	262,587	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
114.00	11400 UTILIZATION REVIEW-SNF		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1 through 117)	7,924,359	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001 WELLNESS CENTERS	18,292	190.01
190.02	19002 EMPLOYED ORTHO MD	0	190.02
190.03	19003 NORTHVIEW CONV. (LTC)	199	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.	176,951	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 SPINE SURGEON	0	190.09
190.10	19010 CLINICAL RESEARCH CENTER	56,840	190.10
190.11	19011 ONCOLOGIST	0	190.11
190.12	19012 MEDICAL INTERNIST	1,467	190.12
190.13	19013 RHEUMATOLOGY	211	190.13
190.14	19014 ROCK STEADY BOXING	62,629	190.14
190.15	19015 OTHER ONCOLOGY SERVICES	0	190.15
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,385,379	192.00
192.01	19201 MUNCIE MD OFFICES	173,100	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	17,581	192.08
192.09	19209 RESIDENTIAL PROPERTY (1430 N MADISON	12,158	192.09
192.10	19210 HOSPITAL RENTAL (1927 N MADISON AVE)	15,577	192.10
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	71,018	201.00
202.00	TOTAL (sum lines 118 through 201)	9,915,761	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
8/2/2021 3:34 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				
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	496,860					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		6,673,550				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	5,271	824	67,158,663			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	27,438	773,238	12,867,486	-34,600,047	125,126,384	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	59,229	712,885	2,390,829	0	8,227,652	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	3,059	4,508	1,753,858	0	2,710,217	9.00
10.00 01000	DIETARY	3,963	21,348	213,173	0	449,269	10.00
11.00 01100	CAFETERIA	7,626	144,333	337,443	0	87,687	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,195	3,456	1,532,372	0	3,770,690	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	7,589	207,441	733,013	0	3,728,665	14.00
15.00 01500	PHARMACY	3,466	258,909	2,188,116	0	3,316,322	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,756	0	1,140,978	0	1,641,505	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(EMS)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	45,537	281,625	14,497,813	0	21,540,501	30.00
31.00 03100	INTENSIVE CARE UNIT	13,292	158,108	3,050,900	0	4,719,250	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	9,801	7,224	377,310	0	607,979	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	33,013	1,117,456	5,202,027	0	10,143,079	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,038	9,375	489,679	0	723,338	52.00
53.00 05300	ANESTHESIOLOGY	647	0	876,360	0	809,634	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,075	279,635	1,438,678	0	3,108,669	54.00
54.01 05401	ULTRASOUND	1,158	3,607	465,337	0	646,933	54.01
54.02 05402	WOMEN'S CENTER	1,487	15,962	293,824	0	458,466	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	1,503	29,700	103,313	0	306,365	56.00
57.00 05700	CT SCAN	5,868	4,013	642,288	0	1,182,377	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	936	200,491	594,896	0	1,626,524	58.00
59.00 05900	CARDIAC CATHETERIZATION	6,519	186,027	725,258	0	1,377,929	59.00
60.00 06000	LABORATORY	9,454	220,307	2,250,559	0	6,549,099	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	854	2,968	189,510	0	792,311	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	51,873	1,394,015	0	2,028,811	65.00
66.00 06600	PHYSICAL THERAPY	3,701	723,696	2,120,917	0	3,611,633	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,456	3,122	300,926	0	411,204	67.00
68.00 06800	SPEECH PATHOLOGY	361	1,682	162,092	0	218,620	68.00
69.00 06900	ELECTROCARDIOLOGY	17,395	130,391	632,812	0	1,123,579	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,453	64,315	370,510	0	702,219	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,034,182	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	7,199,678	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,130,750	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	423,511	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:34 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	5.00				
90.01	09001	WOUND/OSTOMY CLINIC	5,438	6,198	427,524	0	1,421,389	90.01
90.02	09002	CTR ADVANCED HEART CARE	2,117	365	331,769	0	385,159	90.02
90.03	09003	RADIATION ONCOLOGY	12,400	746,569	1,296,527	0	3,427,669	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	0	690	311,225	0	427,790	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	1,301	1,171	383,504	0	511,086	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	12,508	50,263	4,008,501	0	6,423,953	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	327,904	6,423,775	66,095,342	-34,600,047	120,005,694	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	802	0	432,732	0	1,031,682	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.	18,070	0	0	0	307,685	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	1,595	34,287	474,994	0	725,703	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	0	0	87,873	0	120,470	190.12
190.13	19013	RHEUMATOLOGY	0	0	0	0	1,440	190.13
190.14	19014	ROCK STEADY BOXING	2,840	34,408	67,722	0	184,959	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	136,322	50,173	0	0	2,513,439	192.00
192.01	19201	MUNCIE MD OFFICES	5,754	120,230	0	0	173,370	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	22	192.07
192.08	19208	RENTAL PROPERTY	723	10,677	0	0	34,324	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	1,250	0	0	0	11,350	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	1,600	0	0	0	16,246	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)	3,371,850	6,445,943	15,496,738		34,600,047	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.786318	0.965894	0.230748		0.276521	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
8/2/2021 3:34 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				
204.00	Cost to be allocated (per Wkst. B, Part II)					204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		36,567		1,038,037	205.00
206.00	NAHE adjustment amount to be allocated (per Wkst. B-2)		0.000544		0.008296	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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:34 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	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	0				6.00
7.00	00700	OPERATION OF PLANT	0	404,922			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0		8.00
9.00	00900	HOUSEKEEPING	0	3,059	0	9,042	9.00
10.00	01000	DIETARY	0	3,963	0	618	51,930
11.00	01100	CAFETERIA	0	7,626	0	147	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,195	0	38	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,589	0	98	0
15.00	01500	PHARMACY	0	3,466	0	51	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,756	0	36	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	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	0	45,537	0	2,723	45,640
31.00	03100	INTENSIVE CARE UNIT	0	13,292	0	557	6,290
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	9,801	0	72	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	33,013	0	1,635	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,038	0	0	0
53.00	05300	ANESTHESIOLOGY	0	647	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,075	0	259	0
54.01	05401	ULTRASOUND	0	1,158	0	0	0
54.02	05402	WOMEN'S CENTER	0	1,487	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	1,503	0	26	0
57.00	05700	CT SCAN	0	5,868	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	936	0	6	0
59.00	05900	CARDIAC CATHETERIZATION	0	6,519	0	107	0
60.00	06000	LABORATORY	0	9,454	0	276	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	854	0	4	0
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	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	0	3,701	0	57	0
67.00	06700	OCCUPATIONAL THERAPY	0	1,456	0	34	0
68.00	06800	SPEECH PATHOLOGY	0	361	0	5	0
69.00	06900	ELECTROCARDIOLOGY	0	17,395	0	786	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,453	0	115	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	WOUND/OSTOMY CLINIC	0	5,438	0	135	0
90.02	09002	CTR ADVANCED HEART CARE	0	2,117	0	0	0
90.03	09003	RADIATION ONCOLOGY	0	12,400	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
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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	
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	1,301	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	12,508	0	1,168	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	0	235,966	0	8,953	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	WELLNESS CENTERS	0	802	0	89	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	18,070	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	1,595	0	0	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	2,840	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	136,322	0	0	192.00
192.01	19201	MUNCIE MD OFFICES	0	5,754	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	723	0	0	192.08
192.09	19209	RESIDENTIAL PROPERTY (1430 N MADISON	0	1,250	0	0	192.09
192.10	19210	HOSPITAL RENTAL (1927 N MADISON AVE)	0	1,600	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	10,502,771	0	3,538,993	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	25.937763	0.000000	391.394935	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	1,160,076	0	57,315	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	2.864937	0.000000	6.338752	205.00
206.00		NAHE adjustment amount to be allocated (per Wkst. B-2)					206.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 15-0113			Period: From 01/01/2020 To 12/31/2020	Worksheet B-1 Date/Time Prepared: 8/2/2021 3:34 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)
207.00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)	6.00	7.00	8.00	9.00	10.00
						207.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:34 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	721					11.00
12.00	01200	0	0				12.00
13.00	01300	24	0	710,026			13.00
14.00	01400	17	0	0	22,092,094		14.00
15.00	01500	25	0	0	0	9,775,739	15.00
16.00	01600	19	0	0	5,408	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	228	0	453,794	1,352,255	0	30.00
31.00	03100	43	0	85,680	318,293	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	5	0	7,760	32,836	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	76	0	162,792	1,277,072	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	7	0	0	19,630	0	52.00
53.00	05300	4	0	0	1,335	0	53.00
54.00	05400	19	0	0	63,179	0	54.00
54.01	05401	5	0	0	25,924	0	54.01
54.02	05402	4	0	0	34,469	0	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	1	0	0	291,489	0	56.00
57.00	05700	8	0	0	34,856	0	57.00
58.00	05800	8	0	0	13,660	0	58.00
59.00	05900	9	0	0	209,368	0	59.00
60.00	06000	41	0	0	1,965,271	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	3	0	0	453,146	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	20	0	0	125,926	0	65.00
66.00	06600	18	0	0	31,187	0	66.00
67.00	06700	14	0	0	2,900	0	67.00
68.00	06800	2	0	0	1,705	0	68.00
69.00	06900	9	0	0	19,482	0	69.00
70.00	07000	6	0	0	28,289	0	70.00
71.00	07100	0	0	0	6,174,042	0	71.00
72.00	07200	0	0	0	8,847,692	0	72.00
73.00	07300	0	0	0	0	9,775,739	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	5	0	0	110,074	0	90.01
90.02	09002	3	0	0	17,823	0	90.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description			CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
90.03	09003	RADIATION ONCOLOGY	11	0	0	41,320	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	4	0	0	13,694	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	5	0	0	3,805	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0	0	90.12
91.00	09100	EMERGENCY	57	0	0	527,130	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1 through 117)	700	0	710,026	22,043,260	9,775,739	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	13,980	0	190.01
190.02	19002	EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03	19003	NORTHVIEW CONV. (LTC)	1	0	0	6	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	10	0	0	3,931	0	190.10
190.11	19011	ONCOLOGIST	0	0	0	0	0	190.11
190.12	19012	MEDICAL INTERNIST	2	0	0	1,506	0	190.12
190.13	19013	RHEUMATOLOGY	1	0	0	0	0	190.13
190.14	19014	ROCK STEADY BOXING	2	0	0	1,173	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	27,877	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	361	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)	367,270	0	4,923,334	5,003,578	4,355,951	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	509.389736	0.000000	6.934019	0.226487	0.445588	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	214,853	0	71,318	308,953	317,542	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	199.493759	0.000000	0.100444	0.013985	0.032483	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:34 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	
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 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	38,025					16.00
17.00	01700	0	0				17.00
19.00	01900	0	0	0			19.00
20.00	02000	0	0		0		20.00
21.00	02100	0	0			0	21.00
22.00	02200	0	0				22.00
23.00	02300	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	23,975	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	325	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,300	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	650	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	75	0	0	0	0	57.00
58.00	05800	250	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,850	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	1,100	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	350	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
90.02 09002 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	8,150	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	38,025	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 WELLNESS CENTERS	0	0	0	0	0	190.01
190.02 19002 EMPLOYED ORTHO MD	0	0	0	0	0	190.02
190.03 19003 NORTHVIEW CONV. (LTC)	0	0	0	0	0	190.03
190.04 19004 SUMMIT CONV. (LTC)	0	0	0	0	0	190.04
190.05 19005 PARKVIEW CONV. (LTC)	0	0	0	0	0	190.05
190.06 19006 MONTICELLO HSE.	0	0	0	0	0	190.06
190.07 19007 NH PARK PLACE (LTC)	0	0	0	0	0	190.07
190.08 19008 MADISON PLACE OF ELWOOD (LTC)	0	0	0	0	0	190.08
190.09 19009 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)	2,217,831	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	58.325602	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	54,583	0	0	0	0	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1

Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	1.435450	0.000000	0.000000	0.000000	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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
8/2/2021 3:34 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)		
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
	22.00			
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				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
99.00 09900 CMHC	0	0		99.00
99.10 09910 CORF	0	0		99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS				
105.00 10500 KIDNEY ACQUISITION	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0		111.00
113.00 11300 INTEREST EXPENSE	0	0		113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0		114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00 11600 HOSPICE	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	0	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)	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0		204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM- (EMS) (ASSIGNED TIME)	23.00
	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)		
	22.00		
205.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	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 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
8/2/2021 3:34 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	35,518,119		35,518,119	0	35,518,119	30.00
31.00	03100	INTENSIVE CARE UNIT	7,386,307		7,386,307	0	7,386,307	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I/P	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/R	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	1,141,242		1,141,242	0	1,141,242	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	15,976,647		15,976,647	0	15,976,647	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,010,167		1,010,167	0	1,010,167	52.00
53.00	05300	ANESTHESIOLOGY	1,052,637		1,052,637	0	1,052,637	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,392,874		4,392,874	0	4,392,874	54.00
54.01	05401	ULTRASOUND	864,278		864,278	0	864,278	54.01
54.02	05402	WOMEN'S CENTER	633,655		633,655	0	633,655	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	506,768		506,768	0	506,768	56.00
57.00	05700	CT SCAN	1,677,875		1,677,875	0	1,677,875	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,124,668		2,124,668	0	2,124,668	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,021,926		2,021,926	0	2,021,926	59.00
60.00	06000	LABORATORY	9,287,198		9,287,198	0	9,287,198	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,203,437		1,203,437	0	1,203,437	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,628,529	0	2,628,529	0	2,628,529	65.00
66.00	06600	PHYSICAL THERAPY	4,744,863	0	4,744,863	0	4,744,863	66.00
67.00	06700	OCCUPATIONAL THERAPY	583,771	0	583,771	0	583,771	67.00
68.00	06800	SPEECH PATHOLOGY	291,799	0	291,799	0	291,799	68.00
69.00	06900	ELECTROCARDIOLOGY	2,202,092		2,202,092	0	2,202,092	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,040,433		1,040,433	0	1,040,433	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,824,579		7,824,579	0	7,824,579	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,194,436		11,194,436	0	11,194,436	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,735,024		14,735,024	0	14,735,024	73.00
74.00	07400	RENAL DIALYSIS	540,621		540,621	0	540,621	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	2,056,212		2,056,212	0	2,056,212	90.01
90.02	09002	CTR ADVANCED HEART CARE	552,139		552,139	0	552,139	90.02
90.03	09003	RADIATION ONCOLOGY	4,712,080		4,712,080	0	4,712,080	90.03
90.04	09004	MUNCIE CLINIC	0		0	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	551,223		551,223	0	551,223	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	689,566		689,566	0	689,566	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0		0	0	0	90.12
91.00	09100	EMERGENCY	9,605,667		9,605,667	0	9,605,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,411,486		2,411,486	0	2,411,486	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
8/2/2021 3:34 pm

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
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0		0 105.00	
106.00	10600 HEART ACQUISITION	0		0		0 106.00	
107.00	10700 LIVER ACQUISITION	0		0		0 107.00	
108.00	10800 LUNG ACQUISITION	0		0		0 108.00	
109.00	10900 PANCREAS ACQUISITION	0		0		0 109.00	
110.00	11000 INTESTINAL ACQUISITION	0		0		0 110.00	
111.00	11100 ISLET ACQUISITION	0		0		0 111.00	
113.00	11300 INTEREST EXPENSE					113.00	
114.00	11400 UTILIZATION REVIEW-SNF					114.00	
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0 115.00	
116.00	11600 HOSPICE	0		0		0 116.00	
200.00	Subtotal (see instructions)	151,162,318	0	151,162,318	0	151,162,318 200.00	
201.00	Less Observation Beds	2,411,486		2,411,486		2,411,486 201.00	
202.00	Total (see instructions)	148,750,832	0	148,750,832	0	148,750,832 202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
8/2/2021 3:34 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	57,336,193		57,336,193				30.00
31.00	03100	INTENSIVE CARE UNIT	15,141,786		15,141,786				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - IPF	0		0				40.00
41.00	04100	SUBPROVIDER - IRF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	1,140,642		1,140,642				43.00
44.00	04400	SKILLED NURSING FACILITY	0		0				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,201,232	55,081,073	80,282,305	0.199006	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	1,480,341	0	1,480,341	0.682388	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	573,628	958,178	1,531,806	0.687187	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,895,833	8,702,651	11,598,484	0.378746	0.000000		54.00
54.01	05401	ULTRASOUND	1,350,875	5,241,102	6,591,977	0.131111	0.000000		54.01
54.02	05402	WOMEN'S CENTER	8,829	2,210,518	2,219,347	0.285514	0.000000		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	222,752	2,698,368	2,921,120	0.173484	0.000000		56.00
57.00	05700	CT SCAN	8,994,949	33,060,915	42,055,864	0.039896	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,305,826	17,818,184	20,124,010	0.105579	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	8,288,600	14,427,797	22,716,397	0.089007	0.000000		59.00
60.00	06000	LABORATORY	12,936,726	32,037,718	44,974,444	0.206499	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	889,824	748,729	1,638,553	0.734451	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	5,783,068	649,974	6,433,042	0.408598	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,044,410	6,866,615	7,911,025	0.599779	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	766,713	711,982	1,478,695	0.394788	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	524,659	278,780	803,439	0.363187	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,632,582	8,772,299	12,404,881	0.177518	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,036,622	2,608,203	3,644,825	0.285455	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,167,510	18,815,587	33,983,097	0.230249	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,547,684	10,654,595	24,202,279	0.462536	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,072,122	27,589,097	50,661,219	0.290854	0.000000		73.00
74.00	07400	RENAL DIALYSIS	439,255	0	439,255	1.230768	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	109,252	7,165,670	7,274,922	0.282644	0.000000		90.01
90.02	09002	CTR ADVANCED HEART CARE	2,702	316,314	319,016	1.730756	0.000000		90.02
90.03	09003	RADIATION ONCOLOGY	529,157	37,098,364	37,627,521	0.125230	0.000000		90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	412	658,856	659,268	0.836114	0.000000		90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000		90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000		90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000		90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000		90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	0.000000		90.10
90.11	09011	DIABETIC PLUS CLINIC	0	147,600	147,600	4.671856	0.000000		90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0.000000	0.000000		90.12
91.00	09100	EMERGENCY	12,515,887	39,063,250	51,579,137	0.186232	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	643,216	1,612,479	2,255,695	1.069066	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0				101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 8/2/2021 3:34 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	
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	217,583,287	335,994,898	553,578,185			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	217,583,287	335,994,898	553,578,185			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 3:34 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XVIII	Hospital
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199006		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.682388		52.00
53.00	05300	ANESTHESIOLOGY	0.687187		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378746		54.00
54.01	05401	ULTRASOUND	0.131111		54.01
54.02	05402	WOMEN'S CENTER	0.285514		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.173484		56.00
57.00	05700	CT SCAN	0.039896		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105579		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089007		59.00
60.00	06000	LABORATORY	0.206499		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.734451		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	0.408598		65.00
66.00	06600	PHYSICAL THERAPY	0.599779		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394788		67.00
68.00	06800	SPEECH PATHOLOGY	0.363187		68.00
69.00	06900	ELECTROCARDIOLOGY	0.177518		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.285455		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230249		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.462536		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290854		73.00
74.00	07400	RENAL DIALYSIS	1.230768		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.282644		90.01
90.02	09002	CTR ADVANCED HEART CARE	1.730756		90.02
90.03	09003	RADIATION ONCOLOGY	0.125230		90.03
90.04	09004	MUNCIE CLINIC	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0.836114		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	4.671856		90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000		90.12
91.00	09100	EMERGENCY	0.186232		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.069066		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 3:34 pm
			Title XVIII	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	GALBLADDER ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 3:34 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		35,518,119	0	35,518,119
31.00	03100 INTENSIVE CARE UNIT		7,386,307	0	7,386,307
32.00	03200 CORONARY CARE UNIT		0	0	0
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		0	0	0
41.00	04100 SUBPROVIDER - IRF		0	0	0
42.00	04200 SUBPROVIDER		0	0	0
43.00	04300 NURSERY		1,141,242	0	1,141,242
44.00	04400 SKILLED NURSING FACILITY		0	0	0
45.00	04500 NURSING FACILITY		0	0	0
46.00	04600 OTHER LONG TERM CARE		0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM		15,976,647	0	15,976,647
51.00	05100 RECOVERY ROOM		0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM		1,010,167	0	1,010,167
53.00	05300 ANESTHESIOLOGY		1,052,637	0	1,052,637
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,392,874	0	4,392,874
54.01	05401 ULTRASOUND		864,278	0	864,278
54.02	05402 WOMEN'S CENTER		633,655	0	633,655
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
56.00	05600 RADIOISOTOPE		506,768	0	506,768
57.00	05700 CT SCAN		1,677,875	0	1,677,875
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,124,668	0	2,124,668
59.00	05900 CARDIAC CATHETERIZATION		2,021,926	0	2,021,926
60.00	06000 LABORATORY		9,287,198	0	9,287,198
60.01	06001 BLOOD LABORATORY		0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,203,437	0	1,203,437
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0
64.00	06400 INTRAVENOUS THERAPY		0	0	0
65.00	06500 RESPIRATORY THERAPY	0	2,628,529	0	2,628,529
66.00	06600 PHYSICAL THERAPY	0	4,744,863	0	4,744,863
67.00	06700 OCCUPATIONAL THERAPY	0	583,771	0	583,771
68.00	06800 SPEECH PATHOLOGY	0	291,799	0	291,799
69.00	06900 ELECTROCARDIOLOGY		2,202,092	0	2,202,092
70.00	07000 ELECTROENCEPHALOGRAPHY		1,040,433	0	1,040,433
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,824,579	0	7,824,579
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		11,194,436	0	11,194,436
73.00	07300 DRUGS CHARGED TO PATIENTS		14,735,024	0	14,735,024
74.00	07400 RENAL DIALYSIS		540,621	0	540,621
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		0	0	0
90.01	09001 WOUND/OSTOMY CLINIC		2,056,212	0	2,056,212
90.02	09002 CTR ADVANCED HEART CARE		552,139	0	552,139
90.03	09003 RADIATION ONCOLOGY		4,712,080	0	4,712,080
90.04	09004 MUNCIE CLINIC		0	0	0
90.05	09005 ANTI COAGULATION CLINIC		551,223	0	551,223
90.06	09006 PREGNANCY PLUS		0	0	0
90.07	09007 O/P LAB		0	0	0
90.08	09008 O/P LAB		0	0	0
90.09	09009 FORTVILLE CLINIC		0	0	0
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)		0	0	0
90.11	09011 DIABETIC PLUS CLINIC		689,566	0	689,566
90.12	09012 OTHER ONCOLOGY SERVICES		0	0	0
91.00	09100 EMERGENCY		9,605,667	0	9,605,667
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,411,486	0	2,411,486
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0
95.00	09500 AMBULANCE SERVICES		0	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0
99.00	09900 CMHC		0	0	0
99.10	09910 CORF		0	0	0
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0
101.00	10100 HOME HEALTH AGENCY		0	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		PPS	
				Costs		RCE Disallowance	Total Costs		
				Total Costs	Total Costs				
		1.00	2.00	3.00	4.00	5.00			
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0		0			0	105.00
106.00	10600	HEART ACQUISITION	0		0			0	106.00
107.00	10700	LIVER ACQUISITION	0		0			0	107.00
108.00	10800	LUNG ACQUISITION	0		0			0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			0	110.00
111.00	11100	ISLET ACQUISITION	0		0			0	111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			0	115.00
116.00	11600	HOSPICE	0		0			0	116.00
200.00		Subtotal (see instructions)	151,162,318	0	151,162,318	0	151,162,318	200.00	
201.00		Less Observation Beds	2,411,486		2,411,486		2,411,486	201.00	
202.00		Total (see instructions)	148,750,832	0	148,750,832	0	148,750,832	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part I
Date/Time Prepared:
8/2/2021 3:34 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				9.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	57,336,193		57,336,193			30.00
31.00	03100	INTENSIVE CARE UNIT	15,141,786		15,141,786			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	1,140,642		1,140,642			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,201,232	55,081,073	80,282,305	0.199006	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	1,480,341	0	1,480,341	0.682388	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	573,628	958,178	1,531,806	0.687187	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,895,833	8,702,651	11,598,484	0.378746	0.000000	54.00
54.01	05401	ULTRASOUND	1,350,875	5,241,102	6,591,977	0.131111	0.000000	54.01
54.02	05402	WOMEN'S CENTER	8,829	2,210,518	2,219,347	0.285514	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	222,752	2,698,368	2,921,120	0.173484	0.000000	56.00
57.00	05700	CT SCAN	8,994,949	33,060,915	42,055,864	0.039896	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,305,826	17,818,184	20,124,010	0.105579	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,288,600	14,427,797	22,716,397	0.089007	0.000000	59.00
60.00	06000	LABORATORY	12,936,726	32,037,718	44,974,444	0.206499	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	889,824	748,729	1,638,553	0.734451	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	5,783,068	649,974	6,433,042	0.408598	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,044,410	6,866,615	7,911,025	0.599779	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	766,713	711,982	1,478,695	0.394788	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	524,659	278,780	803,439	0.363187	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	3,632,582	8,772,299	12,404,881	0.177518	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,036,622	2,608,203	3,644,825	0.285455	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,167,510	18,815,587	33,983,097	0.230249	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,547,684	10,654,595	24,202,279	0.462536	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,072,122	27,589,097	50,661,219	0.290854	0.000000	73.00
74.00	07400	RENAL DIALYSIS	439,255	0	439,255	1.230768	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	WOUND/OSTOMY CLINIC	109,252	7,165,670	7,274,922	0.282644	0.000000	90.01
90.02	09002	CTR ADVANCED HEART CARE	2,702	316,314	319,016	1.730756	0.000000	90.02
90.03	09003	RADIATION ONCOLOGY	529,157	37,098,364	37,627,521	0.125230	0.000000	90.03
90.04	09004	MUNCIE CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	ANTI COAGULATION CLINIC	412	658,856	659,268	0.836114	0.000000	90.05
90.06	09006	PREGNANCY PLUS	0	0	0	0.000000	0.000000	90.06
90.07	09007	O/P LAB	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P LAB	0	0	0	0.000000	0.000000	90.08
90.09	09009	FORTVILLE CLINIC	0	0	0	0.000000	0.000000	90.09
90.10	09010	1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0.000000	0.000000	90.10
90.11	09011	DIABETIC PLUS CLINIC	0	147,600	147,600	4.671856	0.000000	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0	0.000000	0.000000	90.12
91.00	09100	EMERGENCY	12,515,887	39,063,250	51,579,137	0.186232	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	643,216	1,612,479	2,255,695	1.069066	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part I Date/Time Prepared: 8/2/2021 3:34 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					
9.00	10.00							
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	217,583,287	335,994,898	553,578,185			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	217,583,287	335,994,898	553,578,185			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 3:34 pm
Cost Center Description			PPS Inpatient Ratio	Title XIX	Hospital
			11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	03200	CORONARY CARE UNIT			32.00
33.00	03300	BURN INTENSIVE CARE UNIT			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
46.00	04600	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199006		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.682388		52.00
53.00	05300	ANESTHESIOLOGY	0.687187		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378746		54.00
54.01	05401	ULTRASOUND	0.131111		54.01
54.02	05402	WOMEN'S CENTER	0.285514		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.173484		56.00
57.00	05700	CT SCAN	0.039896		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105579		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089007		59.00
60.00	06000	LABORATORY	0.206499		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.734451		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	0.408598		65.00
66.00	06600	PHYSICAL THERAPY	0.599779		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394788		67.00
68.00	06800	SPEECH PATHOLOGY	0.363187		68.00
69.00	06900	ELECTROCARDIOLOGY	0.177518		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.285455		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230249		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.462536		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290854		73.00
74.00	07400	RENAL DIALYSIS	1.230768		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.282644		90.01
90.02	09002	CTR ADVANCED HEART CARE	1.730756		90.02
90.03	09003	RADIATION ONCOLOGY	0.125230		90.03
90.04	09004	MUNCIE CLINIC	0.000000		90.04
90.05	09005	ANTI COAGULATION CLINIC	0.836114		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	4.671856		90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000		90.12
91.00	09100	EMERGENCY	0.186232		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.069066		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part I Date/Time Prepared: 8/2/2021 3:34 pm
			Title XIX	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
			11.00		
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
113.00	11300	INTEREST EXPENSE			113.00
114.00	11400	UTILIZATION REVIEW-SNF			114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet C Part II Date/Time Prepared: 8/2/2021 3:34 pm
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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	15,976,647	1,546,540	14,430,107	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,010,167	46,314	963,853	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	1,052,637	14,256	1,038,381	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,392,874	401,156	3,991,718	0	0	0	54.00
54.01	05401 ULTRASOUND	864,278	21,641	842,637	0	0	0	54.01
54.02	05402 WOMEN'S CENTER	633,655	35,012	598,643	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	506,768	50,231	456,537	0	0	0	56.00
57.00	05700 CT SCAN	1,677,875	72,858	1,605,017	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,124,668	218,689	1,905,979	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,021,926	259,826	1,762,100	0	0	0	59.00
60.00	06000 LABORATORY	9,287,198	399,659	8,887,539	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,203,437	26,325	1,177,112	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	2,628,529	73,444	2,555,085	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	4,744,863	770,237	3,974,626	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	583,771	23,693	560,078	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	291,799	7,466	284,333	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	2,202,092	310,542	1,891,550	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,040,433	103,797	936,636	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,824,579	128,108	7,696,471	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,194,436	183,459	11,010,977	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,735,024	384,995	14,350,029	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	540,621	3,513	537,108	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	2,056,212	74,390	1,981,822	0	0	0	90.01
90.02	09002 CTR ADVANCED HEART CARE	552,139	25,007	527,132	0	0	0	90.02
90.03	09003 RADIATION ONCOLOGY	4,712,080	872,695	3,839,385	0	0	0	90.03
90.04	09004 MUNCIE CLINIC	0	0	0	0	0	0	90.04
90.05	09005 ANTI COAGULATION CLINIC	551,223	5,374	545,849	0	0	0	90.05
90.06	09006 PREGNANCY PLUS	0	0	0	0	0	0	90.06
90.07	09007 O/P LAB	0	0	0	0	0	0	90.07
90.08	09008 O/P LAB	0	0	0	0	0	0	90.08
90.09	09009 FORTVILLE CLINIC	0	0	0	0	0	0	90.09
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	0	90.10
90.11	09011 DIABETIC PLUS CLINIC	689,566	19,186	670,380	0	0	0	90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	0	90.12
91.00	09100 EMERGENCY	9,605,667	262,587	9,343,080	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,411,486	75,928	2,335,558	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	107,116,650	6,416,928	100,699,722	0	0	0	200.00
201.00	Less Observation Beds	2,411,486	75,928	2,335,558	0	0	0	201.00

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

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet C
Part II
Date/Time Prepared:
8/2/2021 3:34 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	
202.00 Total (line 200 minus line 201)	104,705,164	6,341,000	98,364,164	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet C Part II Date/Time Prepared: 8/2/2021 3:34 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	15,976,647	80,282,305	0.199006			50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,010,167	1,480,341	0.682388			52.00
53.00	05300 ANESTHESIOLOGY	1,052,637	1,531,806	0.687187			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,392,874	11,598,484	0.378746			54.00
54.01	05401 ULTRASOUND	864,278	6,591,977	0.131111			54.01
54.02	05402 WOMEN'S CENTER	633,655	2,219,347	0.285514			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000			55.00
56.00	05600 RADIOISOTOPE	506,768	2,921,120	0.173484			56.00
57.00	05700 CT SCAN	1,677,875	42,055,864	0.039896			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,124,668	20,124,010	0.105579			58.00
59.00	05900 CARDIAC CATHETERIZATION	2,021,926	22,716,397	0.089007			59.00
60.00	06000 LABORATORY	9,287,198	44,974,444	0.206499			60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,203,437	1,638,553	0.734451			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	2,628,529	6,433,042	0.408598			65.00
66.00	06600 PHYSICAL THERAPY	4,744,863	7,911,025	0.599779			66.00
67.00	06700 OCCUPATIONAL THERAPY	583,771	1,478,695	0.394788			67.00
68.00	06800 SPEECH PATHOLOGY	291,799	803,439	0.363187			68.00
69.00	06900 ELECTROCARDIOLOGY	2,202,092	12,404,881	0.177518			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,040,433	3,644,825	0.285455			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,824,579	33,983,097	0.230249			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	11,194,436	24,202,279	0.462536			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	14,735,024	50,661,219	0.290854			73.00
74.00	07400 RENAL DIALYSIS	540,621	439,255	1.230768			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000			89.00
90.00	09000 CLINIC	0	0	0.000000			90.00
90.01	09001 WOUND/OSTOMY CLINIC	2,056,212	7,274,922	0.282644			90.01
90.02	09002 CTR ADVANCED HEART CARE	552,139	319,016	1.730756			90.02
90.03	09003 RADIATION ONCOLOGY	4,712,080	37,627,521	0.125230			90.03
90.04	09004 MUNCIE CLINIC	0	0	0.000000			90.04
90.05	09005 ANTI COAGULATION CLINIC	551,223	659,268	0.836114			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	689,566	147,600	4.671856			90.11
90.12	09012 OTHER ONCOLOGY SERVICES	0	0	0.000000			90.12
91.00	09100 EMERGENCY	9,605,667	51,579,137	0.186232			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,411,486	2,255,695	1.069066			92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000			97.00
99.00	09900 CMHC	0	0	0.000000			99.00
99.10	09910 CORF	0	0	0.000000			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000			100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000			105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000			106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000			107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000			108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000			110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000			111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000			113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000			115.00
116.00	11600 HOSPICE	0	0	0.000000			116.00
200.00	Subtotal (sum of lines 50 thru 199)	107,116,650	479,959,564				200.00
201.00	Less Observation Beds	2,411,486	0				201.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020	Worksheet C Part II Date/Time Prepared: 8/2/2021 3:34 pm
			Title XIX		Hospital
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)
202.00	Total (line 200 minus line 201)	104,705,164	479,959,564	8.00	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,118,334	0	1,118,334	19,869	56.29	30.00
31.00	INTENSIVE CARE UNIT	355,048		355,048	3,562	99.68	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	109,977		109,977	1,488	73.91	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	1,583,359		1,583,359	24,919		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,863	330,028				30.00
31.00	INTENSIVE CARE UNIT	1,687	168,160				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30 through 199)	7,550	498,188				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 8/2/2021 3:34 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,546,540	80,282,305	0.019264	7,517,438	144,816	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,314	1,480,341	0.031286	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,256	1,531,806	0.009307	509,354	4,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	401,156	11,598,484	0.034587	1,149,466	39,757	54.00
54.01	05401	ULTRASOUND	21,641	6,591,977	0.003283	486,080	1,596	54.01
54.02	05402	WOMEN'S CENTER	35,012	2,219,347	0.015776	1,321	21	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	50,231	2,921,120	0.017196	0	0	56.00
57.00	05700	CT SCAN	72,858	42,055,864	0.001732	3,214,988	5,568	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	218,689	20,124,010	0.010867	860,368	9,350	58.00
59.00	05900	CARDIAC CATHETERIZATION	259,826	22,716,397	0.011438	2,426,419	27,753	59.00
60.00	06000	LABORATORY	399,659	44,974,444	0.008886	4,201,535	37,335	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,325	1,638,553	0.016066	259,928	4,176	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	73,444	6,433,042	0.011417	1,860,516	21,242	65.00
66.00	06600	PHYSICAL THERAPY	770,237	7,911,025	0.097362	414,288	40,336	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,693	1,478,695	0.016023	281,986	4,518	67.00
68.00	06800	SPEECH PATHOLOGY	7,466	803,439	0.009293	204,154	1,897	68.00
69.00	06900	ELECTROCARDIOLOGY	310,542	12,404,881	0.025034	1,097,019	27,463	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103,797	3,644,825	0.028478	406,992	11,590	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,108	33,983,097	0.003770	4,823,951	18,186	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	183,459	24,202,279	0.007580	4,369,174	33,118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	384,995	50,661,219	0.007599	6,247,682	47,476	73.00
74.00	07400	RENAL DIALYSIS	3,513	439,255	0.007998	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	74,390	7,274,922	0.010226	51,329	525	90.01
90.02	09002	CTR ADVANCED HEART CARE	25,007	319,016	0.078388	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	872,695	37,627,521	0.023193	106,284	2,465	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	5,374	659,268	0.008151	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	19,186	147,600	0.129986	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	262,587	51,579,137	0.005091	4,480,852	22,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	75,928	2,255,695	0.033661	194,743	6,555	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	6,416,928	479,959,564		45,165,867	513,296	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

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

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	19,869	0.00	5,863	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,562	0.00	1,687	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	1,488	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	24,919		7,550	200.00

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

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description	Title XVIII					Hospital		Total
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health	PPS		
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
54.01 05401 ULTRASOUND	0	0	0	0	0	0	54.01	
54.02 05402 WOMEN'S CENTER	0	0	0	0	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.01	
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	0	0	0	90.02	
90.03 09003 RADIATION ONCOLOGY	0	0	0	0	0	0	90.03	
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	0	90.04	
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	0	90.05	
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	0	90.06	
90.07 09007 O/P LAB	0	0	0	0	0	0	90.07	
90.08 09008 O/P LAB	0	0	0	0	0	0	90.08	
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	0	90.09	
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	0	90.10	
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	0	0	0	90.11	
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:34 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)	Title XVIII		Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)
				Hospital	PPS	
	4.00	5.00	6.00	Total Charges (from Wkst. C, Part I, col. 8)	7.00	8.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	80,282,305	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	1,480,341	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	1,531,806	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	11,598,484	0.000000	54.00
54.01 05401 ULTRASOUND	0	0	0	6,591,977	0.000000	54.01
54.02 05402 WOMEN'S CENTER	0	0	0	2,219,347	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOLOGY-SOTOPE	0	0	0	2,921,120	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	42,055,864	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,124,010	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	22,716,397	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	44,974,444	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,638,553	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	6,433,042	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	7,911,025	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,478,695	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	803,439	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	12,404,881	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	3,644,825	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,983,097	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,202,279	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	50,661,219	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	439,255	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	7,274,922	0.000000	90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	319,016	0.000000	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	37,627,521	0.000000	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	659,268	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	147,600	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	51,579,137	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,255,695	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00 Total (lines 50 through 199)	0	0	0	479,959,564		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description		Title XVIII				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	7,517,438	0	12,782,099	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	509,354	0	220,202	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	1,149,466	0	1,928,258	0	54.00
54.01	05401 ULTRASOUND	0.000000	486,080	0	1,191,157	0	54.01
54.02	05402 WOMEN'S CENTER	0.000000	1,321	0	219,824	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	704,824	0	56.00
57.00	05700 CT SCAN	0.000000	3,214,988	0	8,324,147	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	860,368	0	5,156,822	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	2,426,419	0	4,520,254	0	59.00
60.00	06000 LABORATORY	0.000000	4,201,535	0	2,898,112	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	259,928	0	131,708	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.000000	1,860,516	0	123,885	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	414,288	0	7,060	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	281,986	0	6,360	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	204,154	0	4,019	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	1,097,019	0	2,583,447	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	406,992	0	409,889	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	4,823,951	0	4,488,262	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	4,369,174	0	2,714,937	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	6,247,682	0	8,238,739	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.000000	51,329	0	3,251,435	0	90.01
90.02	09002 CTR ADVANCED HEART CARE	0.000000	0	0	111,635	0	90.02
90.03	09003 RADIATION ONCOLOGY	0.000000	106,284	0	9,860,568	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	242,025	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	4,480,852	0	7,497,924	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	194,743	0	1,277,541	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		45,165,867	0	78,895,133	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 8/2/2021 3:34 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	0.199006	12,782,099	0	0	2,543,714
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.682388	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.687187	220,202	0	0	151,320
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.378746	1,928,258	0	0	730,320
54.01 05401 ULTRASOUND	0.131111	1,191,157	0	0	156,174
54.02 05402 WOMEN'S CENTER	0.285514	219,824	0	0	62,763
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.173484	704,824	0	0	122,276
57.00 05700 CT SCAN	0.039896	8,324,147	0	0	332,100
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.105579	5,156,822	0	0	544,452
59.00 05900 CARDIAC CATHETERIZATION	0.089007	4,520,254	0	0	402,334
60.00 06000 LABORATORY	0.206499	2,898,112	0	0	598,457
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.734451	131,708	0	0	96,733
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.408598	123,885	0	0	50,619
66.00 06600 PHYSICAL THERAPY	0.599779	7,060	0	0	4,234
67.00 06700 OCCUPATIONAL THERAPY	0.394788	6,360	0	0	2,511
68.00 06800 SPEECH PATHOLOGY	0.363187	4,019	0	0	1,460
69.00 06900 ELECTROCARDIOLOGY	0.177518	2,583,447	0	0	458,608
70.00 07000 ELECTROENCEPHALOGRAPHY	0.285455	409,889	0	0	117,005
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230249	4,488,262	1,572	0	1,033,418
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.462536	2,714,937	0	0	1,255,756
73.00 07300 DRUGS CHARGED TO PATIENTS	0.290854	8,238,739	0	39,161	2,396,270
74.00 07400 RENAL DIALYSIS	1.230768	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC					
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 09001 WOUND/OSTOMY CLINIC	0.282644	3,251,435	0	0	918,999
90.02 09002 CTR ADVANCED HEART CARE	1.730756	111,635	0	0	193,213
90.03 09003 RADIATION ONCOLOGY	0.125230	9,860,568	0	0	1,234,839
90.04 09004 MUNCIE CLINIC	0.000000	0	0	0	0
90.05 09005 ANTI COAGULATION CLINIC	0.836114	242,025	0	0	202,360
90.06 09006 PREGNANCY PLUS	0.000000	0	0	0	0
90.07 09007 O/P LAB	0.000000	0	0	0	0
90.08 09008 O/P LAB	0.000000	0	0	0	0
90.09 09009 FORTVILLE CLINIC	0.000000	0	0	0	0
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0
90.11 09011 DIABETIC PLUS CLINIC	4.671856	0	0	0	0
90.12 09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.186232	7,497,924	0	0	1,396,353
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.069066	1,277,541	0	0	1,365,776
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		78,895,133	1,572	39,161	16,372,064
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0
202.00 Net Charges (line 200 - line 201)		78,895,133	1,572	39,161	16,372,064

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 8/2/2021 3:34 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
54.02 05402 WOMEN'S CENTER	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	362	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	11,390		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
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				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	362	11,390		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 - line 201)	362	11,390		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part I Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,118,334	0	1,118,334	19,869	56.29	30.00
31.00	INTENSIVE CARE UNIT	355,048		355,048	3,562	99.68	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	109,977		109,977	1,488	73.91	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30 through 199)	1,583,359		1,583,359	24,919		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	654	36,814				
31.00	INTENSIVE CARE UNIT	183	18,241				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	1,189	87,879				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30 through 199)	2,026	142,934				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet D Part II Date/Time Prepared: 8/2/2021 3:34 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)	PPS
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,546,540	80,282,305	0.019264	339,272	6,536	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	46,314	1,480,341	0.031286	23,426	733	52.00
53.00	05300	ANESTHESIOLOGY	14,256	1,531,806	0.009307	21,874	204	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	401,156	11,598,484	0.034587	109,488	3,787	54.00
54.01	05401	ULTRASOUND	21,641	6,591,977	0.003283	51,885	170	54.01
54.02	05402	WOMEN'S CENTER	35,012	2,219,347	0.015776	438	7	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	50,231	2,921,120	0.017196	0	0	56.00
57.00	05700	CT SCAN	72,858	42,055,864	0.001732	356,947	618	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	218,689	20,124,010	0.010867	91,590	995	58.00
59.00	05900	CARDIAC CATHETERIZATION	259,826	22,716,397	0.011438	251,003	2,871	59.00
60.00	06000	LABORATORY	399,659	44,974,444	0.008886	499,374	4,437	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,325	1,638,553	0.016066	37,129	597	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	73,444	6,433,042	0.011417	236,599	2,701	65.00
66.00	06600	PHYSICAL THERAPY	770,237	7,911,025	0.097362	27,564	2,684	66.00
67.00	06700	OCCUPATIONAL THERAPY	23,693	1,478,695	0.016023	22,051	353	67.00
68.00	06800	SPEECH PATHOLOGY	7,466	803,439	0.009293	18,611	173	68.00
69.00	06900	ELECTROCARDIOLOGY	310,542	12,404,881	0.025034	119,932	3,002	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	103,797	3,644,825	0.028478	4,667	133	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,108	33,983,097	0.003770	930,683	3,509	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	183,459	24,202,279	0.007580	280,975	2,130	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	384,995	50,661,219	0.007599	910,621	6,920	73.00
74.00	07400	RENAL DIALYSIS	3,513	439,255	0.007998	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	WOUND/OSTOMY CLINIC	74,390	7,274,922	0.010226	4,224	43	90.01
90.02	09002	CTR ADVANCED HEART CARE	25,007	319,016	0.078388	0	0	90.02
90.03	09003	RADIATION ONCOLOGY	872,695	37,627,521	0.023193	0	0	90.03
90.04	09004	MUNCIE CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	ANTI COAGULATION CLINIC	5,374	659,268	0.008151	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	19,186	147,600	0.129986	0	0	90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0	0	0.000000	0	0	90.12
91.00	09100	EMERGENCY	262,587	51,579,137	0.005091	335,063	1,706	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	75,928	2,255,695	0.033661	49,032	1,650	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50 through 199)	6,416,928	479,959,564		4,722,448	45,959	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part III Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health Cost	All Other Medical Education Cost
	1A	1.00	2A	2.00	3.00

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

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

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	19,869	0.00	654	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,562	0.00	183	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0	0.00	0	42.00
43.00	04300	NURSERY	0	1,488	0.00	1,189	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0	0.00	0	45.00
200.00		Total (lines 30 through 199)	0	24,919		2,026	200.00

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

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description	Title XIX				Hospital		PPS	
	Non Physician Anesthetist Cost	Nursing School Post-Stepdown Adjustments	Nursing School	Allied Health Post-Stepdown Adjustments	Allied Health			
	1.00	2A	2.00	3A	3.00			
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
54.01 05401 ULTRASOUND	0	0	0	0	0	0	54.01	
54.02 05402 WOMEN'S CENTER	0	0	0	0	0	0	54.02	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	0	0	0	90.01	
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	0	0	0	90.02	
90.03 09003 RADIATION ONCOLOGY	0	0	0	0	0	0	90.03	
90.04 09004 MUNCIE CLINIC	0	0	0	0	0	0	90.04	
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	0	0	0	90.05	
90.06 09006 PREGNANCY PLUS	0	0	0	0	0	0	90.06	
90.07 09007 O/P LAB	0	0	0	0	0	0	90.07	
90.08 09008 O/P LAB	0	0	0	0	0	0	90.08	
90.09 09009 FORTVILLE CLINIC	0	0	0	0	0	0	90.09	
90.10 09010 1030 S SCATTERFIELD (MEDCHECK)	0	0	0	0	0	0	90.10	
90.11 09011 DIABETIC PLUS CLINIC	0	0	0	0	0	0	90.11	
90.12 09012 OTHER ONCOLOGY SERVICES	0	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00	
200.00 Total (lines 50 through 199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description	Title XIX			Hospital	PPS	
	All Other Medical Education Cost	Total Cost (sum of cols. 1, 2, 3, and 4)	Total Outpatient Cost (sum of cols. 2, 3, and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7) (see instructions)	
	4.00	5.00	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	80,282,305	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	1,480,341	0.000000	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	1,531,806	0.000000	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	11,598,484	0.000000	54.00
54.01 05401 ULTRASOUND	0	0	0	6,591,977	0.000000	54.01
54.02 05402 WOMEN'S CENTER	0	0	0	2,219,347	0.000000	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0.000000	55.00
56.00 05600 RADIOLOGY-SOTOPE	0	0	0	2,921,120	0.000000	56.00
57.00 05700 CT SCAN	0	0	0	42,055,864	0.000000	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	20,124,010	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	22,716,397	0.000000	59.00
60.00 06000 LABORATORY	0	0	0	44,974,444	0.000000	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0.000000	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0.000000	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	1,638,553	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	6,433,042	0.000000	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	7,911,025	0.000000	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	1,478,695	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	803,439	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	12,404,881	0.000000	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	3,644,825	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	33,983,097	0.000000	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,202,279	0.000000	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	50,661,219	0.000000	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	439,255	0.000000	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0	0	0.000000	90.00
90.01 09001 WOUND/OSTOMY CLINIC	0	0	0	7,274,922	0.000000	90.01
90.02 09002 CTR ADVANCED HEART CARE	0	0	0	319,016	0.000000	90.02
90.03 09003 RADIATION ONCOLOGY	0	0	0	37,627,521	0.000000	90.03
90.04 09004 MUNCIE CLINIC	0	0	0	0	0.000000	90.04
90.05 09005 ANTI COAGULATION CLINIC	0	0	0	659,268	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	147,600	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	51,579,137	0.000000	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	2,255,695	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0.000000	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0.000000	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0.000000	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0.000000	97.00
200.00 Total (lines 50 through 199)	0	0	0	479,959,564		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part IV Date/Time Prepared: 8/2/2021 3:34 pm
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Cost Center Description		Title XIX				Hospital	
		Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PPS
		9.00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.000000	339,272	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	23,426	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	21,874	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000	109,488	0	0	0	54.00
54.01	05401 ULTRASOUND	0.000000	51,885	0	0	0	54.01
54.02	05402 WOMEN'S CENTER	0.000000	438	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.000000	356,947	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	91,590	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	251,003	0	0	0	59.00
60.00	06000 LABORATORY	0.000000	499,374	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	37,129	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	236,599	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.000000	27,564	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	22,051	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	18,611	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	119,932	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	4,667	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	930,683	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	280,975	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000	910,621	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 WOUND/OSTOMY CLINIC	0.000000	4,224	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	0	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	335,063	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	49,032	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00	Total (lines 50 through 199)		4,722,448	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 8/2/2021 3:34 pm
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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	0.199006	0	879,370	0	0
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.682388	0	0	0	0
53.00	05300 ANESTHESIOLOGY	0.687187	0	26,844	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.378746	0	242,472	0	0
54.01	05401 ULTRASOUND	0.131111	0	249,848	0	0
54.02	05402 WOMEN'S CENTER	0.285514	0	20,628	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00	05600 RADIOISOTOPE	0.173484	0	28,697	0	0
57.00	05700 CT SCAN	0.039896	0	1,017,037	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.105579	0	321,168	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.089007	0	152,133	0	0
60.00	06000 LABORATORY	0.206499	0	727,320	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.734451	0	98,493	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.408598	0	16,382	0	0
66.00	06600 PHYSICAL THERAPY	0.599779	0	77,200	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.394788	0	3,355	0	0
68.00	06800 SPEECH PATHOLOGY	0.363187	0	8,438	0	0
69.00	06900 ELECTROCARDIOLOGY	0.177518	0	104,844	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.285455	0	71,494	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230249	0	649,156	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.462536	0	227,740	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.290854	0	880,726	0	0
74.00	07400 RENAL DIALYSIS	1.230768	0	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					89.00
90.00	09000 CLINIC	0.000000	0	0	0	0
90.01	09001 WOUND/OSTOMY CLINIC	0.282644	0	328,333	0	0
90.02	09002 CTR ADVANCED HEART CARE	1.730756	0	10,813	0	0
90.03	09003 RADIATION ONCOLOGY	0.125230	0	917,721	0	0
90.04	09004 MUNCIE CLINIC	0.000000	0	0	0	0
90.05	09005 ANTI COAGULATION CLINIC	0.836114	0	1,828	0	0
90.06	09006 PREGNANCY PLUS	0.000000	0	0	0	0
90.07	09007 O/P LAB	0.000000	0	0	0	0
90.08	09008 O/P LAB	0.000000	0	0	0	0
90.09	09009 FORTVILLE CLINIC	0.000000	0	0	0	0
90.10	09010 1030 S SCATTERFIELD (MEDCHECK)	0.000000	0	0	0	0
90.11	09011 DIABETIC PLUS CLINIC	4.671856	0	4,495	0	0
90.12	09012 OTHER ONCOLOGY SERVICES	0.000000	0	0	0	0
91.00	09100 EMERGENCY	0.186232	0	1,896,486	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.069066	0	49,874	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00	Subtotal (see instructions)		0	9,012,895	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	9,012,895	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D Part V Date/Time Prepared: 8/2/2021 3:34 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	175,000	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	18,447	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	91,835	0		54.00
54.01 05401 ULTRASOUND	32,758	0		54.01
54.02 05402 WOMEN'S CENTER	5,890	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	4,978	0		56.00
57.00 05700 CT SCAN	40,576	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	33,909	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	13,541	0		59.00
60.00 06000 LABORATORY	150,191	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	72,338	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	6,694	0		65.00
66.00 06600 PHYSICAL THERAPY	46,303	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	1,325	0		67.00
68.00 06800 SPEECH PATHOLOGY	3,065	0		68.00
69.00 06900 ELECTROCARDIOLOGY	18,612	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	20,408	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	149,468	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	105,338	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	256,163	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 WOUND/OSTOMY CLINIC	92,801	0		90.01
90.02 09002 CTR ADVANCED HEART CARE	18,715	0		90.02
90.03 09003 RADIATION ONCOLOGY	114,926	0		90.03
90.04 09004 MUNCIE CLINIC	0	0		90.04
90.05 09005 ANTI COAGULATION CLINIC	1,528	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	21,000	0		90.11
90.12 09012 OTHER ONCOLOGY SERVICES	0	0		90.12
91.00 09100 EMERGENCY	353,186	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	53,319	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00 Subtotal (see instructions)	1,902,314	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)	1,902,314	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 3:34 pm
Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			19,869 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			19,869 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)			18,520 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)			5,863 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)			35,518,119 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)			35,518,119 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)			35,518,119 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)			1,787.61 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			10,480,757 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)			10,480,757 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 8/2/2021 3:34 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	7,386,307	3,562	2,073.64	1,687	3,498,231		43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
						1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,363,422		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					25,342,410		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)					498,188		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					513,296		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,011,484		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					24,330,926		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)					1,349		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,787.61		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,411,486		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 8/2/2021 3:34 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	1,118,334	35,518,119	0.031486	2,411,486	75,928	90.00
91.00	Nursing School cost	0	35,518,119	0.000000	2,411,486	0	91.00
92.00	Allied health cost	0	35,518,119	0.000000	2,411,486	0	92.00
93.00	All other Medical Education	0	35,518,119	0.000000	2,411,486	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 3:34 pm
Cost Center Description		Title XIX	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		19,869	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,869	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)		18,520	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)		654	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)		1,488	15.00
16.00	Nursery days (title V or XIX only)		1,189	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)		35,518,119	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)		35,518,119	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)		35,518,119	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)		1,787.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,169,097	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)		1,169,097	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D-1 Date/Time Prepared: 8/2/2021 3:34 pm		
Cost Center Description			Title XIX		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,141,242	1,488	766.96	1,189	911,915	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,386,307	3,562	2,073.64	183	379,476	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,199,983	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,660,471	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)					142,934	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					45,959	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					188,893	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,471,578	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)					1,349	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,787.61	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,411,486	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 15-0113		Period: From 01/01/2020 To 12/31/2020		Worksheet D-1 Date/Time Prepared: 8/2/2021 3:34 pm	
Cost Center Description		Cost	Routine Cost (from line 21)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,118,334	35,518,119	0.031486	2,411,486	75,928	90.00
91.00	Nursing School cost	0	35,518,119	0.000000	2,411,486	0	91.00
92.00	Allied health cost	0	35,518,119	0.000000	2,411,486	0	92.00
93.00	All other Medical Education	0	35,518,119	0.000000	2,411,486	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 8/2/2021 3:34 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,062,715	30.00
31.00	03100	INTENSIVE CARE UNIT		6,346,771	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199006	7,517,438	1,496,015 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.682388	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.687187	509,354	350,021 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378746	1,149,466	435,356 54.00
54.01	05401	ULTRASOUND	0.131111	486,080	63,730 54.01
54.02	05402	WOMEN'S CENTER	0.285514	1,321	377 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.173484	0	0 56.00
57.00	05700	CT SCAN	0.039896	3,214,988	128,265 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105579	860,368	90,837 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089007	2,426,419	215,968 59.00
60.00	06000	LABORATORY	0.206499	4,201,535	867,613 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.734451	259,928	190,904 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	0.408598	1,860,516	760,203 65.00
66.00	06600	PHYSICAL THERAPY	0.599779	414,288	248,481 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394788	281,986	111,325 67.00
68.00	06800	SPEECH PATHOLOGY	0.363187	204,154	74,146 68.00
69.00	06900	ELECTROCARDIOLOGY	0.177518	1,097,019	194,741 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.285455	406,992	116,178 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230249	4,823,951	1,110,710 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.462536	4,369,174	2,020,900 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290854	6,247,682	1,817,163 73.00
74.00	07400	RENAL DIALYSIS	1.230768	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.282644	51,329	14,508 90.01
90.02	09002	CTR ADVANCED HEART CARE	1.730756	0	0 90.02
90.03	09003	RADIATION ONCOLOGY	0.125230	106,284	13,310 90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0 90.04
90.05	09005	ANTI COAGULATION CLINIC	0.836114	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	4.671856	0	0 90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.186232	4,480,852	834,478 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.069066	194,743	208,193 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		45,165,867	11,363,422 200.00
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)		45,165,867	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet D-3 Date/Time Prepared: 8/2/2021 3:34 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,109,560	30.00
31.00	03100	INTENSIVE CARE UNIT		619,061	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		30,580	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.199006	339,272	67,517 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.682388	23,426	15,986 52.00
53.00	05300	ANESTHESIOLOGY	0.687187	21,874	15,032 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.378746	109,488	41,468 54.00
54.01	05401	ULTRASOUND	0.131111	51,885	6,803 54.01
54.02	05402	WOMEN'S CENTER	0.285514	438	125 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.173484	0	0 56.00
57.00	05700	CT SCAN	0.039896	356,947	14,241 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105579	91,590	9,670 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089007	251,003	22,341 59.00
60.00	06000	LABORATORY	0.206499	499,374	103,120 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.734451	37,129	27,269 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	0.408598	236,599	96,674 65.00
66.00	06600	PHYSICAL THERAPY	0.599779	27,564	16,532 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.394788	22,051	8,705 67.00
68.00	06800	SPEECH PATHOLOGY	0.363187	18,611	6,759 68.00
69.00	06900	ELECTROCARDIOLOGY	0.177518	119,932	21,290 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.285455	4,667	1,332 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.230249	930,683	214,289 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.462536	280,975	129,961 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.290854	910,621	264,858 73.00
74.00	07400	RENAL DIALYSIS	1.230768	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	WOUND/OSTOMY CLINIC	0.282644	4,224	1,194 90.01
90.02	09002	CTR ADVANCED HEART CARE	1.730756	0	0 90.02
90.03	09003	RADIATION ONCOLOGY	0.125230	0	0 90.03
90.04	09004	MUNCIE CLINIC	0.000000	0	0 90.04
90.05	09005	ANTI COAGULATION CLINIC	0.836114	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	4.671856	0	0 90.11
90.12	09012	OTHER ONCOLOGY SERVICES	0.000000	0	0 90.12
91.00	09100	EMERGENCY	0.186232	335,063	62,399 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.069066	49,032	52,418 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50 through 94 and 96 through 98)		4,722,448	1,199,983 200.00
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)		4,722,448	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 3:34 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)		11,755,362	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		4,296,274	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)		468,299	2.03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)		109,821	2.04
3.00	Managed Care Simulated Payments		13,311,574	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		117.19	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA § 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under § 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.16	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.		0.17	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.11	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		0.11	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000939	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.001248	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000939	21.00
22.00	IME payment adjustment (see instructions)		8,234	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		6,829	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)		8,234	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		6,829	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.34	31.00
32.00	Sum of lines 30 and 31		27.91	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.24	33.00
34.00	Disproportionate share adjustment (see instructions)		491,180	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 3:34 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)	8,350,599,096	8,290,014,521	35.00
35.01	Factor 3 (see instructions)	0.000180054	0.000147153	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)	1,503,560	1,219,902	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)	1,125,616	307,482	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)	1,433,098		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)				
40.00	Total Medicare discharges, excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0	46.00
47.00	Subtotal (see instructions)	18,562,268		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)		18,569,097	49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		1,349,993	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).		6,867	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		238,779	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)		20,164,736	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		20,164,736	61.00
62.00	Deductibles billed to program beneficiaries		1,701,612	62.00
63.00	Coinurance billed to program beneficiaries		30,272	63.00
64.00	Allowable bad debts (see instructions)		154,415	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		100,370	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		25,014	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		18,533,222	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)		185,419	70.93
70.94	HRR adjustment amount (see instructions)		-134,302	70.94
70.95	Recovery of accelerated depreciation		0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet E Part A Date/Time Prepared: 8/2/2021 3:34 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)			143,916	70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			18,440,423	71.00
71.01	Sequestration adjustment (see instructions)			121,707	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			17,856,589	72.00
72.01	Interim payments-PARHM			0	72.01
73.00	Tentative settlement (for contractor use only)			0	73.00
73.01	Tentative settlement-PARHM (for contractor use only)			0	73.01
74.00	Balance due provider/program (line 71 minus lines 71.01, 71.02, 72, and 73)			462,127	74.00
74.01	Balance due provider/program-PARHM (see instructions)			0	74.01
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			327,031	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 01/01/2020 To 12/31/2020	Worksheet E Part B Date/Time Prepared: 8/2/2021 3:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,752	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,372,064	2.00
3.00	OPPS payments		12,276,970	3.00
4.00	Outlier payment (see instructions)		126,599	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)		11,752	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		40,733	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)		40,733	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)		40,733	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		28,981	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (see instructions)		11,752	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)		12,403,569	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance amounts (for CAH, see instructions)		314	25.00
26.00	Deductibles and Coinsurance amounts relating to amount on line 24 (for CAH, see instructions)		2,277,018	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)		10,137,989	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		4,439	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)		10,142,428	30.00
31.00	Primary payer payments		2,146	31.00
32.00	Subtotal (line 30 minus line 31)		10,140,282	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)		393,565	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		255,817	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		238,785	36.00
37.00	Subtotal (see instructions)		10,396,099	37.00
38.00	MSP-LCC reconciliation amount from PS&R		210	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)		10,395,889	40.00
40.01	Sequestration adjustment (see instructions)		68,613	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		10,516,358	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)		-189,082	43.00
43.01	Balance due provider/program-PARHM (see instructions)		0	43.01
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet E-1
Part I
Date/Time Prepared:
8/2/2021 3:34 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		17,856,589		10,516,358	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)		17,856,589		10,516,358	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		462,127		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		189,082	6.02	
7.00	Total Medicare program liability (see instructions)		18,318,716		10,327,276	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 01/01/2020 To 12/31/2020	Worksheet E-1 Part II Date/Time Prepared: 8/2/2021 3:34 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			7.00
8.00	Calculation of the HIT incentive payment (see instructions)			8.00
9.00	Sequestration adjustment amount (see instructions)			9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			10.00
INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			30.00
31.00	Other Adjustment (specify)			31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 8/2/2021 3:34 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		0.00		10.00
10.01	Unweighted dental and podiatric resident FTE count for the current year		0.00		10.01
11.00	Total weighted FTE count	0.00	0.00		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	0.44		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.20		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	0.20		17.00
18.00	Per resident amount	92,641.78	92,641.78		18.00
19.00	Approved amount for resident costs	0	18,528	18,528	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)			18,528	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)	7,550	6,442		26.00
27.00	Total Inpatient Days (see instructions)	22,190	22,190		27.00
28.00	Ratio of inpatient days to total inpatient days	0.340243	0.290311		28.00
29.00	Program direct GME amount	6,304	5,379	11,683	29.00
29.01	Percent reduction for MA DGME		7.00		29.01
30.00	Reduction for direct GME payments for Medicare Advantage		377	377	30.00
31.00	Net Program direct GME amount			11,306	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet E-4 Date/Time Prepared: 8/2/2021 3:34 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		439,255	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)		25,342,410	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		25,342,410	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		16,383,816	42.00
43.00	Primary payer payments (see instructions)		2,146	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		16,381,670	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		41,724,080	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.607381	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.392619	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		11,306	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		6,867	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		4,439	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 01/01/2020
To 12/31/2020

Worksheet G

Date/Time Prepared:
8/2/2021 3:34 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	4,072,792	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	60,800,923	0	0	0	4.00
5.00	Other receivable	-38,465,313	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	3,913,618	0	0	0	6.00
7.00	Inventory	3,291,347	0	0	0	7.00
8.00	Prepaid expenses	124,546	0	0	0	8.00
9.00	Other current assets	401,806	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)	34,139,719	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,208,238	0	0	0	12.00
13.00	Land improvements	1,989,234	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	78,460,300	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,311,533	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	77,172,623	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	897,913	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	-108,397,456	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	57,642,385	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	823,413	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	202,718,846	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	203,542,259	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	295,324,363	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,554,033	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	3,017,994	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,572,027	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	3,020,635	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,020,635	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,592,662	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	287,731,701	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	287,731,701	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	295,324,363	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-1

Date/Time Prepared:
8/2/2021 3:34 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		303,608,113		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-15,876,412			2.00
3.00	Total (sum of line 1 and line 2)		287,731,701		0	3.00
4.00	ROUNDING	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)		287,731,701		0	11.00
12.00	ROUNDING	1		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)		1		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		287,731,700		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	ROUNDING		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	ROUNDING		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 01/01/2020
To 12/31/2020

Worksheet G-2
Parts I & II
Date/Time Prepared:
8/2/2021 3:34 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,866,801		32,866,801	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	32,866,801		32,866,801	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	15,217,720		15,217,720	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	15,217,720		15,217,720	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	48,084,521		48,084,521	17.00
18.00	Ancillary services	164,818,652	352,484,986	517,303,638	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	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	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)	212,903,173	352,484,986	565,388,159	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		218,606,661		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)		218,606,661		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 15-0113

Period:
From 01/01/2020
To 12/31/2020

Worksheet G-3

Date/Time Prepared:
8/2/2021 3:34 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	565,388,159	1.00
2.00	Less contractual allowances and discounts on patients' accounts	400,055,291	2.00
3.00	Net patient revenues (line 1 minus line 2)	165,332,868	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	218,606,661	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-53,273,793	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	256,575	6.00
7.00	Income from investments	1,226,391	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	7,785	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	2,229,232	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	29,643,197	24.00
24.50	COVID-19 PHE Funding	4,034,201	24.50
25.00	Total other income (sum of lines 6-24)	37,397,381	25.00
26.00	Total (line 5 plus line 25)	-15,876,412	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)	-15,876,412	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 15-0113	Period: From 01/01/2020 To 12/31/2020	Worksheet L Parts I-III Date/Time Prepared: 8/2/2021 3:34 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,252,440	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		24,160	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)		61.21	3.00
4.00	Number of interns & residents (see instructions)		0.11	4.00
5.00	Indirect medical education percentage (see instructions)		0.05	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)		626	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.57	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.34	8.00
9.00	Sum of lines 7 and 8		27.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.81	10.00
11.00	Disproportionate share adjustment (see instructions)		72,767	11.00
12.00	Total prospective capital payments (see instructions)		1,349,993	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