This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim FORM APPROVED payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). OMB NO. 0938-0050 EXPIRES 09-30-2025 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION | Provider CCN: 15-0173 Worksheet S Peri od: From 01/01/2022 Parts I-III AND SETTLEMENT SUMMARY 12/31/2022 Date/Time Prepared: 5/26/2023 10: 13 am PART I - COST REPORT STATUS Provi der 1. [X] Electronically prepared cost report Date: 5/26/2023 Time: 10:13 am use only] Manually prepared cost report Ilf this is an amended report enter the number of times the provider resubmitted this cost report [Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no. [1] Cost Report Status
[1] As Submitted
[2] Settled without Audit
[3] Settled with Audit
[4] Date Received:
[5] To. NPR Date:
[6] 10. NPR Date:
[7] 11. Contractor's Vendor Code:
[7] 12. [8] Final Report for this Provider CCN
[9] [8] Final Report for this Provider CCN
[10] NPR Date:
[11] 12. NPR Date:
[12] 13. NPR Date:
[13] 14. NPR Date:
[14] 15. NPR Date:
[15] 15. NPR Date:
[16] 16. NPR Date:
[17] 17. NPR Date:
[18] 17. NPR Date:
[18] 18. NPR Date:
[18] 18. NPR Date:
[18] 19. NPR Da Contractor use only (3) Settled with Audit number of times reopened = 0-9. (4) Reopened

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

(5) Amended

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

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

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH ARNETT HOSPITAL (15-0173) for the cost reporting period beginning 01/01/2022 and ending 12/31/2022 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONI C	
		1	2	SI GNATURE STATEMENT	
1	Todd Williams		Y	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	2 Signatory Printed Name Todd Williams				2
3	3 Signatory Title CHIEF FINANCIAL OFFICER				3
4	Date	(Dated when report is electronica			4

			Title	XVIII			
		Title V	Part A	Part B	HI T	Title XIX	
		1. 00	2.00	3. 00	4. 00	5. 00	
	PART III - SETTLEMENT SUMMARY						
1.00	HOSPI TAL	0	695, 484	-79, 725	0	0	1.00
2.00	SUBPROVI DER - I PF	0	0	0		0	2. 00
3.00	SUBPROVI DER - I RF	0	0	0		0	3. 00
5.00	SWING BED - SNF	0	0	0		0	5. 00
6.00	SWING BED - NF	0				0	6. 00
200.00	TOTAL	0	695, 484	-79, 725	0	0	200. 00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The number for this information collection is OMB 0938-0050 and the number for the Supplement to Form CMS 2552-10, Worksheet N95, is OMB 0938-1425. The time required to complete and review the information collection is estimated 675 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.
Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA

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.

Health Financial Systems IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provider CCN: 15-0173 Peri od: Worksheet S-2 From 01/01/2022 Part I Date/Time Prepared: 12/31/2022 5/26/2023 10:13 am 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 6165 MCCARTY LANE 1.00 PO Box: 1.00 State: IN County: TI PPECANOE 2.00 City: LAFAYETTE Zip Code: 47905 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, O, or N)
V XVIII XIX Certi fi ed Number Number Type 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 IU HEALTH ARNETT 150173 29200 11/10/2008 Ν 3.00 HOSPI TAI Subprovi der - IPF 4.00 4 00 5.00 Subprovider - IRF 5.00 Subprovi der - (Other) 6.00 6.00 Swing Beds - SNF 7 00 7 00 8.00 Swing Beds - NF 8.00 9.00 Hospi tal -Based SNF 9.00 10.00 Hospi tal -Based NF 10.00 11.00 Hospi tal -Based OLTC 11.00 12.00 Hospi tal -Based HHA 12.00 Separately Certified ASC 13.00 13.00 Hospi tal -Based Hospi ce 14.00 14.00 Hospital-Based Health Clinic - RHC 15.00 15 00 16.00 Hospital-Based Health Clinic - FQHC 16.00 17.00 Hospital-Based (CMHC) I 17.00 18.00 Renal Dialysis 18.00 19.00 Other 19.00 From: 2.00 1.00 20.00 Cost Reporting Period (mm/dd/yyyy) 01/01/2022 12/31/2022 20.00 21.00 Type of Control (see instructions) 21.00 2 1. 00 2. 00 3.00 Inpatient PPS Information 22.00 Does this facility qualify and is it currently receiving payments for Υ N 22.00 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. Did this hospital receive interim UCPs, including supplemental UCPs, for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no 22.01 Υ 22.01 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) 22.02 Is this a newly merged hospital that requires a final UCP to be Ν Ν 22.02 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. 22.03 Did this hospital receive a geographic reclassification from urban to N 22.03 N Ν 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. 22.04 Did this hospital receive a geographic reclassification from urban to 22.04 rural as a result of the revised OMB delineations for statistical areas adopted by CMS in FY 2021? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, yes or "N" for no. 23 00 Which method is used to determine Medicaid days on lines 24 and/or 25 23 00 3 N 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.

						/ XVIII 00 2.00		
59. 00	Are costs claimed on line 100 of Worksheet A? If yes	s, comp	lete Wkst. D-2,	Pt. I.		V 2.00	3.00	59. 00
				NAHE 413.85 Y/N	Worksheet A Line #	Pass-Th Qualifi Criterio	cation	
				1. 00	2.00	3. (00	
	Are you claiming nursing and allied health education any programs that meet the criteria under 42 CFR 413. instructions) Enter "Y" for yes or "N" for no in colis "Y", are you impacted by CR 11642 (or subsequent C adjustment? Enter "Y" for yes or "N" for no in colum of line 60 is yes, complete columns 2 and 3 for each	85? (: umn 1. CR) NAHI nn 2.	see If column 1 E MA payment	Y	Y 23. (00 1		60. 00
	instructions)	Y/N	I ME	Direct GME	I ME	Di rect		00.01
(1 00	Did was basital massive ETE alata wadan ACA	1.00	2. 00	3. 00	4. 00	5. ((1.00
	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
	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)					45 11 .		61. 06
		Pr	ogram Name	Program Code	Unweighted II FTE Count	ME Unweig Direct (Cou	ĞME FTE	
1 10	00 11 575 1 11 (4.05		1. 00	2. 00	3.00	4. ((1.16
51. 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. (50	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.				0.0	00	0. 00	61. 20
						1. (00	
62. 00	ACA Provisions Affecting the Health Resources and Ser Enter the number of FTE residents that your hospital				od for which		0.00	62. 00
	your hospital received HRSA PCRE funding (see instructions of the number of FTE residents that rotated from a during in this cost reporting period of HRSA THC process.)	ctions) a Teachi	ing Health Cent	ter (THC) into				62. 01
63. 00	Teaching Hospitals that Claim Residents in Nonprovide Has your facility trained residents in nonprovider se "Y" for yes or "N" for no in column 1. If yes, comple	er Sett ettings	ings during this co	ost reporting p		Y	,	63. 00

Health Financial Systems	IU HFAL	_TH ARNETT HOSI	PI TAL		In Lie	eu of Form CMS-2	2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMP					Period: From 01/01/2022 To 12/31/2022	Worksheet S-2 Part I	
						5/26/2023 10:	13 am
				Unweighted FTEs	Unweighted FTEs in	Ratio (col. 1/ (col. 1 + col.	
				Nonprovi der		2))	
				Si te			
Section 5504 of the ACA Base Yea	or ETE Docidonts in N	annravi dan Sat	tings 3	1.00	2.00	3.00	
period that begins on or after s				illis base year	i is your cost i	epor triig	
64.00 Enter in column 1, if line 63 is in the base year period, the numeresident FTEs attributable to resettings. Enter in column 2 the resident FTEs that trained in your settings.	s yes, or your facili nber of unweighted no ptations occurring in e number of unweighted our hospital. Enter in	ty trained res n-primary care all nonprovid d non-primary n column 3 the	i dents er care	O. C	0. 00	0. 000000	64. 00
of (column 1 divided by (column	Program Name	Program C	ode	Unweighted	Unwei ghted	Ratio (col. 3/	
	i rogram name	1.09.4		FTEs	FTEs in	(col. 3 + col.	
				Nonprovi der	Hospi tal	4))	
	1.00	2.00		Si te 3.00	4.00	5. 00	
65.00 Enter in column 1, if line 63	1.00	2.00		3. 00 0. 0			65. 00
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)				Unwei ghted FTEs	Unwei ghted FTEs in	Ratio (col. 1/ (col. 1 + col.	
				Nonprovi der		2))	
				Si te			
Cootion FEOA of the ACA Current	Voor FTF Dooi donto i	n Nannnavi dan	Co++! nac	1.00	2.00	3.00	
Section 5504 of the ACA Current beginning on or after July 1, 20		n Nonprovi der	settings	sEffective	ror cost reporti	ng perioas	
66.00 Enter in column 1 the number of FTEs attributable to rotations of Enter in column 2 the number of FTEs that trained in your hospit (column 1 divided by (column 1 divided by (column 1 divided by (column 1 divided by	unweighted non-prima occurring in all nonpo unweighted non-prima cal. Enter in column	rovider settin ry care reside 3 the ratio of structions)	gs. nt	0. 0	0. 00		66. 00
	Program Name	Program C	ode	Unweighted FTEs	Unweighted FTEs in	Ratio (col. 3/ (col. 3 + col.	
				Nonprovi der		4))	
				Si te		, ,	
47.00 E. I	1. 00	2.00		3. 00	4.00	5. 00	(7.00
67.00 Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350		3. 2	27 11. 19	0. 226141	67. 00

yes, enter the approval date (mm/dd/yyyy) in column 2.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLE	X IDENTIFICATION DATA	Prov	ider CC	N: 15-0173		eriod: fom 01/01/ o 12/31/			repared:
								1.00	
147.00 Was there a change in the statisti	cal basis? Enter "Y" fo	for yes or '	N" for	no.				N N	147. 00
148.00 Was there a change in the order of	allocation? Enter "Y"	for yes or	"N" fo	r no.				N	148. 00
149.00 Was there a change to the simplifi	ed cost finding method							N	149. 00
			t A	Part		Title		Title XIX	
			00	2.00		3.00		4.00	
Does this facility contain a provi									
or charges? Enter "Y" for yes or '	N for no for each com		Part A	and Part N	в. (5	ee 42 CFR N	9413	3. 13) N	155. 00
156. 00 Subprovi der – TPF			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N N		N N		N	156. 00
157. 00 Subprovider - TRF			,	N N		N		N N	157. 00
158. OO SUBPROVI DER			١	14		IV.		I IV	158. 00
159. 00 SNF			v I	N		N		N	159. 00
160.00HOME HEALTH AGENCY			·	N		N		N N	160.00
161. 00 CMHC				N		N		N N	161. 00
		'	1						
								1.00	
Mul ti campus									
165.00 Is this hospital part of a Multica	mpus hospital that has	one or moi	e campu	ses in di	ffere	nt CBSAs?		N	165. 00
Enter "Y" for yes or "N" for no.		•				0 1 0	201	FTF (0	
	Name	Coun ⁻		State	Zi p 3.		3SA 00	FTE/Campus	<u> </u>
166.00 If line 165 is yes, for each	0	1. 00)	2. 00	3.	00 4.	00	5.00	00 166. 00
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.	00,100.00
								1, 00	_
Health Information Technology (HI) incentive in the Ame	rican Reco	very and	l Reinvest	ment	Δct		1.00	
167.00 Is this provider a meaningful user						710 t		Υ	167. 00
168.00 If this provider is a CAH (line 10						enter the			168. 00
reasonable cost incurred for the H			•		, .				
168.01 <mark> f this provider is a CAH and is</mark> r						hardshi p			168. 01
exception under §413.70(a)(6)(ii)?									
169.00 If this provider is a meaningful u		and is not	a CAH (line 105	is "N	"), enter	the	9.	99 169. 00
transition factor. (see instruction	ns)					Б		F !!	
						Begi nni		Endi ng	
170.00 Enter in columns 1 and 2 the EHR k	aginning data and andi	na doto foi	tho ro	norting		1. 00		2.00	170. 00
period respectively (mm/dd/yyyy)	eginning date and endi	ng date roi	the re	portring					170.00
						1. 00		2, 00	_
171.00 f ine 167 is "Y", does this prov	ider have any days for	individual	s enrol	led in		1. 00 Y			'88 171. OC
section 1876 Medicare cost plans r "Y" for yes and "N" for no in colu 1876 Medicare days in column 2. (s	reported on Wkst. S-3, I umn 1. If column 1 is yo	Pt. I, line	2, col	. 6? Ente		ľ			00171.00

## Provider CDR: 15-0173 period of control	Heal th	Financial Systems IU HEALTH ARNE	ETT HOSPITAL		In Li€	eu of Form CMS-	2552-10
10 1973/12/2021				CN: 15-0173	Peri od:	Worksheet S-2	
PART 11 - JESPITAL MO JOSEP TAL MATICAN COMPLEX BY MANUSCRIM OUTSTORMUNE 1.0.0. 2.00 search instruction. Inter V for all VIS responses. Inter N for all NO responses. Inter All More reported instruction. Inter V for all VIS responses. Inter N for all NO responses. Inter All dates in the middly report of the region of the provider of the pr						Date/Time Pre	
PART II - HOSPITAL AND HOSPITAL HEATHCARE COUNTEX RETURNISSEMENT QUESTIONNAIRE General Instruction: Enter Y for all YS responses. Enter N for all N0 responses. Enter all dates in the COUNTEST BY ALL HOSPITALS Provider Organization and Operation Provider Changed Generally Immediately prior to the beginning of the cost N 1.00 185. the provider changed Generally Immediately prior to the beginning of the cost N 1.00 2.0					Y/N		13 am
seeneral Instruction: Inter Y for all YIS responses. Enter N for all ND responses. Enter all dates in the mode/yey/ format. OWNERS BY ALL most and operation. 1.00 Disk the provider Lion and Operation. 1.00 Sists the provider transpold ownership imediately prior to the beginning of the cost. Y/N Batta Y/I 2.00 Has the provider transpold ownership imediately prior to the beginning of the cost. Y/N Batta Y/I 2.00 Has the provider transpold ownership imediately prior to the beginning of the cost. Y/N Batta Y/I 2.00 Has the provider transpold ownership in the fled care Program? If I 0.0 2.00 3.00 3.00 3.00 3.00 3.00 3.00							
1.00 Has the provider changed ownership immediately prior to the beginning of the cost N		General Instruction: Enter Y for all YES responses. Enter N mm/dd/yyyy format. COMPLETED BY ALL HOSPITALS			er all dates in	the	
2.00 Has the provider terminated participation in the Medicare Program? IF 1.00 2.00 3	1.00	Has the provider changed ownership immediately prior to the					1. 00
1.00 last the provider terminated participation in the Medicare Program? If yes, exert in column 2 the date of termination and in column 3, """ for yeluntary or "!" for involuntary.		Treporting period: IT yes, enter the date of the change in c	cordiiir 2. (See			V/I	
yes, enter in column 2 the date of termination and in column 3, "" for voluntary or "!" for involuntary. 3.00 Is the provider involved in business transactions, including any or involuntary. 3.10 Is the provider involved in business transactions, including any or involuntary. 4.00 Column 1: Were the financial statements prepared by a Certified Public Accountary? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed Sumit complete copy or enter date available in column 3. (see Instructions) If no. see instructions. 4.00 Column 1: Were the financial statements prepared by a Certified Public Accountary? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed Sumit complete copy or enter date available in column 3. (see Instructions) If no. see instructions. 5.00 Are the cost report total expenses and total revenues of Iferent from N 4.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider N 4.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider N 4.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider N 4.00 Are the cost claimed for a nursing program? Column 2: If yes, is the provider N 4.00 Are costs claimed for Allied Health programs? If "Y" see Instructions. 5.00 Are costs claimed for Instructions. 6.00 Are costs claimed for Instructions. 7.00 Are costs claimed for Instructions. 8.00 Are costs claimed for Instructions. 9.00 Are costs claimed for Instructions. 10.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider N 10.00 Column 2: Are costs claimed for a nursing program? Column 2: If yes, is the provider N 10.00 Are costs claimed for Instructions. 10.00 Are costs claimed for Instructions. 10.00 Column 3: Are costs claimed for Instructions. 10.	0.00	III	0.16		2. 00	3. 00	0.00
contracts, with individuals or entitles (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) Financial Data and Reports		yes, enter in column 2 the date of termination and in colum voluntary or "I" for involuntary.	nn 3, "V" for				2.00
Financial Data and Reports 1.00 2.00 3.00	3.00	contracts, with individuals or entities (e.g., chain home or medical supply companies) that are related to the provide officers, medical staff, management personnel, or members of directors through ownership, control, or family and other	offices, drug der or its of the board	'			3.00
Financial Data and Reports 4.00 Column 1: Were the financial statements prepared by a Certified Public Y A Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Revolewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions. Solution 2: If yes, see instructions For Audited, "C" for Compiled, or "R" for Revolewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions. Y/N Legal Oper.							
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. 5.00 Are the cost report total expenses and total revenues different from N Approved Educational Activities 6.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider N 6.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider N 7.00 Are costs claimed for Allied Health Programs? If "Y" see instructions. 8.00 Were nursing programs and/or allied health programs approved and/or renewed during the N 8.00 Recosts claimed for Allied Health Programs? If "Y" see instructions. 9.00 Program and or allied health programs approved and/or renewed during the N 8.00 Recosts claimed for Interns and Residents in an approved graduate medical education y 9.00 Program or the current cost for the see instructions. 10.00 Program or the current cost forms of the see instructions. 11.00 Are Gette Cost Greetly assigned to cost centers other than I & R in an Approved N 11.00 Are Gette Cost Greetly assigned to cost centers other than I & R in an Approved N 12.00 If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see N 14.00 If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see Instructions. 8.00 Did total beds available change from the prior cost reporting period? If yes, see instructions. 18.00 If it ine 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see Instructions. 19.00 Did total beds available change from the prior cost reporting period? If yes, see instructions. 10.00 Was the cost report prepared using the PS&R Report for Y 10.00 Was the cost report prepared using the PS&R Report for Y 10.00 Was the cost report prepared using the PS&R Report for Y 10.01 If line 16 or 17 is yes,		Financial Data and Reports		1.00	2. 00	3. 00	
those on the filed financial statements? If yes, submit reconciliation. Y/N Legal Oper.		Column 1: Were the financial statements prepared by a Cert Accountant? Column 2: If yes, enter "A" for Audited, "C" for "R" for Reviewed. Submit complete copy or enter date avacolumn 3. (see instructions) If no, see instructions.	for Compiled, milable in	·	А		4.00
Approved Educational Activities 6.00 Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider N the legal operator of the program? 7.00 Are costs claimed for Allied health Programs? If "Y" see instructions. 8.00 Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions. 9.00 Are costs claimed for Interns and Residents In an approved graduate medical education yergram in the current cost report? If yes, see instructions. 10.00 Was an approved Intern and Resident MB program initiated or renewed in the current cost reporting period? If yes, see instructions. 11.00 Are BMC cost directly assigned to cost centers other than I & R in an Approved N 11.00 Bad Debts 12.00 If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy. 14.00 If Jine 12 is yes, usbmit copy. 15.00 Did total beds available change from the prior cost reporting period? If yes, see instructions. 16.00 Was the cost report prepared using the PS&R Report only? 17.00 Was the cost report prepared using the PS&R Report for totals and the provider's records for all ocation? 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) 18.00 If Jine 16 or 17 is yes, were adjustments made to PS&R N 19.00 If Jine 16 or 17 is yes, were adjustments made to PS&R N 19.00 If Jine 16 or 17 is yes, were adjustments made to PS&R N 10.00 If Jine 16 or 17 is yes, were adjustments made to PS&R N 10.00 If Jine 16 or 17 is yes, were adjustments made to PS&R N 10.01 Report data for occorrections of other PS&R Report 10.02 Cost report data for occorrections of other PS&R Report 10.03 Cost report data for occorrections of other PS&R Report 10.04 Are S&R PS&R PS&R PS&R PS&R PS&R PS&R PS&R	5.00	· · · · · · · · · · · · · · · · · · ·		N N			5. 00
Approved Educational Activities Approved Educational Activities Approved Educational Activities Approved Educational Activities Approved Education Approved Education Approved Approved Education Approved Approved Education Approved Educatio							
Column 1: Are costs claimed for a nursing program? Column 2: If yes, is the provider the legal operator of the program? 7.00 Are costs claimed for Allied Heal th Programs? If "Y" see instructions. Y Y Y Y Y Y Y Y Y		Approved Educational Activities			1. 00	2. 00	
the legal operator of the program? 7.00 Are costs claimed for Allied Health Programs? If "Y" see instructions. 8.00 Were nursing programs and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions. 9.00 Are costs claimed for interns and Residents in an approved graduate medical education yorgram in the current cost report? If yes, see instructions. 10.00 Was an approved Intern and Resident 6ME program initiated or renewed in the current North Cost reporting period? If yes, see instructions. 11.00 Are GME cost directly assigned to cost centers other than I & R in an Approved North Cost reporting period? If yes, see instructions. 12.00 Is the provider seeking reimbursement for bad debts? If yes, see instructions. 13.00 If I ine 12 is yes, did the provider's bad debt collection policy change during this cost reporting North North Cost instructions. 14.00 If I ine 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see Instructions. 15.00 Did total beds available change from the prior cost reporting period? If yes, see Instructions. 16.00 Nas the cost report prepared using the PS&R Report only? 17.00 Was the cost report prepared using the PS&R Report for Yould adae of the PS&R Report used in columns 2 and 4. (see Instructions) 18.00 If I ine 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 FS&R Report used to FILE this cost report prepared using the PS&R Report used to FILE this cost report data for corrections of other PS&R Report used to FS&R Report data for corrections of other PS&R Report used to FS&R Report data for corrections of other PS&R Report used to FS&R Report data for corrections of other PS&R Report used to FS&R Report used to FILE this cost report prepared using the PS&R Report used to FILE this cost report data for corrections of other PS&R Report used to FILE this cost report data for corrections of other	6. 00		2: If yes, is	the provide	r N		6.00
cost reporting period? If yes, see instructions. Are costs claimed for Interns and Residents in an approved graduate medical education your program in the current cost report? If yes, see instructions. 10.00 Was an approved Intern and Resident SME program in it at do or renewed in the current of the current of the cost reporting period? If yes, see instructions. 11.00 Are GME cost directly assigned to cost centers other than I & R in an Approved North Teaching Program on Worksheet A? If yes, see instructions. 12.00 If line 12 is yes, did the provider's bad debts? If yes, see instructions. 13.00 If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting North 13. Part A Part B Part B Y/N Date Y/N Date N/N		the legal operator of the program? Are costs claimed for Allied Health Programs? If "Y" see in	nstructions.	·	Υ		7. 00
10.00 Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions. 10.00 Resident GME cost directly assigned to cost centers other than I & R in an Approved N 11.00 Resident GME cost directly assigned to cost centers other than I & R in an Approved N 11.00 Resident GME cost directly assigned to cost centers other than I & R in an Approved N 11.00 Resident GME cost directly assigned to cost centers other than I & R in an Approved N 11.00 Resident GME cost directly assigned to cost centers other than I & R in an Approved N 11.00 Resident GME cost directly assigned to cost centers other than I & R in an Approved N 12.00 Resident GME cost directly assigned to cost centers other than I & R in an Approved N 12.00 Resident GME cost directly assigned to cost centers other than I & R in an Approved N 12.00 Resident GME cost directly assigned to cost centers other than I & R in an Approved N 12.00 Resident GME cost reporting period R in an Approved N 12.00 Resident GME cost reporting Period R in an Approved N N 13.00 Resident GME cost reporting period R in an Approved N N N Resident GME cost report greated to cost centers other than I & R in an Approved N N N Resident GME cost report prepared using the PS&R Report for N N N N N 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 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 Report data for corrections of other PS&R Report N N Report data for corrections of other PS&R Report N N Report data for corrections of other PS&R Report N N Report data for corrections of other PS&R Report N N N Report data for corrections of other PS&R Report N N N Report d		cost reporting period? If yes, see instructions.		Ü			9. 00
11.00 Are GME cost directly assigned to cost centers other than I & R in an Approved N 11.	10. 00	Was an approved Intern and Resident GME program initiated of		he current	N		10.00
Bad Debts 1.00 1.	11. 00	Are GME cost directly assigned to cost centers other than I	& R in an App	proved	N	V (0)	11. 00
Bad Debts 12.00 Is the provider seeking reimbursement for bad debts? If yes, see instructions. Y 12.							
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. 14.00 If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see							
14.00 If line 12 is yes, were patient deductibles and/or coinsurance amounts waived? If yes, see N		If line 12 is yes, did the provider's bad debt collection p			ost reporting		12. 00 13. 00
15.00 Did total beds available change from the prior cost reporting period? If yes, see instructions. N 15.	14. 00	If line 12 is yes, were patient deductibles and/or coinsuralinstructions.	ance amounts wa	ived? If yes,	, see	N	14. 00
PS&R Data PS&R Data PS&R Report prepared using the PS&R Report only? N N 16.	<u>15.</u> 00		ng period? If	yes, see ins	tructions.	N	15. 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) 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) 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. 19.00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report							
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) 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) 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. 19.00 If line 16 or 17 is yes, were adjustments made to PS&R Report used to file this cost report? If yes, see instructions. 19.00 Report data for corrections of other PS&R Report							
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) 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) 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. 19.00 If line 16 or 17 is yes, were adjustments made to PS&R N Report data for corrections of other PS&R Report				2.00	0.00	1.00	
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) 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. 19.00 If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report	16. 00	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	N		N		16. 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. 19.00 If line 16 or 17 is yes, were adjustments made to PS&R N Report data for corrections of other PS&R Report	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	Y	04/03/2023	Y	04/03/2023	17. 00
19.00 If line 16 or 17 is yes, were adjustments made to PS&R N N Report data for corrections of other PS&R Report	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	N		N		18. 00
ן ווויטווווווווווווווווווווווווווווווווו	19. 00	If line 16 or 17 is yes, were adjustments made to PS&R	N		N		19. 00

Heal th	Financial Systems IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CM	S-2552-10		
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provi der C	CN: 15-0173	Peri od: From 01/01/2022 To 12/31/2022	Worksheet S Part II Date/Time P 5/26/2023 1	repared:		
		Descr	i pti on	Y/N	Y/N			
	to a series of the series of t		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 (EXCE	PT CHILDRENS H	HOSPI TALS)		1.00			
	Capital Related Cost		,					
22.00	Have assets been relifed for Medicare purposes? If yes, see	e instructions			N	22. 00		
23. 00	Have changes occurred in the Medicare depreciation expense reporting period? If yes, see instructions.		sals made dur	ing the cost	N	23. 00		
24. 00	Were new leases and/or amendments to existing leases entere If yes, see instructions	ed into during	this cost re	porting period?	N	24. 00		
25. 00								
26. 00	Were assets subject to Sec. 2314 of DEFRA acquired during thinstructions.	ne cost reporti	ng period? I	f yes, see	N	26. 00		
27. 00	Has the provider's capitalization policy changed during the copy.	e cost reportin	ng period? If	yes, submit	N	27. 00		
28. 00	Interest Expense Were new Loans, mortgage agreements or Letters of credit er	ntered into dur	ring the cost	reporting	N	28. 00		
29. 00	period? If yes, see instructions. Did the provider have a funded depreciation account and/or	bond funds (De	ebt Service R	eserve Fund)	N	29. 00		
30. 00	treated as a funded depreciation account? If yes, see instr Has existing debt been replaced prior to its scheduled matu		debt? If yes	, see	N	30. 00		
31. 00	instructions. Has debt been recalled before scheduled maturity without is	ssuance of new	debt? If yes	, see	N	31. 00		
	instructions. Purchased Services							
32. 00	Have changes or new agreements occurred in patient care ser arrangements with suppliers of services? If yes, see instru		ed through co	ntractual	N	32. 00		
33. 00	If line 32 is yes, were the requirements of Sec. 2135.2 appno, see instructions.	olied pertainin	ng to competi	tive bidding? If	N	33. 00		
	Provi der-Based Physi ci ans							
34. 00	Were services furnished at the provider facility under an alf yes, see instructions.	arrangement wit	th provider-b	ased physicians?	Υ	34. 00		
35. 00	If line 34 is yes, were there new agreements or amended exiphysicians during the cost reporting period? If yes, see in		nts with the	provi der-based	N	35. 00		
				Y/N	Date			
				1. 00	2. 00			
0.4	Home Office Costs							
36. 00	Were home office costs claimed on the cost report?			Y		36. 00		
37. 00	If line 36 is yes, has a home office cost statement been pr	epared by the	nome office?	Y		37. 00		
38. 00	If yes, see instructions. If line 36 is yes, was the fiscal year end of the home off			N		38. 00		
39. 00	, , , , , , , , , , , , , , , , , , , ,			, Y		39. 00		
40. 00	see instructions. 40.00 If line 36 is yes, did the provider render services to the home office? If yes, see N							
	i nstructi ons.							
		1.	00	2.	00			
	Cost Report Preparer Contact Information	buous :						
41. 00	held by the cost report preparer in columns 1, 2, and 3,	RHONDA		UTTER		41.00		
42. 00	respectively. Enter the employer/company name of the cost report	IU HEALTH				42. 00		
43. 00	preparer. Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-962-1093		RUTTER@I UHEALTI	H. ORG	43. 00		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		į.		"		

Heal th	Financial Systems IU HEALTH	ARNET	T HOSPITAL	In Lie	u of Form CMS-	2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provi der CCN: 15-0173	Peri od: From 01/01/2022	Worksheet S-2 Part II	
				To 12/31/2022		pared: 13 am
		L				
			3. 00			
	Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position	DI	RECTOR, GOVT PROGRAMS			41. 00
	held by the cost report preparer in columns 1, 2, and 3	3,				
	respecti vel y.					
42.00	Enter the employer/company name of the cost report					42. 00
	preparer.					
43.00	Enter the telephone number and email address of the cos	st				43.00
	report preparer in columns 1 and 2, respectively.					

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part | | To 12/31/2022 | Date/Time Prepared: Health Financial Systems IU HEAL HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA Provider CCN: 15-0173

					To	12/31/2022	Date/Time Pre 5/26/2023 10:	
							I/P Days / 0/P	13 alli
							Visits / Trips	
	Component	Worksheet A	No. of Be	eds Bed D)avs	CAH Hours	Title V	
	Compensite	Li ne No.	110. 01 20	Avail	,	oran nodi s	11 110 1	
		1.00	2.00	3.0		4. 00	5. 00	
	PART I - STATISTICAL DATA		2.00		,,,,	11.00	0.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	30. 00		163	59, 495	0.00	0	1. 00
	8 exclude Swing Bed, Observation Bed and				,		_	
	Hospice days) (see instructions for col. 2							
	for the portion of LDP room available beds)							
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			163	59, 495	0.00	0	7. 00
	beds) (see instructions)							
8.00	INTENSIVE CARE UNIT	31. 00		14	5, 110	0.00	0	8. 00
9.00	CORONARY CARE UNIT				,			9. 00
10.00	BURN INTENSIVE CARE UNIT	33. 00		ol	0	0.00	0	10.00
10. 01	BURN INTENSIVE CARE UNIT	33. 01		o	0	0.00	0	10. 01
11. 00	SURGICAL INTENSIVE CARE UNIT			1	_		_	11. 00
12. 00	NEONATAL INTENSIVE CARE UNIT	35. 00		17	6, 205	0.00	0	12. 00
13. 00	NURSERY	43. 00			-,		0	13. 00
14. 00	Total (see instructions)			194	70, 810	0.00	0	14. 00
15. 00	CAH visits				,		0	15. 00
16. 00	SUBPROVIDER - IPF						_	16. 00
17. 00	SUBPROVIDER - IRF							17. 00
18. 00	SUBPROVI DER							18. 00
19. 00	SKILLED NURSING FACILITY							19. 00
20. 00	NURSING FACILITY							20.00
21. 00	OTHER LONG TERM CARE							21. 00
22. 00	HOME HEALTH AGENCY							22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)							23. 00
24. 00	HOSPI CE							24. 00
24. 10	HOSPICE (non-distinct part)	30. 00						24. 10
25. 00	CMHC - CMHC	00.00						25. 00
26. 00	RURAL HEALTH CLINIC							26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER	89. 00					0	26. 25
27. 00	Total (sum of lines 14-26)	07.00		194			· ·	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 (see Fristraetron)							31. 00
32. 00	Labor & delivery days (see instructions)			7	2, 555			32. 00
32. 00	Total ancillary labor & delivery room			<u> </u>	2, 555			32. 00
JZ. UI	outpatient days (see instructions)							JZ. U1
33. 00	LTCH non-covered days							33. 00
	LTCH site neutral days and discharges							33. 01
	Temporary Expansion COVID-19 PHE Acute Care	30. 00		o	0		0	34. 00
5 1. 50		33.00		91	O ₁		0	31.00

3.00							5/26/2023 10:	13 am
Part - STATISTICAL DATA 6.00 7.00 8.00 9.00 10.00			I/P Days	/ O/P Visits	/ Trips	Full Time E	Equi val ents	
PART - STATISTICAL DATA		Component	Title XVIII	Title XIX				
PART I - STATISTICAL DATA 1.00 Inspirate No.			6.00	7 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) 12.004 9,891 2.00 1.00		PART I - STATISTICAL DATA	0.00	7.00	6.00	9.00	10.00	
8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LOP room available beds) 12,094 9,891 2.00 10,00 HM0 IPF Subprovider 10,00 Hospital Adults & Peds. Swing Bed SNF 10,00 Hospital Adults & Peds. Swing Bed SNF 10,00 Hospital Adults and Peds. (exclude observation beds) (see instructions) 10,00 Hospital Adults and Peds. (exclude observation beds) (see instructions) 10,00 Edgs. (see instructions) 10,00 Burn Intensive CARE Unit 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 00		16 050	476	43 484	ı		1 00
Hospice days) (see instructions for col. 2 7 7 7 9 9 9 1 2 2 2 2 2 3 3 3 3 3			10,000	1,70	107 10 1			
2.00 HM0 and other (see instructions) 12.094 9,891 3.00 HM0 IPF Subprovider 0 0 0 4.00 1M0 IRF Subprovider 10 0 0 1M0 IRF Subprovider 10 0 0 1M0 IRF Subprovider 10 0 0 1M0 IRF Subprovider 1M0 INF Subprovider 1M0 IRF Subprovider 1M0 IRF Subprovider 1M0 IRF Subprovider 1M0 INF Subprovider								
3.00		for the portion of LDP room available beds)						
4.00	2.00	HMO and other (see instructions)	12, 094	9, 891				2.00
5.00	3.00	HMO IPF Subprovider	o	0				3.00
0.00 Hospi tall Adult as & Peds. Swing Bed NF Total Adult and Peds. (exclude observation beds) (see instructions) 16,050 476 43,484 7.00 7.0	4.00	HMO IRF Subprovider	0	0				4.00
Total Adults and Peds. (exclude observation beds) Description Desc	5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	C			5. 00
beds (see instructions)	6.00	Hospital Adults & Peds. Swing Bed NF		0	C)		6.00
8. 00	7.00	Total Adults and Peds. (exclude observation	16, 050	476	43, 484			7. 00
9.00 CORONARY CARE UNIT 0 0 0 0 0 0 0 10.00 BURN INTENSIVE CARE UNIT 0 0 0 0 0 0 0 10.00 10.00 1 11.00 11.00 1 11.00 12.00 1		beds) (see instructions)						
10. 00 BURN INTENSIVE CARE UNIT		l e	1, 094	610	3, 830)		8. 00
10. 01 BURN INTENSIVE CARE UNIT 0 0 0 10. 01		l e						
11.00 SURGICAL INTENSIVE CARE UNIT 0 167 3, 417 12.00 12.00 NEONATAL INTENSIVE CARE UNIT 0 167 3, 417 13.00 NURSERY 1, 499 2, 671 13.00 14.46 996.07 14.00 15.00 CAH visits 0 0 0 0 0 0 0 15.00 15.00 CAH visits 0 0 0 0 0 0 0 0 0		· ·						
12.00 NEONATAL INTENSIVE CARE UNIT 0 167 3,417 12.00 13.00 NURSERY 1,499 2,671 13.00 14.46 996.07 14.00 1014 (see instructions) 17,144 2,752 53,402 14.46 996.07 14.00 15.00 CAH visits 0 0 0 0 0 0 0 0 0		· ·	0	0	C			
13.00 NURSERY 1,499 2,671 14.46 996.07 14.00 15.00 CAH visits 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		i i						1
14.00 Total (see instructions) 15.00 CAH visits 0 0 0 0 0 0 0 0 15.00 16.00 SUBPROVI DER - IPF 17.00 SUBPROVI DER - IRF 18.00 SUBPROVI DER - IRF 18.00 NURSING FACILITY 19.00 SKI LLED NURSING FACILITY 21.00 OTHER LONG TERM CARE 22.00 HOME HEALTH AGENCY 23.00 AMBULATORY SURGICAL CENTER (D.P.) 24.00 HOSPI CE 24.10 HOSPI CE (non-distinct part) 25.00 CMHC - CMHC 26.00 RURAL HEALTH CLINIC 26.00 RURAL HEALTH CLINIC 26.25 EEDERALLY QUALIFIED HEALTH CENTER 27.00 Total (sum of lines 14-26) 28.00 Observation Bed Days 29.00 Ambul ance Trips 30.00 Employee discount days (see instruction) 31.00 Employee discount days (see instructions) 30.00 Employee discount days (see instructions) 31.00 LTCH site neutral days and discharges 17, 144		· ·	0					
15. 00 CAH visits		i i						
16. 00 SUBPROVI DER - I PF 16. 00 17. 00 SUBPROVI DER - I RF 18. 00 SUBPROVI DER 18. 00 19. 00 SKI LLED NURSI NG FACI LI TY 19. 00 19.			17, 144	2, 752	53, 402	14. 46	996. 07	
17. 00 SUBPROVI DER - IRF 17. 00 18. 00 SUBPROVI DER 18. 00 19. 00 19.			0	0	C)		
18. 00 SUBPROVIDER 18. 00 19. 00 SKILLED NURSING FACILITY 20. 00 NURSING FACILITY 21. 00 21. 00 OTHER LONG TERM CARE 21. 00 22. 00 HOME HEALTH AGENCY 23. 00 HOME HEALTH AGENCY 24. 00 HOSPICE 24. 00 HOSPICE 24. 00 24. 00 HOSPICE 24. 00 24. 00 25. 00 26. 25 26. 00 26. 25 27. 00 Total (sum of lines 14-26) 28. 00 28. 00 28. 00 28. 00 28. 00 29. 00 28. 00 29. 00								
19. 00		· ·						
20. 00		i i						
21. 00 OTHER LONG TERM CARE 22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D. P.) 24. 00 HOSPICE 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days (see instructions) 32. 00 Labor & delivery days (see instructions) 33. 00 LTCH non-covered days LTCH site neutral days and discharges 21. 00 22. 00 22. 00 24. 10 24. 10 24. 10 25. 00 26. 00 0 0 0 0 0. 00 0 0. 00		i i						
22. 00 HOME HEALTH AGENCY 23. 00 AMBULATORY SURGICAL CENTER (D.P.) 24. 00 HOSPI CE 24. 10 HOSPI CE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 01 LTCH site neutral days and discharges		i i						
23. 00		· ·						
24. 00 HOSPICE 24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 01 LTCH site neutral days and discharges 24. 00 24. 10 24. 10 24. 10 24. 10 25. 00 0 0 0 0 0 0. 00		i i						
24. 10 HOSPICE (non-distinct part) 25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 00 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 01 LTCH site neutral days and discharges 24. 10 24. 10 24. 10 25. 00 26. 00 0								
25. 00 CMHC - CMHC 26. 00 RURAL HEALTH CLINIC 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambul ance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 31. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 01 LTCH site neutral days and discharges 25. 00					443	,		
26. 00 RURAL HEALTH CLINIC 26. 25 FEDERALLY QUALIFIED HEALTH CENTER 27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 330 5, 346 29. 00 Ambul ance Trips 0 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 01 LTCH site neutral days and discharges 26. 00 0 0 0 0 0. 00 0 0. 00 0 26. 25 0 27. 00 0 330 0 330 0 330 0 330 0 330 0 0 31 0 0 31 0 0 31 0 0 32. 01 0 32. 01 0 33. 00 0 33. 00 0 33. 00 0 33. 00 0 33. 00 0 33. 00 0 33. 00 0 33. 00 0 34. 00 0 35. 00 0 36. 00 0 0 0 0 0. 00					443			
26. 25 FEDERALLY QUALIFIED HEALTH CENTER 0 0 0 0 0.00 0.00 26. 25 27. 00 Total (sum of lines 14-26) 330 5, 346 996. 07 27. 00 28. 00 Observation Bed Days 330 5, 346 28. 00 29. 00 Ambul ance Trips 0 29. 00 Employee discount days (see instruction) 50 20. 00 Employee discount days - IRF 0 31. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 01 LTCH site neutral days and discharges 0 33. 01 CTCH site neutral days and discharges 0 33. 01 Significant days (see instructions) 33. 01 LTCH site neutral days and discharges 0 33. 01 Significant days (see instructions) 33. 00 33. 01 LTCH site neutral days and discharges 0 33. 01 Significant days (see instructions) 34. 05 Significant days (see instructions) 35. 05 Significant days (see instructions) 36. 26. 25 Significant days (see instructions) 37. 00 Significant days (se								
27. 00 Total (sum of lines 14-26) 28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 01 LTCH site neutral days and discharges 14. 46 996. 07 27. 00 28. 00 29. 00 30. 00 31. 00 31. 00 31. 00 31. 00 31. 00 32. 01 33. 00 33. 01 LTCH site neutral days and discharges			0	0	,	0.00	0.00	
28. 00 Observation Bed Days 29. 00 Ambulance Trips 30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 31. 00 Total ancillary labor & delivery room outpatient days (see instructions) 31. 00 LTCH non-covered days 32. 01 LTCH site neutral days and discharges 33. 00 LTCH site neutral days and discharges		l e	l	O				
29. 00 Ambulance Trips				330	5 346		770.07	
30. 00 Employee discount days (see instruction) 31. 00 Employee discount days - IRF 32. 00 Labor & delivery days (see instructions) 32. 01 Total ancillary labor & delivery room outpatient days (see instructions) 33. 00 LTCH non-covered days 33. 01 LTCH site neutral days and discharges 30. 00 31. 00 31. 00 32. 00 32. 00 33. 00 33. 01			٥	330	3, 340			
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32.00 Labor & delivery days (see instructions) 32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 33.01 LTCH site neutral days and discharges 32.00 31 932 32.00 32.01 0 33.01								
32.01 Total ancillary labor & delivery room outpatient days (see instructions) 33.00 LTCH non-covered days 31.01 LTCH site neutral days and discharges 32.01 outpatient days (see instructions) 33.00 ltch site neutral days and discharges 32.01 outpatient days (see instructions) 33.00 ltch site neutral days and discharges 33.00 outpatient days (see instructions) 33.00 ltch site neutral days and discharges			0	31	_			
outpati ent days (see instructions) 33.00 LTCH non-covered days 33.01 LTCH si te neutral days and discharges 0 33.01		, ,	Ĭ	01	702)		
33.00 LTCH non-covered days 0 33.00 LTCH site neutral days and discharges 0 33.01	32. 31							32. 31
33.01 LTCH site neutral days and discharges 0 33.01	33. 00		l					33.00
			o					
	34.00		o	o	C			1

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 |

				10) 12/31/2022	5/26/2023 10:	
		Full Time Equivalents		Di sch	arges	10, 20, 2020 10.	10 4
	Component	Nonpai d	Title V	Title XVIII	Title XIX	Total All	
	30p0116.112	Workers				Pati ents	
		11.00	12. 00	13.00	14. 00	15. 00	
	PART I - STATISTICAL DATA	<u> </u>					
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and		0	3, 260	186	12, 100	1. 00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days) (see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)			1, 992	1, 898		2. 00
3.00	HMO IPF Subprovider				0		3. 00
4.00	HMO I RF Subprovi der				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						7. 00
8. 00	beds) (see instructions)						8. 00
9. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT						9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
10. 00	BURN INTENSIVE CARE UNIT						10. 00
11. 00	SURGICAL INTENSIVE CARE UNIT						11. 00
12. 00	NEONATAL INTENSIVE CARE UNIT						12. 00
13. 00	NURSERY						13. 00
14. 00	Total (see instructions)	0. 00	0	3, 260	186	12, 100	14. 00
15. 00	CAH visits						15. 00
16.00	SUBPROVIDER - IPF						16. 00
17.00	SUBPROVI DER - I RF						17. 00
18.00	SUBPROVI DER						18. 00
19. 00	SKILLED NURSING FACILITY						19. 00
20. 00	NURSING FACILITY						20. 00
21. 00	OTHER LONG TERM CARE						21. 00
22. 00	HOME HEALTH AGENCY						22. 00
23. 00	AMBULATORY SURGICAL CENTER (D. P.)						23. 00
24. 00	HOSPI CE						24. 00
24. 10	HOSPICE (non-distinct part)						24. 10
25. 00	CMHC - CMHC						25. 00 26. 00
26. 00 26. 25	RURAL HEALTH CLINIC FEDERALLY QUALIFIED HEALTH CENTER	0. 00					26. 00
27. 00	Total (sum of lines 14-26)	0.00					27. 00
28. 00	Observation Bed Days	0.00					28.00
29. 00	Ambul ance Tri ps						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						32. 01
	outpatient days (see instructions)						
33.00	LTCH non-covered days			0			33. 00
33. 01	LTCH site neutral days and discharges			0			33. 01
34.00	Temporary Expansion COVID-19 PHE Acute Care						34.00

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part | I | To 12/31/2022 | Date/Time Prepared: | To 12/31/202 Health Financial Systems
HOSPITAL WAGE INDEX INFORMATION Provider CCN: 15-0173

					To	12/31/2022	Date/Time Prep 5/26/2023 10:	
		Wkst. A Line	Amount	Reclassi fi cati	Adj usted		Average Hourly	
		Number	Reported	on of Salaries (from Wkst.	Sal ari es (col. 2 ± col.	Related to Salaries in	Wage (col. 4 ÷ col. 5)	
				A-6)	3)	col. 4	,	
	PART II - WAGE DATA	1.00	2. 00	3. 00	4.00	5. 00	6. 00	
	SALARI ES							
1.00	Total salaries (see	200. 00	95, 209, 942	-455, 698	94, 754, 244	2, 071, 823. 49	45. 73	1. 00
2.00	instructions) Non-physician anesthetist Part		0	О	0	0. 00	0. 00	2. 00
3. 00	Non-physician anesthetist Part		0	C	0	0. 00	0. 00	3. 00
4.00	Physician-Part A - Administrative		746, 068	C	746, 068	4, 518. 59	165. 11	4. 00
4. 01 5. 00	Physicians - Part A - Teaching Physician and Non Physician-Part B		0 428, 712	0	1	0. 00 5, 125. 52		
6. 00	Non-physician-Part B for hospital-based RHC and FQHC		0	С	0	0.00	0. 00	6. 00
7. 00	services Interns & residents (in an approved program)	21. 00	0	C	0	0.00	0. 00	7. 00
7. 01	Contracted interns and residents (in an approved programs)		1, 099, 784	С	1, 099, 784	27, 040. 00	40. 67	7. 01
8.00	Home office and/or related organization personnel		0	a	0	0. 00	0. 00	8. 00
9.00	SNF	44. 00	0	O	0	0.00		
10. 00	Excluded area salaries (see instructions) OTHER WAGES & RELATED COSTS		284, 137	2, 620, 526	2, 904, 663	48, 994. 53	59. 29	10.00
11. 00	Contract labor: Direct Patient		2, 272, 071	C	2, 272, 071	24, 311. 60	93. 46	11. 00
12. 00	Care Contract labor: Top level management and other management and administrative		0	С	0	0. 00	0.00	12. 00
13. 00	services Contract Labor: Physician-Part		111, 240	О	111, 240	586. 73	189. 59	13. 00
14. 00	A - Administrative Home office and/or related organization salaries and		0	C	0	0.00	0. 00	14. 00
14. 01	wage-related costs Home office salaries		37, 202, 127	0	37, 202, 127	670, 233. 00	55. 51	14. 01
14. 02	Related organization salaries		0	O	0	0.00	0.00	14. 02
15. 00	Home office: Physician Part A - Administrative		0	O	0	0. 00	0. 00	15. 00
16. 00	Home office and Contract Physicians Part A - Teaching		0	C	0	0. 00	0. 00	16. 00
16. 01	Home office Physicians Part A - Teaching		0	C	0	0. 00	0. 00	16. 01
16. 02	Home office contract Physicians Part A - Teaching		0	C	0	0.00	0. 00	16. 02
17. 00	WAGE-RELATED COSTS Wage-related costs (core) (see		22, 129, 187	0	22, 129, 187			17. 00
18. 00	instructions) Wage-related costs (other) (see instructions)							18. 00
19. 00 20. 00	Excluded areas Non-physician anesthetist Part		616, 308 0	0				19. 00 20. 00
21. 00	A Non-physician anesthetist Part		0	О	0			21. 00
22. 00	Physician Part A - Administrative		84, 561	C	84, 561			22. 00
22. 01	Physician Part A - Teaching		0	C	0			22. 01
23. 00 24. 00 25. 00	Physician Part B Wage-related costs (RHC/FQHC) Interns & residents (in an		74, 402 0	0	74, 402 0			23. 00 24. 00 25. 00
25. 50	approved program) Home office wage-related		0	_				25. 50
25. 51	(core) Related organization		0					25. 51
25. 52	wage-related (core) Home office: Physician Part A - Administrative -		0	C	O			25. 52
	wage-related (core)							l

Provider CCN: 15-0173 Period:

HUSPII	AL WAGE INDEX INFORMATION			Provider C	F	rom 01/01/2022 fo 12/31/2022	Part II Date/Time Prep 5/26/2023 10:	
		Wkst. A Line	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Number	Reported	on of Salaries			Wage (col. 4 ÷	
				(from Wkst.	(col.2 ± col.	Salaries in	col . 5)	
				A-6)	3)	col. 4		
		1.00	2. 00	3.00	4. 00	5. 00	6. 00	
25. 53	Home office: Physicians Part A		0	0	C)		25. 53
	- Teaching - wage-related							
	(core)							
	OVERHEAD COSTS - DIRECT SALARII							
26. 00	Employee Benefits Department	4. 00	-1, 393	1, 393	0	0.00	0. 00	
27. 00	Administrative & General	5. 00	9, 830, 913	-1, 273, 826			90. 78	27. 00
28.00	Administrative & General under		529, 575	0	529, 575	3, 614. 75	146. 50	28. 00
	contract (see inst.)							
29. 00	Maintenance & Repairs	6. 00	0	0	C	0.00	0. 00	29. 00
30.00	Operation of Plant	7. 00	1, 486, 581	-100, 629	1, 385, 952	49, 293. 47	28. 12	30.00
31.00	Laundry & Linen Service	8. 00	0	0	C	0.00	0. 00	31.00
32.00	Housekeepi ng	9. 00	1, 659, 973	-10, 485	1, 649, 488	87, 568. 79	18. 84	32.00
33.00	Housekeeping under contract		0	0	C	0.00	0. 00	33. 00
	(see instructions)							
34.00	Di etary	10. 00	1, 361, 826	-480, 914	880, 912	42, 361. 42	20. 80	34.00
35.00	Di etary under contract (see		0	0	C	0.00	0. 00	35. 00
	instructions)							
36.00	Cafeteri a	11. 00	0	477, 021	477, 021	25, 397. 00	18. 78	36.00
37.00	Maintenance of Personnel	12. 00	o	0	C	0.00	0. 00	37.00
38. 00	Nursing Administration	13. 00	8, 813, 097	-246, 658	8, 566, 439	90, 115. 39	95. 06	38. 00
39.00	Central Services and Supply	14. 00	624, 632	-58, 850	565, 782	18, 050. 11	31. 35	39. 00
40.00	Pharmacy	15. 00	4, 914, 294	-668, 995	4, 245, 299	100, 602. 90	42. 20	40.00
41.00	Medical Records & Medical	16. 00	o	0	C	0.00	0. 00	41.00
	Records Library							
42.00	Social Service	17. 00	558, 791	0	558, 791	18, 245. 77	30. 63	42.00
43.00	Other General Service	18. 00	690, 673	-4, 907	685, 766			43.00
	•		'			•	•	

| Peri od: | Worksheet S-3 | From 01/01/2022 | Part III | To 12/31/2022 | Date/Time Prepared: | To 12/31/202

							5/26/2023 10:	
		Worksheet A	Amount	Recl assi fi cati	Adj usted	Pai d Hours	Average Hourly	
		Line Number	Reported	on of Salaries	Sal ari es	Related to	Wage (col. 4 ÷	
				(from	(col.2 ± col.	Salaries in	col . 5)	
				Worksheet A-6)	3)	col. 4		
		1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX	SUMMARY						
1.00	Net salaries (see		94, 211, 021	-455, 698	93, 755, 323	2, 043, 272. 72	45. 88	1. 00
	instructions)							
2.00	Excluded area salaries (see		284, 137	2, 620, 526	2, 904, 663	48, 994. 53	59. 29	2. 00
	instructions)							
3.00	Subtotal salaries (line 1		93, 926, 884	-3, 076, 224	90, 850, 660	1, 994, 278. 19	45. 56	3. 00
	minus line 2)							
4.00	Subtotal other wages & related		39, 585, 438	0	39, 585, 438	695, 131. 33	56. 95	4. 00
	costs (see inst.)							
5.00	Subtotal wage-related costs		22, 213, 748	0	22, 213, 748	0.00	24. 45	5. 00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		155, 726, 070	-3, 076, 224	152, 649, 846	2, 689, 409. 52	56. 76	6. 00
7.00	Total overhead cost (see		30, 468, 962	-2, 366, 850	28, 102, 112	565, 072. 84	49. 73	7. 00
	instructions)							

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS	Provider CCN: 15-0173		Worksheet S-3
		From 01/01/2022	Part IV
		To 12/21/2022	Data/Tima Dranarada

	To 12/31/2022	Date/Time Prep 5/26/2023 10:	
		Amount	
		Reported	
		1. 00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETI REMENT COST		
1.00	401K Employer Contributions	3, 555, 558	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)	10, 315, 970	8. 02
8. 03	Heal th Insurance (Purchased)	0	1
9. 00	Prescription Drug Plan	0	
10. 00	Dental, Hearing and Vision Plan	228, 508	
	Life Insurance (If employee is owner or beneficiary)	0	1
	Accident Insurance (If employee is owner or beneficiary)	0	1
	Disability Insurance (If employee is owner or beneficiary)	457, 091	
	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14. 00
	'Workers' Compensation Insurance	1, 376, 214	
16. 00	'	0	
	Noncumulative portion)	١	
	TAXES		
17. 00	FICA-Employers Portion Only	6, 971, 116	17. 00
	Medicare Taxes - Employers Portion Only	0	1
	Unemployment Insurance	0	19. 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	0	21. 00
	instructions))	- 1	
22. 00	Day Care Cost and Allowances	0	22. 00
	Tuition Reimbursement	0	23. 00
	Total Wage Related cost (Sum of lines 1 -23)	22, 904, 457	
·	Part B - Other than Core Related Cost		
25. 00	OTHER WAGE RELATED COSTS (SPECIFY)		25. 00
			,

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 15-01	From 01/01/2022 Part V
		To 12/31/2022 Date/Time Prepared:

			o 12/31/2022	Date/lime Prep 5/26/2023 10:	
	Cost Center Description		Contract Labor	Benefit Cost	15 alli
	<u> </u>		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		2, 272, 071	22, 904, 457	1.00
2.00	Hospi tal		2, 272, 071	22, 904, 457	2.00
3.00	SUBPROVIDER - IPF				3.00
4.00	SUBPROVIDER - IRF				4.00
5.00	Subprovi der - (0ther)		0	0	5. 00
6.00	Swing Beds - SNF		0	0	6. 00
7.00	Swing Beds - NF		0	0	7. 00
8.00	SKILLED NURSING FACILITY				8. 00
9. 00	NURSING FACILITY				9. 00
10.00	OTHER LONG TERM CARE I				10.00
11. 00	Hospi tal -Based HHA				11.00
12.00	AMBULATORY SURGICAL CENTER (D. P.) I				12.00
13.00	Hospi tal -Based Hospi ce				13.00
14. 00	Hospital-Based Health Clinic RHC				14.00
15.00	Hospital-Based Health Clinic FQHC				15. 00
16.00	Hospi tal -Based-CMHC				16. 00
17. 00	RENAL DIALYSIS I		0	0	17.00
18. 00	Other		0	0	18. 00

	Financial Systems I U HEALTH ARNETT HO FAL UNCOMPENSATED AND INDIGENT CARE DATA Pr	ovider CCN:	15-0173	Peri od:	u of Form CMS-2 Worksheet S-10	
	AL UNCOMI ENSATED AND THUTGENT CARE DATA	OVI dei CCIV.		From 01/01/2022	Worksheet 5-10	J
				To 12/31/2022	Date/Time Prep 5/26/2023 10:	pared: 13 am
					1. 00	
	Uncompensated and indigent care cost computation					
. 00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divid	ded by line	202 col umn	8)	0. 191846	1.0
. 00	Medicaid (see instructions for each line) Net revenue from Medicaid				37, 804, 755	2. 0
3. 00	Did you receive DSH or supplemental payments from Medicaid?				N N	3. 0
. 00	If line 3 is yes, does line 2 include all DSH and/or supplemental	l payments f	rom Medica	i d?		4. 0
. 00	If line 4 is no, then enter DSH and/or supplemental payments from	m Medicaid			0	5.0
. 00	Medi cai d charges				295, 656, 459	6.0
. 00	Medicaid cost (line 1 times line 6)	ino 7 minus	cum of lin	oc 2 and E. if	56, 720, 509 18, 915, 754	7. 0 8. 0
. 00	Difference between net revenue and costs for Medicaid program (1) < zero then enter zero)	THE / IIITIUS	Sulli 01 1111	es 2 and 5, 11	10, 915, 754	0. 0
	Children's Health Insurance Program (CHIP) (see instructions for	each line)				
. 00	Net revenue from stand-alone CHIP				0	9. 0
0.00	g .				0	10. 0
1. 00	,	ina 11 minua	lino O. i.	f . zono thon	0	11. (12. (
2. 00	Difference between net revenue and costs for stand-alone CHIP (II enter zero)	ine ii minus	s it ne 9; i	i < zero then	۷	12. (
	Other state or local government indigent care program (see instru	uctions for	each line)			
3. 00	Net revenue from state or local indigent care program (Not include	ded on lines	2, 5 or 9		35, 504	13. (
4. 00	Charges for patients covered under state or local indigent care	program (Not	included	in lines 6 or	174, 868	14. (
F 00	10)				33, 548	15 /
5. 00 6. 00		gent care nr	rogram (lin	e 15 minus line		16. (
0. 00	13; if < zero then enter zero)	gerre care pr	ogram (i i i	e io illinias rine	Ĭ	10. 0
	Grants, donations and total unreimbursed cost for Medicaid, CHIP instructions for each line)	and state/I	ocal indig	ent care program	s (see	
7. 00		ding charity	/ care		0	17.0
8. 00	9 11 1				0	18. (
9. 00	Total unreimbursed cost for Medicaid, CHIP and state and local i 8, 12 and 16)	indigent car	e programs	(sum of lines	18, 915, 754	19. (
	, o, -12 and -19		Uni nsured	Insured	Total (col. 1	
		_	pati ents	pati ents	+ col . 2)	
	Uncompared to (con instructions for each line)		1. 00	2. 00	3. 00	
0. 00	Uncompensated Care (see instructions for each line) Charity care charges and uninsured discounts for the entire facility	lity	29, 115, 38	8 763, 540	29, 878, 928	20. (
	(see instructions)			1,		
	Cost of patients approved for charity care and uninsured discoun-	ts (see	5, 585, 67	1 763, 540	6, 349, 211	21. (
1. 00	instructions)	ee				22.6
	'	rr as		0 0	٥	22. 0
	Ichari ty care					
2. 00	charity care Cost of charity care (line 21 minus line 22)		5, 585, 67	1 /63, 540	6, 349, 211	23. 0
2. 00			5, 585, 67	1 763, 540	6, 349, 211	23. 0
2. 00 3. 00	Cost of charity care (line 21 minus line 22)				1. 00	
2. 00 3. 00	Cost of charity care (line 21 minus line 22) Does the amount on line 20 column 2, include charges for patient					
2. 00 3. 00 4. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care pulf line 24 is yes, enter the charges for patient days beyond the	rogram?	la length	of stay limit	1. 00	24. 0
2. 00 3. 00 4. 00 5. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care profile in the stay limit.	rogram? indigent ca	la length	of stay limit	1. 00 N	24. (
2. 00 3. 00 4. 00 5. 00 6. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care properties of the stay limit. Total bad debt expense for the entire hospital complex (see insti	rogram? indigent ca ructions)	d a Length	of stay limit	1. 00 N 0 19, 518, 286	24. (25. (26. (
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care profile in the stay limit.	rogram? indigent ca ructions) (see instruc	a length are program	of stay limit	1. 00 N	24. 0 25. 0 26. 0 27. 0
2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 7. 01	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care properties of the stay limit. Total bad debt expense for the entire hospital complex (see instrument) Medicare reimbursable bad debts for the entire hospital complex.	rogram? indigent ca ructions) (see instruc	a length are program	of stay limit	1. 00 N 0 19, 518, 286 450, 394	24. 0 25. 0 26. 0 27. 0 27. 0
22. 00 33. 00 24. 00 25. 00 26. 00 27. 00 27. 01 8. 00 29. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care pulfiline 24 is yes, enter the charges for patient days beyond the stay limit. Total bad debt expense for the entire hospital complex (see instimedicare reimbursable bad debts for the entire hospital complex (Medicare allowable bad debts for the entire hospital complex (See Non-Medicare bad debt expense (see instructions) Cost of non-Medicare and non-reimbursable Medicare bad debt expense	rogram? indigent ca ructions) (see instruction	d a Length are program ctions) ons)	of stay limit	1. 00 N 0 19, 518, 286 450, 394 692, 914 18, 825, 372 3, 854, 092	24. C 25. C 26. C 27. C 27. C 28. C 29. C
26. 00 27. 00 27. 01 28. 00 29. 00 30. 00	Does the amount on line 20 column 2, include charges for patient imposed on patients covered by Medicaid or other indigent care properties of the stay limit. Total bad debt expense for the entire hospital complex (see instructions) Medicare allowable bad debts for the entire hospital complex (see Non-Medicare bad debt expense (see instructions)	rogram? indigent ca ructions) (see instruct e instructions	d a Length are program ctions) ons)	of stay limit	1. 00 N 0 19, 518, 286 450, 394 692, 914 18, 825, 372	24. 0 25. 0 26. 0 27. 0 27. 0 28. 0 29. 0 30. 0

	FINANCIAL SYSTEMS SIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F FYDENSES		CN: 15-0173	Peri od:	Worksheet A	2002-10
RECEA	STITICATION AND ADSOSTMENTS OF THE DALANCE O	I EXI ENSES	Trovider		From 01/01/2022		
					Γο 12/31/2022	Date/Time Pre 5/26/2023 10:	pared:
	Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cati	Reclassi fi ed	TS alli
	Social Social Person	00.0	0 211.01	+ col . 2)	ons (See A-6)	Trial Balance	
						(col. 3 +-	
						col . 4)	
	CENEDAL CEDALCE COCT CENTEDO	1.00	2. 00	3. 00	4. 00	5. 00	
1.00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT		0		5, 177, 279	5, 177, 279	1.00
1. 01	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP		0		438, 087	438, 087	
1. 02	00102 CAP REL COSTS INTEREST EXPENSE		0		0	0	1
2.00	00200 CAP REL COSTS-MVBLE EQUIP	1	0		5, 659, 571	5, 659, 571	2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP		0		469, 106	469, 106	
3.00	00300 OTHER CAP REL COSTS		0)	0	0	
4. 00 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00570 ADMITTING	-1, 393 592, 899	975, 656 164, 314			15, 183, 054 586, 877	
5. 06	00570 ADMITTING 00590 OTHER ADMINISTRATIVE & GENERAL	9, 238, 014	65, 789, 076			72, 272, 973	
7. 00	00700 OPERATION OF PLANT	1, 486, 581	15, 288, 302			11, 114, 138	
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL	0	1, 156, 494	1		843, 888	1
8.00	00800 LAUNDRY & LINEN SERVICE	0	0		0	0	8. 00
9.00	00900 HOUSEKEEPI NG	1, 659, 973	1, 937, 092			3, 218, 389	
10.00	01000 DI ETARY	1, 361, 826	871, 539			1, 218, 630	
11.00	01100 CAFETERI A 01300 NURSI NG ADMI NI STRATI ON	0 8, 813, 097	2 022 250	1	696, 631	696, 631	
13. 00 14. 00	01400 CENTRAL SERVICES & SUPPLY	624, 632	2, 832, 359 1, 245, 455			9, 922, 638 10, 801, 017	
15. 00	01500 PHARMACY	4, 914, 294	8, 084, 673			5, 808, 670	
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	0, 00 1, 07 0	1	0 7,170,277	0, 000, 070	
17.00	01700 SOCIAL SERVICE	558, 791	233, 822	792, 61	-116, 134	676, 479	17. 00
18.00	01850 PATIENT TRANSPORT SERVICES	690, 673	177, 951	868, 62	-108, 441	760, 183	18.00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	1	1, 099, 784	1, 099, 784	
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	48, 840	2, 252, 898	1			
23. 00	02300 PARAMED ED PRGM - PHARMACY	104, 666	43, 874	148, 54	100, 474	249, 014	23.00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	23, 396, 622	28, 777, 153	52, 173, 77	-6, 510, 489	45, 663, 286	30.00
31. 00	03100 NTENSI VE CARE UNIT	3, 654, 185	4, 344, 162	1		6, 822, 212	
33. 00	03300 BURN INTENSIVE CARE UNIT	0,001,100	0,011,102) ,,,,,,,,,	0 1, 170, 100	0, 022, 212	•
33. 01	03301 BURN INTENSIVE CARE UNIT	0	0		0	0	33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	2, 466, 173	1, 615, 378	4, 081, 55		3, 495, 753	
43.00	04300 NURSERY	0	0)	916, 111	916, 111	43.00
FO 00	ANCI LLARY SERVI CE COST CENTERS O5000 OPERATI NG ROOM	F 701 (70	20 404 242	24 205 02	17 150 (40	0.052.204	1 50 00
50. 00 51. 00	05100 RECOVERY ROOM	5, 721, 673 1, 126, 256	20, 484, 263 361, 497	1		9, 053, 294 1, 221, 023	
52. 00	05200 DELIVERY ROOM & LABOR ROOM	2, 867, 768	1, 481, 968				
53. 00	05300 ANESTHESI OLOGY	195, 924	7, 170, 180				
53. 01	05301 ASC ANESTHESI OLOGY	945	163, 793	164, 73	-148, 005	16, 733	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	4, 786, 371	7, 709, 136			6, 605, 124	
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	1 057 707	1	0	(52,501	
56. 00 59. 00	05600 RADI OI SOTOPE 05900 CARDI AC CATHETERI ZATI ON	381, 294 1, 429, 864	1, 057, 786 6, 175, 879			652, 581 1, 884, 150	
60.00	06000 LABORATORY	26, 609	12, 184, 419	1			
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	839, 190			841, 388	
65.00	06500 RESPI RATORY THERAPY	2, 106, 034	2, 316, 783			3, 397, 198	
66.00	06600 PHYSI CAL THERAPY	496, 880	629, 110	1, 125, 99	-100, 297	1, 025, 693	
67. 00	06700 OCCUPATI ONAL THERAPY	289, 785	578, 856	1		825, 331	1
68. 00	06800 SPEECH PATHOLOGY	336, 537	104, 891	1		398, 048	1
69.00	06900 ELECTROCARDI OLOGY	1, 181, 970	2, 439, 692	1		2, 826, 261	1
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	83, 314	39, 702		-30, 866 9, 164, 563	92, 150 9, 164, 563	1
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		10, 376, 242	10, 376, 242	
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0		45, 373, 328	45, 373, 328	
73. 01	07301 RETAIL PHARMACY	459, 158	7, 340, 941	7, 800, 09		7, 683, 758	
74. 00	07400 RENAL DIALYSIS	0	1, 066, 393	1	· ·	1, 011, 395	
75. 00	07500 ASC (NON-DISTINCT PART)	0	0)	0	0	
75. 01	07501 ASC (NON-DISTINCT PART)	4, 194, 310	5, 044, 233	9, 238, 54	-3, 959, 439	5, 279, 104	
76. 00	03950 CARDI AC CATHERI ZATI ON	0	0		0	0	
76. 01 76. 97	03951 OUTPATIENT WOUND CARE CENTER	280, 687	1, 337, 731	1, 618, 41	-491, 630	1, 126, 788 0	1
	O7697 CARDIAC REHABILITATION O7700 ALLOGENEIC HSCT ACQUISITION	0	0			0	
77.00	OUTPATIENT SERVICE COST CENTERS	J		'I'	5	0	1 //. 00
90. 00	09000 CLINIC	O	O		0	0	90.00
90. 01	04950 SLEEP CLINIC	368, 301	567, 978	936, 27	-194, 663	741, 616	1
90. 02	09001 ANTI COAGULATION CLINIC	604, 632	168, 491	1		651, 664	
90. 03	09002 ARNETT CANCER CARE CENTER	1, 259, 237	37, 448, 931	1		1, 724, 724	
90. 04	09003 OUTPATIENT INFUSION CENTER	51, 277	22, 812			59, 290	
	09100 EMERGENCY	7, 171, 772	9, 609, 414	16, 781, 18	-2, 251, 030	14, 530, 156	
91.00				I .			
91. 00 92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0			0	92.00
91. 00 92. 00 92. 01		0	0		0 0	0	92. 01

Health Financial Systems	IU HEALTH ARNET	T HOSPITAL		In Lie	u of Form CMS-2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O		Provi der CC		Peri od:	Worksheet A
				From 01/01/2022 To 12/31/2022	
Cost Center Description	Sal ari es	0ther	Total (col. 1	Reclassificati	
			+ col. 2)	ons (See A-6)	Trial Balance
					(col. 3 +-
					col . 4)
	1.00	2. 00	3. 00	4. 00	5. 00
OTHER REIMBURSABLE COST CENTERS					
102.00 10200 OPIOID TREATMENT PROGRAM	0	0		0 0	0 102.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	95, 030, 471	262, 134, 267	357, 164, 73	8 -3, 727, 728	353, 437, 010 118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39, 252	133, 078	172, 33	0 -10, 956	161, 374 190. 00
191. 00 19100 RESEARCH	0	0		0	0 191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	140, 119	60, 044	200, 16	3 -30, 374	169, 789 192. 00
193.00 19300 NONPALD WORKERS	0	0		0	0 193. 00
193.01 19301 RETAIL PHARMACY	0	0		0	0 193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0		0 2, 115, 822	2, 115, 822 193. 02
193. 03 19303 HOSPI CE	100	4, 332	4, 43	2 0	4, 432 193. 03
193. 04 19304 FRANKFORT HOSPI TAL	0	0		0 1, 653, 236	1, 653, 236 193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	-54	-5	4 0	-54 194. 00
200.00 TOTAL (SUM OF LINES 118 through 199)	95, 209, 942	262, 331, 667	357, 541, 60	9 0	357, 541, 609 200. 00

Health FinancialSystemsIU HEALTHRECLASSIFICATIONAND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 15-0173

Peri od: From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/26/2023 10:13 am

11-10 0 0 10100 (ARFTERIA 0 6,04,631 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					5/26/2023 10:	13 am
		Cost Center Description				
SAFEMAL SERVICE COST CENTESS 1.00 00000 00000 00000 0.00 0					<u>1</u>	
0.0000 CAP REL COSTS-RIDG & FIXT - NOWINGSP 0.48, 867 1.00 0.0010 CAP REL COSTS RIDGS & FIXT - NOWINGSP 1.00 0.0010 CAP REL COSTS RIDGS & FIXT - NOWINGSP 1.00 0.0010 CAP REL COSTS RIDGS 1.00 0.0000 CAP REL COSTS RIDGS 1.00 0.0000 CAP REL COSTS RIDGS 0.00 0.0000 CAP REL COSTS RIDGS 0.00 0.0000 CAP REL COSTS RIDGS 0.0000 CAP REL COSTS RIDGS RIDGS 0.0000 CAP REL COSTS RIDGS		GENERAL SERVICE COST CENTERS	0.00	7.00		
1.01 00101 CAP REL COSTS -BLDG & FIAT - MONKOSP 13, 340, 487 13, 340, 487 12, 340, 487 13, 340, 487	1.00		862, 975	6, 040, 254		1.00
2.00 00000 CAP RIL CISTS WHILE FOULP 1, 192, 891 6, 892, 402 0 00000 CAP RIL CISTS WHILE FOULP 0 0 0 0 0 0 0 0 0	1.01					1. 01
2.01 0.0701 CAP STI CESTS MAIN IF FOUR P. NOMICSP 0 4-69, 100 4-69,	1.02	00102 CAP REL COSTS INTEREST EXPENSE	13, 340, 487	13, 340, 487	7	1. 02
0.00300 OTHER CAR PEL CISTS O			1, 192, 891	6, 852, 462		2. 00
0.000 DIMONOTE BENEFITS DEPARTMENT						2. 01
0.070 0.07						3. 00
5.00 0.00500 OFRINE TAWN IN STRATTURE & CENERAL -17, 728, 533 54, 994, 440 7.00 0.00500 OFRINATION OF PLANT -6, 393 1, 1107, 745 8.00 0.0080 CALMIDRY & LINEW SERVICE 0						4. 00
2.00 00700 OPERATION OF PLANT -6.93 11, 107, 745			1	•		5. 01 5. 06
2.01 0.0701 OPF BATT LOW OF PLANT - NONINGSPITAL -26 843, 862 0.0 3.00 0.0804 LAMINOY & LIFES SERVICE 0 0 0.0 3.00 0.0804 LAMINOY & LIFES SERVICE 0 0 3.218, 389 3.13.00 0.0100 DITERTY -24 1.218, 600 3.13.00 0.0100 DITERTY -24 1.218, 600 3.13.00 0.0300 DITERTY -24 1.218, 600 3.13.00 0.0300 DITERTY -24 1.218, 600 3.13.00 0.0300 DITERTY -25 8.05 9, 644, 813 3.10.00 0.0500 DITERTY -27 1.311 5, 717, 359 3.10.00 0.0500 DITERTY -27 -2				1	l control of the cont	7. 00
0.0000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00000 0.00						7. 01
9. 00 00900 MUSSEKEP INS			1			8. 00
10.00 01000 DIETARY -24 1,218,606			1	1		9. 00
13.00 01300 NURSING ADMINISTRATION -257,825 9,664,813 1.00 1.00 01500 PHARMACY -91,311 5,717,359						10.00
14.00 01400 (CRITTER) SFEWICES A SUPPLY	11. 00	01100 CAFETERI A	0	696, 631		11.00
15.00 01500 PHARMARCY	13.00	01300 NURSI NG ADMI NI STRATI ON	-257, 825	9, 664, 813		13.00
16.00 01600 MEDICAL RECORDS & LIBRARY 0 0 676, 479 18.00 01850 PATIENT TRANSPORT SERVICES 0 676, 479 18.00 01850 PATIENT TRANSPORT SERVICES 0 760, 183 18.00 18.00 18.7 SERVICES SCALARY & RETINGES APPRIVD 0 1, 199, 784 1.193, 864 1.20			1	1	l e e e e e e e e e e e e e e e e e e e	14.00
17.00 01700 SOCIAL SERVICE 0 0.76, 479 1.00				1	i e	15. 00
18 OO 01850 PATIENT TRANSPORT SERVICES 0 7-60, 183		1				16.00
21.00 02100 RR SERVI CES-SALARY & FRINCES APPRVD 0 1,199,784 22.00 02200 RR SERVI CES-SOTHER PREGU. COSTS APPRVD 0 249,014						17. 00
22.00 02200 RAR SERVICES-OTHER PRGM. COSTS APPRVD 0 1,193,864						18. 00 21. 00
23.00 02300 PARMED ED PROM = PINAEMACY 0 249, 014						22.00
INPATIENT ROUTINE SERVICE COST CENTERS -96, 693 45, 566, 593 31. 00 03100 (ADULTS & PEDIATRIC S -96, 693 45, 566, 593 31. 00 03100 (ATTERSI VE CARE UNIT 0 0 0 0 33. 01 03300 (BURN INTERSI VE CARE UNIT 0 0 0 0 33. 01 03300 (BURN INTERSI VE CARE UNIT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						23. 00
30 00 03000 ADULTS & PEDIATRICS -96, 693	20.00			217,011		20.00
33.00 03100 INTENSIVE CARE UNIT	30. 00		-96, 693	45, 566, 593	3	30.00
33.01 G3301 BURN INTENSIVE CARE UNIT	31. 00					31.00
35.00 02000 NCONATAL INTENSIVE CARE UNIT	33.00	03300 BURN INTENSIVE CARE UNIT	0	0		33.00
ABOULARY SERVICE COST CENTERS	33. 01	03301 BURN INTENSIVE CARE UNIT	0	0		33. 01
ANCILLARY SERVICE COST CENTERS 5.0 08 9.0 48, 246 5.0 08 0.0 08			1			35. 00
50.00 050000 05000 050000 050000 050000 050000 050000 050000	43. 00		0	916, 111		43. 00
151.00 05100 RECOVERY ROOM 1.221.023 2.20	FO 00		F 040	0.040.047	T	
52.00 05200 DELIVERY ROOM & LABOR ROOM -5,000 3,446,616 5 5 5 5 5 5 5 5 5					l e e e e e e e e e e e e e e e e e e e	50.00
S3.00 05300 ABSTHESI OLOGY -652 6, 927, 016 1			_	1, 1,		52.00
53.01 05301 ASC ANESTHESI OLOGY 0 16, 733 5 16, 790, 024 5 5 5 0 05400 RADI OLOGY-DI AGNOSTI C -15, 100 6, 590, 024 5 5 0 05500 RADI OLOGY-THERAPEUTI C 0 0 6 5 0 0 5 0 0 0 0 0 0				1		53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C -15,100 6,590,024 55.00 05500 RADI OLOGY-THERAPEUTI C 0 0 0 0 0 0 0 0 0						53. 01
55.0 0 05500 RADI 0.0 OTTOPE 0 0 652. S81 59.00 05900 CARDI AC CATHETERI ZATI ON 0 1. 884. 150 60.00 06000 LABORATORY -48. 488 12. 160, 002 63.00 06300 BLODD STORI NG, PROCESSI NG & TRANS. 0 841. 388 65.00 06500 RESPI RATORY THERAPY 0 3. 397. 198 66.00 06600 PHYSI CAL THERAPY 0 1. 025. 693 67.00 06700 OCCUPATI ONAL THERAPY 0 825. 331 68.00 06600 SEPECH PATHOLOGY 0 825. 331 69.00 06800 SEECH PATHOLOGY 0 825. 331 69.00 06800 SEECH PATHOLOGY 0 826. 261 69.00 06900 ELECTROCARDI OLOGY 0 2. 826. 261 71.00 07000 ELECTROCARDI OLOGY 0 92. 150 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 92. 150 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 91.64. 563 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 10. 376. 242 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 45. 373. 328 73.01 07300 RETAI L PHARMACY -65. 814 7. 617. 944 74.00 07400 RENAL DIALYSI S 0 1. 011. 395 75.00 07500 ASC (NON-DI STI NCT PART) 0 5. 279. 104 76.00 03950 CARDIA CA CHREDI ZATI ION 0 0 76.01 03951 OUTPATI ENT WOUND CARE CENTER -579 1. 126. 209 77.00 07000 CLI NI C 0 0 77.00 07000 ANTICOAGULATI ON CLI NI C -341 651. 323 79.01 07900 O9000 CLI NI C 0 0 79.01 04950 SEEPE CLI NI C 0 0 79.01 04950 OBSERVATI ON BEDS (DISTI NCT PART) 0 0 79.01 04950 OBSERVATI ON BEDS (DISTI NCT PART) 0 0 79.01 04950 OBSERVATI ON BEDS (DISTI NCT PART) 0 0 79.01 04950 OBSERVATI ON BEDS (DISTI NCT PART) 0 0 79.01 04950 OBSERVATI ON BEDS (DISTI NCT PART) 0 0 79.01 04950 OBSERVATI ON BEDS (DISTI NCT PART) 0 0 79.01 04950 OSSERVATI ON BEDS						54. 00
59.00 05900 CARDI AC CATHETERI ZATION 0 1, 884, 150 60.00 06000 LABORATORY -48, 488 12, 160, 002 63.00 06300 BLOOD STORI NG, PROCESSI NG & TRANS. 0 841, 388 66.00 06500 RESPI RATORY THERAPY 0 3, 397, 198 06.00 06600 PMYSI CAL THERAPY 0 1, 025, 693 07.00 06700 0CCUPATI ONAL THERAPY 0 825, 331 08.00 06800 SPEECH PATHOLOGY 0 398, 048 07.00 0				1		55.00
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65.00 06500 RESPIRATORY THERAPY 0 3,397,198 66.00 06600 06000 PHYSI CAL THERAPY 0 1,025,693 67.00 06700 0CCUPATI ONAL THERAPY 0 825,331 68.00 06800 SPECCH PATHOLOGY 0 398,048 69.00 06900 ELECTROCARDIOLOGY 0 2,826,261 70.00 07000 ELECTROCARDIOLOGY 0 92,150 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 9,164,563 72.00 72200 MPL. DEV. CHARGED TO PATIENTS 0 9,164,563 73.00 07300 DRUGS CHARGED TO PATIENTS 0 45,373,328 73.01 07301 RETAIL PHARMACY -65,814 7,617,944 7.617,944			-48, 488	12, 160, 002		60.00
66.00 06600 PHYSI CAL THERAPY 0 1, 225, 693 67.00 06700 0CCUPATI ONAL THERAPY 0 825, 331 68.00 06800 SPEECH PATHOLOGY 0 398, 048 69.00 06900 ELECTROCARDI OLOGY 0 2, 826, 261 70.00 07000 ELECTROCARDI OLOGY 0 2, 826, 261 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 9, 164, 563 72.00 07200 IMPL DEV. CHARGED TO PATI ENTS 0 10, 376, 242 73.00 07300 DRUGS CHARGED TO PATI ENTS 0 45, 373, 328 73.01 07301 RETAIL PHARMACY -65, 814 7, 617, 944 74.00 07400 RENAL DI ALYSIS 0 1, 011, 395 75.00 07500 ASC (NON-DI STI NCT PART) 0 5, 279, 104 76.00 03950 CARDI AC CATHERI ZATI ON 0 0 0 0 0 0 0 0 0						63. 00
67. 00			1			65. 00
68. 00 06800 SPEECH PATHOLOGY 0 398, 048 69. 00 6900 ELECTROCARDI OLOGY 0 2, 826, 261 67. 00 7000 ELECTROCARDI OLOGY 0 9, 150 77. 00 7000 ELECTROCARDI OLOGY 0 9, 164, 563 72. 00 7000 ELECTROCARDI ELEC					•	66.00
69, 00 06900 ELECTROCARDI OLOGY			1			67. 00 68. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS 0 10, 376, 242 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 10, 376, 242 73. 00 07300 RETAIL PHARMACY 74. 00 07400 RENAL DIALYSIS 0 07500 ASC (NON-DISTINCT PART) 75. 00 07500 ASC (NON-DISTINCT PART) 76. 00 03950 CARDIAC CATHERIZATION 76. 01 03951 OUTPATIENT WOUND CARE CENTER 77. 00 07700 ALLOGENEIC HSCT ACQUISITION 78. 01 07501 ALCOGENEIC CHORENS 90. 00 09000 CLINIC 90. 01 04950 SLEEP CLINIC 90. 02 09001 ANTICOAGULATION CLINIC 90. 03 09002 ARNETT CANCER CARE CENTER 90. 00 09003 OUTPATIENT INFUSION CENTER 90. 00 09003 OUTPATIENT INFUSION CENTER 90. 00 09000 ARNETT CANCER CARE CENTER 90. 00 09000 ARNETT CANCER CARE CENTER 90. 00 09000 DRATICOAGULATION CENTER 90. 01 04950 SLEEP CLINIC 90. 02 090001 ANTICOAGULATION CENTER 90. 00 09000 OUTPATIENT INFUSION CENTER 90. 00 09000 OUTPATIENT INFUSION CENTER 90. 01 04950 SLEEP CLINIC 90. 02 090001 ANTICOAGULATION CENTER 90. 03 09000 OUTPATIENT INFUSION CENTER 90. 04 09003 OUTPATIENT INFUSION CENTER 90. 05 09000 OUTPATIENT INFUSION CENTER 90. 00 09000 OUTPATIENT SERVICES 90. 00 OUTPATIENT SERVICES 90. 0			1			69.00
71. 00						70.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 10, 376, 242 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 45, 373, 328 73. 31 07301 RETAIL PHARMACY -65, 814 7, 617, 944 74. 00 07400 RENAL DIALYSIS 0 1, 011, 395				•		71.00
73. 01		1	0	1	l e e e e e e e e e e e e e e e e e e e	72.00
74. 00	73.00	07300 DRUGS CHARGED TO PATIENTS	0	45, 373, 328	3	73. 00
75. 00	73. 01		-65, 814	7, 617, 944		73. 01
75. 01			0	1, 011, 395		74.00
76. 00			0	0)	75. 00
76. 01			0	5, 279, 104	·	75. 01
76. 97			· · · · · ·	1 10/ 200		76.00
77. 00			1			76. 01 76. 97
OUTPATIENT SERVICE COST CENTERS O				1		77.00
90. 00	, , . 00				<u>'</u>	1 , , , , , , ,
90. 01	90. 00		0	0		90.00
90. 02					l e e e e e e e e e e e e e e e e e e e	90. 01
90. 03 09002 ARNETT CANCER CARE CENTER 0 1,724,724 90. 04 09003 0UTPATIENT INFUSION CENTER 0 59,290 91. 00 09100 EMERGENCY -383,000 14,147,156 92. 01 09201 0BSERVATION BEDS (NON-DISTINCT PART) 92. 01 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 0				1		90. 02
91. 00 09100 EMERGENCY -383, 000 14, 147, 156 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 0	90. 03		0	1		90. 03
92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 0 0 0 0 0 0 0 0 0			0	1		90. 04
92. 01 09201 0BSERVATI ON BEDS (DI STINCT PART) 0 0 0 0 0 0 0 0 0			-383, 000	14, 147, 156		91.00
93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 OTHER REI MBURSABLE COST CENTERS						92.00
OTHER REI MBURSABLE COST CENTERS				ł	l e e e e e e e e e e e e e e e e e e e	92. 01
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 Heal th Financial
 Systems
 IU HEALTH A

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES
 In Lieu of Form CMS-2552-10 IU HEALTH ARNETT HOSPITAL Provider CCN: 15-0173 Peri od: Worksheet A

			10 12/31/2022 Date/II me Pre	
			5/26/2023 10:	13 am
Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6. 00	7.00		
SPECIAL PURPOSE COST CENTERS				
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	-2, 837, 815	350, 599, 195		118. 00
NONREI MBURSABLE COST CENTERS				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	161, 374		190. 00
191. 00 19100 RESEARCH	0	0		191. 00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	169, 789		192. 00
193.00 19300 NONPALD WORKERS	0	0		193. 00
193. 01 19301 RETAIL PHARMACY	0	0		193. 01
193. 02 19302 WHI TE HOSPI TAL	0	2, 115, 822		193. 02
193. 03 19303 HOSPI CE	0	4, 432		193. 03
193. 04 19304 FRANKFORT HOSPI TAL	0	1, 653, 236		193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	-54		194. 00
200.00 TOTAL (SUM OF LINES 118 through 199)	-2, 837, 815	354, 703, 794		200. 00

In Lieu of Form CMS-2552-10
Worksheet A-6

Peri od: From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/26/2023 10:13 am

Cost Center	
2. 00 3. 00 4. 00 5. 00 A - NONBI LLABLE SUPPLI ES 1. 00 CENTRAL SERVI CES & SUPPLY 14. 00 0 9, 770, 897	
1.00 CENTRAL SERVICES & SUPPLY 14.00 0 9,770,897	
2 00 IADMITTING F 01 0 0	1.00
2. 00 ADMITTING 5. 01 0 8 3. 00 OTHER ADMINISTRATIVE & 5. 06 0 238, 803	2.00
GENERAL 3.30 GENERAL	3.00
4.00 OPERATION OF PLANT - 7.01 0 1	4. 00
NONHOSPI TAL	F 00
5. 00 HOUSEKEEPI NG 9. 00 1, 144 6. 00 DI ETARY 10. 00 0 285	5. 00
7. 00 PARAMED ED PRGM - PHARMACY 23.00 0 6	7.00
8. 00 RADI OI SOTOPE 56. 00 0 34, 927	8. 00
9.00 BLOOD STORING, PROCESSING & 63.00 0 2,198	9. 00
TRANS. 10. 00 ELECTROCARDI OLOGY 69. 00 0 3, 187	10.00
11. 00 OUTPATIENT WOUND CARE CENTER 76. 01 0 30, 016	11.00
12.00 GIFT, FLOWER, COFFEE SHOP & 190.00 0 6	12. 00
CANTEEN	10.00
13. 00	13. 00 14. 00
15. 00	15. 00
16. 00 0 0 0	16. 00
17. 00 0 0 0	17. 00
18. 00	18. 00 19. 00
20.00	20.00
21.00	21. 00
22. 00 0. 00 0 0	22. 00
23. 00 0 0 0	23.00
24. 00	24. 00 25. 00
26. 00	26. 00
27. 00	27. 00
0 0 10, 081, 478 B - BILLABLE SUPPLIES	
1. 00 MEDI CAL SUPPLI ES CHARGED TO 71. 00 9, 164, 563	1.00
PATI ENTS PATI ENTS	
2. 00	2.00
4.00	4.00
5. 00 0. 00 0	5. 00
6.00 0.00 0	6. 00
7. 00 0. 00 0 0 0 0 8. 00 0 0 0	7. 00
8. 00 0. 00 0 0 0 0 9. 00 0 0	8. 00 9. 00
10.00	10.00
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13. 00 0. 00 0 0 14. 00 0 0 0	13. 00 14. 00
15. 00	15. 00
16. 00 0 0 0	16. 00
17. 00 0 0 0	17. 00
18. 00	18. 00 19. 00
20. 00	20.00
21.00	21. 00
22. 00 0. 00 0	22. 00
23. 00	23. 00 24. 00
25. 00	25.00
0 9, 164, 563	
C - IMPLANTS	1.00
1. 00 I MPL. DEV. CHARGED TO 72. 00 0 10, 376, 242 PATI ENTS	1.00
2. 00 PATTENTS 0. 00 0	2.00
3.00 0.00 0	3.00
4.00	4.00
5. 00 0. 00 0 0 6. 00 0. 00 0 0	5. 00 6. 00
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					5/26/2023	3 10:13 am
		Increases	0.1	211		
	Cost Center 2.00	Li ne # 3.00	Sal ary 4. 00	0ther 5.00		
12. 00	2.00	0.00	4.00	0		12. 00
13.00	L	0.00	0	0		13. 00
	0		0	10, 376, 242		
1 00	D - DRUGS DRUGS CHARGED TO PATIENTS	73.00	0	45, 373, 328		1.00
1. 00 2. 00	DRUGS CHARGED TO PATTENTS	0.00	0	45, 373, 326		1. 00 2. 00
3.00		0.00	0	Ö		3. 00
4.00		0.00	O	O		4. 00
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8. 00 9. 00		0. 00 0. 00	0	0		8. 00 9. 00
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18. 00		0.00	0	O		18. 00
19.00		0.00	0	O		19. 00
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21. 00		0.00	0	0		21.00
22. 00 23. 00		0. 00 0. 00	0	0		22. 00 23. 00
24. 00		0.00	0	0		24. 00
25. 00		0.00	0	0		25. 00
	0		0	45, 373, 328		
1 00	E - BENEFITS	4 00	ما	14 200 701		1.00
1. 00 2. 00	EMPLOYEE BENEFITS DEPARTMENT	4. 00 0. 00	0	14, 208, 791 0		1. 00 2. 00
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12.00		0.00	0	0		12. 00
13.00		0.00	0	0		13.00
14. 00 15. 00		0. 00 0. 00	0	0		14. 00 15. 00
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35. 00 36. 00		0. 00 0. 00	0	0		35. 00 36. 00
36. 00 37. 00		0.00	0	0		36.00
38. 00		0.00	0	0		38. 00
39. 00		0.00	0	0		39. 00
40. 00		0.00	0	0		40. 00
	0			14, 208, 791		1

Health Financial Systems RECLASSIFICATIONS Provider CCN: 15-0173

					Io	Date/lime Prepared: 5/26/2023 10:13 am
		Increases				
	Cost Center 2.00	Li ne # 3.00	Sal ary 4.00	0ther 5.00		
	F - CAFETERI A	3.00	4.00	5.00		
1.00	CAFETERI A	11.00	477, 021	219, 610		1.00
	0		477, 021	219, 610		
	G - PROPERTY TAX	4 00	ما			1.00
1.00	CAP REL COSTS BLDG & FLXT	1.00	0	6, 653		1.00
2. 00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1. 01	0	2, 084		2. 00
	0			- - 8, 7 37		
	H - PROPERTY INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1. 00	0	242, 166		1. 00
2.00	CAP REL COSTS-BLDG & FIXT -	1. 01	0	37, 827		2. 00
2 00	NONHOSP CAP REL COSTS-MVBLE EQUIP	2.00	0	14 (40		3 00
3. 00	O REL COSTS-MVBLE EQUIP		0	1 <u>4, 6</u> 49 294, 642		3. 00
	I - LEASE EXPENSE		<u> </u>	274,042		
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	461, 430		1. 00
2.00	CAP REL COSTS-BLDG & FIXT -	1. 01	0	88, 457		2. 00
	NONHOSP			4.40.000		
3.00	CAP REL COSTS MYRLE FOULD	2.00	0	149, 090		3.00
4. 00	CAP REL COSTS-MVBLE EQUIP - NONHOSP	2. 01	۷	90		4. 00
5.00	NURSING ADMINISTRATION	13.00	o	3, 729		5. 00
6. 00		0.00	o	0		6. 00
7.00		0.00	0	0		7. 00
8.00		0. 00	0	0		8. 00
9. 00		0.00		0		9. 00
	U J - INTEREST EXPENSE		0	702, 796		
1. 00	CAP REL COSTS-MVBLE EQUIP -	2. 01	0	1, 069		1. 00
1.00	NONHOSP	2.01	٩	1,007		1.00
2.00		<u> </u>	0	0		2. 00
	0		0	1, 069		
	K - HOUSEKEEPING SUPPLIES	0.00	ما	10 101		1.00
1. 00 2. 00	HOUSEKEEPI NG	9. 00 0. 00	0	48, 481 0		1. 00 2. 00
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28. 00		0.00	o	0		28. 00
29. 00		0.00	ől	Ö		29. 00
	0			48, 481		
	L - DEPRECIATION EXPENSE		1			
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4, 467, 030		1.00
2. 00	CAP REL COSTS-BLDG & FIXT - NONHOSP	1. 01	0	309, 719		2. 00
3. 00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5, 495, 832		3. 00
4.00	CAP REL COSTS-MVBLE EQUIP -	2. 01	o	467, 947		4. 00
	NONHOSP					55
5.00		0. 00	О	0		5. 00
6.00		0.00	0	0		6. 00
7.00		0.00	0	0		7. 00
8. 00	ı	0.00	0	0		8. 00

Health Financial Systems In Lieu of Form CMS-2552-10 RECLASSI FI CATIONS Provider CCN: 15-0173 Peri od: Worksheet A-6

From 01/01/2022 12/31/2022 Date/Time Prepared: 5/26/2023 10:13 am Increases Cost Center Li ne # Sal ary 0ther 2.00 3.00 4.00 5.00 9.00 9. 00 0.00 0 10.00 0.00 10.00 0 11.00 0.00 0 11.00 0 0.00 0 12.00 12.00 0 13.00 0.00 0 13.00 14.00 0.00 0 0 14.00 0 0 15.00 0.00 15.00 0 0 16.00 0.00 16.00 17.00 0.00 0 0 17.00 0 18.00 0.00 0 18.00 19 00 0.00 0 0 19 00 0 0 20.00 0.00 20.00 21.00 0.00 o 21.00 22.00 0.00 0 0 22.00 0 23 00 0 00 0 23 00 24.00 0.00 0 0 24.00 25.00 0.00 25.00 ō 10, 740, 528 M - FMLA RECLASS OTHER ADMINISTRATIVE & 1.00 5.06 12, 273 1.00 GENERAL OPERATION OF PLANT 2.00 7.00 939 2.00 10, 485 HOUSEKEEPI NG 9.00 3.00 3.00 4.00 DI ETARY 10.00 3, 893 4.00 5.00 NURSING ADMINISTRATION 13.00 38, 781 5.00 6.00 PHARMACY 15.00 25, 112 6.00 PATIENT TRANSPORT SERVICES 7.00 18.00 4.907 7.00 8.00 ADULTS & PEDIATRICS 30.00 126, 339 8.00 9.00 INTENSIVE CARE UNIT 31.00 21,662 9.00 10.00 NEONATAL INTENSIVE CARE UNIT 35.00 10.00 15, 301 OPERATING ROOM 50.00 11.00 44, 532 11.00 12.00 RECOVERY ROOM 51.00 4,748 12.00 DELIVERY ROOM & LABOR ROOM 13.00 52.00 18, 891 13.00 14 00 ANESTHESI OLOGY 53 00 324 14 00 15.00 RADI OLOGY-DI AGNOSTI C 54.00 18,644 15.00 16.00 CARDIAC CATHETERIZATION 59.00 4, 497 16.00 17.00 RESPIRATORY THERAPY 65.00 15, 405 17.00 69.00 ELECTROCARDI OLOGY 18.00 6, 208 18.00 ASC (NON-DISTINCT PART) 19.00 75.01 30, 228 19.00 SLEEP CLINIC 20.00 90.01 516 20.00 21 00 ANTICOAGULATION CLINIC 90.02 3 847 21 00 22.00 EMERGENCY_ 91.00 49, 559 22.00 457, 091 N - NURSERY 1.00 43 00 1 00 NURSERY 801, 069 115, 042 2.00 0.00 2.00 801, 069 115, 042 O - ARNETT TO WHITE ALLOCATION 1 00 WHITE HOSPITAL 193.02 1 00 1, 431, 704 684, 118 2.00 0.00 2.00 3.00 0.00 3.00 0 0 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 0.00 0 8.00 0 8.00 9.00 0.00 0 0 9.00 10.00 0.00 10.00 1, 431, 704 684, 118 P - ARNETT TO FRANKFORT ALLOCATION 1.00 FRANKFORT HOSPITAL 193.04 1, 074, 762 578, 474 1.00 2.00 0.00 2.00 0 0.00 3.00 0 0 3.00 4.00 0.00 0 0 4.00 5.00 0.00 0 0 5.00 0 6.00 0.00 0 6.00 7.00 0.00 0 0 7.00 0 8.00 0.00 0 8.00 9.00 0.00 o 0 9.00 10.00 0.00 0 0 10.00 11.00 0.00 0 11.00 12.00 0.00 12.00

1, 074, 762

578, 474

Health Financial Systems		IU HEALTH ARN	ETT HOSPITAL		In Lieu of Form CMS-2552-10			
RECLAS:	SI FI CATI ONS			Provi der (CCN: 15-0173	Peri od:	Worksheet A-	6
						From 01/01/2022 To 12/31/2022	Date/Time Pr 5/26/2023 10	epared: :13 am
		Increases						
	Cost Center	Li ne #	Sal ary	Other				
	2. 00	3.00	4.00	5. 00				
	Q - INTERNS AND RESIDENTS							
1.00	I&R SERVICES-SALARY &	21. 00	0	1, 099, 784				1. 00
	FRI_NGES_ APPRVD							
	0		0	1, 099, 784				
	R - PARAMEDICAL EDUCATION							
1.00	PARAMED ED PRGM - PHARMACY	23. 00	114, 060	8, 726				1. 00
	0 — — — — —		114, 060	8, 726				
	S - BENEFIT SALARY							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4. 00	1, 393	0				1. 00
	TOTALS	- $ 1$	1, 393					
500.00	Grand Total: Increases		3, 900, 009	104, 163, 500				500.00
			•		•			•

Health Financial Systems RECLASSIFICATIONS

Provider CCN: 15-0173

Peri od: From 01/01/2022 To 12/31/2022

Date/Time Prepared: 5/26/2023 10:13 am

		Docroscos				5/26/2023 10:	13 am
	Cost Center	Decreases Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6.00	7. 00	8. 00	9. 00	10.00		
	A - NONBILLABLE SUPPLIES	7,00	0.00	7. 00	10100		
1.00	OPERATION OF PLANT	7. 00	0	137, 530	0		1. 00
2.00	NURSING ADMINISTRATION	13. 00	0	8, 300	0		2. 00
3.00	PHARMACY	15. 00	0	49, 307	0		3. 00
4.00	PATIENT TRANSPORT SERVICES	18. 00	0	7, 359	0		4. 00
5. 00	ADULTS & PEDIATRICS	30.00	0	946, 023	0		5. 00
6. 00	INTENSIVE CARE UNIT	31.00	0	208, 286	0		6. 00
7.00	NEONATAL INTENSIVE CARE UNIT	35. 00	0	50, 049	0		7. 00
8.00	OPERATING ROOM RECOVERY ROOM	50.00	0	4, 645, 987	0		8. 00
9. 00 10. 00	DELIVERY ROOM & LABOR ROOM	51. 00 52. 00	0	49, 290 129, 112	0		9. 00 10. 00
11. 00	ANESTHESI OLOGY	53.00	0	237, 136	0		11. 00
12. 00	ASC ANESTHESI OLOGY	53. 01	0	86, 335	0		12.00
13. 00	RADI OLOGY-DI AGNOSTI C	54.00	Ö	1, 400, 506	0		13. 00
14. 00	CARDI AC CATHETERI ZATI ON	59. 00	o	422, 975	0		14. 00
15.00	LABORATORY	60.00	0	1, 221	0		15. 00
16.00	RESPIRATORY THERAPY	65.00	0	533, 572	0		16. 00
17.00	PHYSI CAL THERAPY	66.00	0	1, 826	0		17. 00
18. 00	OCCUPATI ONAL THERAPY	67. 00	0	2, 524	0		18. 00
19.00	SPEECH PATHOLOGY	68. 00	0	2, 644	0		19. 00
20.00	RETAIL PHARMACY	73. 01	0	82	0		20. 00
21. 00	RENAL DIALYSIS	74. 00	0	4, 425	0		21. 00
22. 00	ASC (NON-DISTINCT PART)	75. 01	0	738, 112	0		22. 00
23. 00	SLEEP CLINIC	90. 01	0	17, 381	0		23. 00
24. 00	ARNETT CANCER CARE CENTER	90. 03	0	49, 213	0		24. 00
25. 00	OUTPATIENT INFUSION CENTER	90.04	0	475	0		25. 00
26. 00 27. 00	EMERGENCY PHYSICIANS' PRIVATE OFFICES	91. 00 192. 00	0	349, 293 2, 515	0		26. 00 27. 00
27.00	n PRIVATE OFFICES	192.00	— — — 0	10, 081, 478			27.00
	B - BILLABLE SUPPLIES		<u> </u>	10,001,470			
1.00	NURSI NG ADMI NI STRATI ON	13.00		341	0		1. 00
2.00	CENTRAL SERVICES & SUPPLY	14.00		306, 794	0		2. 00
3.00	PHARMACY	15. 00	•	49	0		3. 00
4.00	ADULTS & PEDIATRICS	30.00		291, 736	0		4. 00
5.00	INTENSIVE CARE UNIT	31.00		70, 987	0		5. 00
6.00	NEONATAL INTENSIVE CARE UNIT	35. 00		4, 413	0		6. 00
7. 00	OPERATING ROOM	50.00		3, 544, 262	0		7. 00
8.00	RECOVERY ROOM	51.00		1, 488	0		8. 00
9.00	DELIVERY ROOM & LABOR ROOM	52.00		157, 092	0		9.00
10.00	ANESTHESI OLOGY	53. 00 53. 01		15, 136	0		10.00
11. 00 12. 00	ASC ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	54. 00		7, 532 2, 278, 809	0		11. 00 12. 00
13. 00	RADI OLOGI - DI AGNOSTI C	56. 00		632	0		13. 00
14. 00	CARDI AC CATHETERI ZATI ON	59.00		1, 413, 767	0		14. 00
15. 00	RESPIRATORY THERAPY	65.00		11, 636	0		15. 00
16. 00	PHYSI CAL THERAPY	66.00	•	1, 478	0		16. 00
17.00	ELECTROCARDI OLOGY	69. 00		545	0		17. 00
18.00	RETAIL PHARMACY	73. 01		113	0		18. 00
19.00	RENAL DIALYSIS	74. 00		38, 286	0		19. 00
20.00	ASC (NON-DISTINCT PART)	75. 01		515, 318			20. 00
21. 00	OUTPATIENT WOUND CARE CENTER	76. 01		449, 744	t t		21. 00
22. 00	SLEEP CLINIC	90. 01		297	0		22. 00
23. 00	ARNETT CANCER CARE CENTER	90. 03		1, 251	0		23. 00
24. 00	OUTPATIENT INFUSION CENTER	90. 04		130	0		24. 00
25. 00	EMERGENCY	91.00	— — ,	5 <u>2, 7</u> 27			25. 00
	C - IMPLANTS		0	9, 164, 563			
1. 00	OPERATION OF PLANT	7. 00	I	3, 843	0		1. 00
2. 00	OPERATION OF PLANT -	7. 01		807	0		2. 00
2.00	NONHOSPI TAL	7.01		007	J		2.00
3.00	NURSING ADMINISTRATION	13. 00	į	10	0		3. 00
4.00	CENTRAL SERVICES & SUPPLY	14. 00		15, 473	0		4.00
5. 00	ADULTS & PEDIATRICS	30. 00	j	120	0		5. 00
6.00	OPERATING ROOM	50.00	1	5, 986, 079	0		6. 00
7.00	DELIVERY ROOM & LABOR ROOM	52. 00	1	12, 879	0		7. 00
8. 00	ANESTHESI OLOGY	53. 00	l	4, 384	0		8. 00
9.00	RADI OLOGY-DI AGNOSTI C	54.00	[46, 798	0		9. 00
10.00	CARDI AC CATHETERI ZATI ON	59. 00	ļ	2, 908, 326	0		10.00
11.00	ASC (NON-DISTINCT PART)	75. 01		1, 365, 360	0		11.00
12.00	OUTPATIENT WOUND CARE CENTER	76. 01		31, 875	0		12.00
13. 00	ARNETT CANCER CARE CENTER O	90.03		<u>2</u> 88 10, 376, 242			13. 00
	IO I	ı	Ų	10, 370, 242	ı		I

RECLASSIFICATIONS

Provider CCN: 15-0173

Period:
From 01/(11/

Peri od: Worksheet A-6
From 01/01/2022
To 12/31/2022 Date/Time Prepared:

5/26/2023 10:13 am Decreases Cost Center Sal ary 0ther Wkst. A-7 Ref. Line # 6.00 7.00 8.00 9.00 10.00 D - DRUGS OPERATION OF PLANT 7.00 1.00 1.00 0 2.00 NURSING ADMINISTRATION 13.00 9,020 2.00 CENTRAL SERVICES & SUPPLY 14.00 65, 587 0 3.00 3.00 4.00 PHARMACY 15.00 5, 304, 438 0 4.00 ADULTS & PEDIATRICS 394, 352 0 5.00 30.00 5.00 0 6.00 INTENSIVE CARE UNIT 31.00 216, 634 6.00 0 NEONATAL INTENSIVE CARE UNIT 7.00 35.00 24, 471 7.00 8.00 OPERATING ROOM 50.00 473, 465 0 8.00 0 9.00 RECOVERY ROOM 51.00 5, 281 9.00 10 00 DELIVERY ROOM & LABOR ROOM 52 00 57, 123 0 10.00 0 11.00 ANESTHESI OLOGY 53.00 66,099 11.00 ASC ANESTHESIOLOGY 53.01 7, 456 0 12.00 12.00 13.00 RADI OLOGY-DI AGNOSTI C 54.00 521, 834 0 13.00 0 RADI OLSOTOPE 56 00 14 00 14 00 536, 283 15.00 CARDIAC CATHETERIZATION 59.00 101, 116 15.00 16.00 RESPIRATORY THERAPY 65.00 22, 207 0 16.00 0 17.00 ELECTROCARDI OLOGY 69.00 223, 018 17.00 0 RETAIL PHARMACY 73.01 18.00 45, 664 18.00 0 19.00 RENAL DIALYSIS 74.00 11,726 19.00 ASC (NON-DISTINCT PART) 0 20.00 75.01 217, 793 20.00 0 OUTPATIENT WOUND CARE CENTER 1, 511 21.00 76.01 21.00 22.00 ARNETT CANCER CARE CENTER 90.03 36, 636, 103 0 22.00 OUTPATIENT INFUSION CENTER 5, 953 0 23.00 90.04 23.00 **EMERGENCY** 91.00 0 24.00 426, 025 24.00 PHYSICIANS' PRIVATE OFFICES 25.00 192.00 162 0 25.00 45, 373, 328 - BENEFITS 1.00 ADMITTING 5. 01 103.377 0 1.00 2.00 OTHER ADMINISTRATIVE & 5.06 873.414 0 2 00 GENERAL 3 00 OPERATION OF PLANT 7.00 226, 063 0 3 00 0 4.00 HOUSEKEEPI NG 9.00 417, 612 4.00 5 00 DI FTARY 10 00 289 651 0 5 00 0| NURSING ADMINISTRATION 6.00 13.00 1,061,344 6.00 7.00 CENTRAL SERVICES & SUPPLY 14.00 111, 979 0 7.00 8.00 PHARMACY 15.00 650, 742 0 8.00 0| SOCIAL SERVICE 9.00 17.00 116, 134 9.00 PATIENT TRANSPORT SERVICES 10.00 18.00 101, 062 0 10.00 0 11.00 I&R SERVICES-OTHER PRGM. 22.00 8,090 11.00 COSTS APPRVD PARAMED ED PRGM - PHARMACY 0 12.00 12.00 23.00 22, 318 ADULTS & PEDIATRICS 3, 532, 250 13.00 30.00 13.00 14.00 INTENSIVE CARE UNIT 31.00 503, 015 0 14.00 15.00 NEONATAL INTENSIVE CARE UNIT 35.00 404, 548 0 15.00 0 50.00 16.00 OPERATING ROOM 16.00 883, 297 0 17.00 RECOVERY ROOM 51.00 148, 572 17.00 18.00 DELIVERY ROOM & LABOR ROOM 52.00 489, 557 0 18.00 0 ANESTHESI OLOGY 53.00 25, 204 19.00 19.00 0 ASC ANESTHESIOLOGY 20.00 53.01 152 20.00 RADI OLOGY-DI AGNOSTI C 54.00 751, 877 0 21.00 21.00 0 22.00 RADI OI SOTOPE 56.00 32, 513 22.00 0 23.00 CARDIAC CATHETERIZATION 59.00 252.354 23.00 24.00 LABORATORY 60.00 1, 317 24.00 277, 245 25.00 RESPIRATORY THERAPY 65.00 0 25.00 0 PHYSICAL THERAPY 96, 993 26.00 66.00 26.00 0 OCCUPATIONAL THERAPY 40, 786 27.00 67.00 27.00 0 28.00 SPEECH PATHOLOGY 68.00 40, 736 28.00 0 29.00 ELECTROCARDI OLOGY 69.00 267, 968 29.00 70.00 30.00 ELECTROENCEPHALOGRAPHY 30.866 30.00 0 31.00 RETAIL PHARMACY 73.01 70, 391 31.00 32.00 ASC (NON-DISTINCT PART) 75.01 670, 967 0 32.00 0 33.00 OUTPATIENT WOUND CARE CENTER 76.01 36, 873 33.00 0 34 00 SLEEP CLINIC 90 01 88 297 34 00 35.00 ANTICOAGULATION CLINIC 90.02 121, 459 35.00 ARNETT CANCER CARE CENTER 90.03 290, 548 0 36.00 36.00 37.00 OUTPATIENT INFUSION CENTER 90.04 8, 240 0 37.00 **IEMERGENCY** 0 38 00 91 00 1, 122, 953 38 00 39.00 GIFT, FLOWER, COFFEE SHOP & 190.00 10, 962 0 39.00

27, 065

14, 208, 791

0

0

40.00

CANTEEN

PHYSICIANS' PRIVATE OFFICES

192.00

40 00

Peri od: Worksheet A-6 From 01/01/2022 To 12/31/2022 Date/Ti me Prepared: 5/26/2023 10:13 am

					ļ .	5/26/202	23 10: 13 am
		Decreases					
	Cost Center 6.00	Li ne # 7. 00	Sal ary 8.00	0ther 9.00	Wkst. A-7 Ref. 10.00		
	F - CAFETERIA	7.00	8.00	9.00	10.00		
1. 00	DI ETARY	10.00	477, 021	219, 610	0		1. 00
	0		477, 021	219, 610			
	G - PROPERTY TAX				1		
1. 00	OTHER ADMINISTRATIVE &	5. 06	0	6, 653	13		1. 00
2. 00	GENERAL OPERATION OF PLANT -	7. 01	0	2, 084	13		2. 00
2.00	NONHOSPI TAL	7.01		2, 00 1	10		2.00
	0			8, 737			
	H - PROPERTY INSURANCE		_T		T		
1. 00	OTHER ADMINISTRATIVE & GENERAL	5. 06	0	294, 642	12		1. 00
2. 00	GENERAL	0.00	0	0	12		2. 00
3.00		0.00	o	0	12		3. 00
	0 — — — — —			294, 642			
	I - LEASE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	458, 408			1.00
2. 00 3. 00	CENTRAL SERVICES & SUPPLY ADULTS & PEDIATRICS	14. 00 30. 00	0	19, 513 2, 862	1		2. 00 3. 00
4. 00	INTENSIVE CARE UNIT	31.00	ő	2, 083			4.00
5.00	NEONATAL INTENSIVE CARE UNIT	35.00	O	391	0		5. 00
6.00	OPERATING ROOM	50.00	0	62, 405	0		6. 00
7. 00	ANESTHESI OLOGY	53.00	0	8, 157	1		7. 00
8.00	RESPIRATORY THERAPY	65.00	0	60, 520	1		8. 00
9. 00	SLEEP CLINIC	<u>90.</u> 01	0	8 <u>8, 4</u> 57 702, 796			9. 00
	J - INTEREST EXPENSE		o _l	102, 170			
1.00	OTHER ADMINISTRATIVE &	5. 06	0	207	11		1. 00
	GENERAL						
2.00	OUTPATIENT WOUND CARE CENTER	<u> </u>	9	$\frac{862}{1000}$			2. 00
	K - HOUSEKEEPING SUPPLIES		0	1, 069			
1.00	ADMITTING	5. 01		975	0		1.00
2.00	OTHER ADMINISTRATIVE &	5. 06		2	O		2. 00
	GENERAL						
3.00	OPERATION OF PLANT	7.00		1, 341			3.00
4. 00 5. 00	DI ETARY NURSI NG ADMI NI STRATI ON	10. 00 13. 00		2 160			4. 00 5. 00
6.00	CENTRAL SERVICES & SUPPLY	14. 00		3, 766			6. 00
7. 00	PHARMACY	15. 00		4, 271			7. 00
8. 00	PATIENT TRANSPORT SERVICES	18. 00		20	1		8.00
9.00	ADULTS & PEDIATRICS	30.00		18, 767	0		9. 00
10.00	INTENSIVE CARE UNIT	31.00		1, 024	1		10.00
11. 00	NEONATAL INTENSIVE CARE UNIT	35. 00		916			11.00
12.00	OPERATING ROOM	50.00		1, 774	1		12.00
13. 00 14. 00	RECOVERY ROOM DELIVERY ROOM & LABOR ROOM	51. 00 52. 00		138 757			13. 00 14. 00
15. 00	ANESTHESI OLOGY	53.00		23	1		15. 00
16. 00	RADI OLOGY-DI AGNOSTI C	54.00		3, 020			16. 00
17.00	RADI OI SOTOPE	56.00		89			17. 00
18. 00	CARDIAC CATHETERIZATION	59. 00		572			18. 00
19. 00	RESPIRATORY THERAPY	65.00		11			19. 00
20. 00 21. 00	ELECTROCARDI OLOGY	69.00		647 91	1		20.00
21.00	RETAIL PHARMACY RENAL DIALYSIS	73. 01 74. 00		426			21. 00 22. 00
23. 00	ASC (NON-DISTINCT PART)	75. 01		1, 367			23. 00
24. 00	OUTPATIENT WOUND CARE CENTER	76. 01		781	1		24. 00
25.00	SLEEP CLINIC	90. 01		231	0		25. 00
26. 00	ARNETT CANCER CARE CENTER	90. 03		3, 359	0		26. 00
27. 00	OUTPATIENT INFUSION CENTER	90. 04		1	0		27. 00
28. 00	EMERGENCY	91.00		3, 318			28. 00
29. 00	PHYSICIANS' PRIVATE OFFICES	192.00	— — — ф				29. 00
	L - DEPRECIATION EXPENSE		O ₁	70, 701			
1.00	OTHER ADMINISTRATIVE &	5. 06	0	26, 896	9		1. 00
0.0-	GENERAL			. =0			
2.00	OPERATION OF PLANT	7.00	0	4, 704, 693	l t		2.00
3. 00	OPERATION OF PLANT - NONHOSPITAL	7. 01	0	309, 716	9		3. 00
4.00	HOUSEKEEPI NG	9.00	0	10, 689	9		4. 00
5. 00	DI ETARY	10.00	O	28, 736	1		5. 00
6.00	NURSING ADMINISTRATION	13. 00	0	299, 910	0		6. 00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	161, 471	1		7. 00
8. 00	PHARMACY	15. 00	0	388, 872	0		8.00

Peri od: From 01/01/2022 To 12/31/2022

Date/Time Prepared: 5/26/2023 10:13 am

		Doorsoos				5/26/2023 10): 13 am
	Cost Center	Decreases Li ne #	Sal ary	Other	 Wkst. A-7 Ref.		
	6.00	7.00	8. 00	9. 00	10.00		
9. 00	ADULTS & PEDIATRICS	30.00	0	285, 812			9. 00
10.00	INTENSIVE CARE UNIT	31.00	0	174, 106	O		10.00
11. 00	NEONATAL INTENSIVE CARE UNIT	35.00	0	101, 010	0		11. 00
12. 00	OPERATING ROOM	50. 00	0	1, 415, 866	0		12. 00
13. 00	RECOVERY ROOM	51.00	0	61, 961	0		13. 00
14. 00	DELIVERY ROOM & LABOR ROOM	52.00	0	19, 492	0		14. 00
15. 00 16. 00	ANESTHESI OLOGY ASC ANESTHESI OLOGY	53. 00 53. 01	0	82, 297	0		15. 00 16. 00
17. 00	RADI OLOGY-DI AGNOSTI C	54.00	o	46, 530 802, 153	0		17. 00
18. 00	RADI OI SOTOPE	56. 00	Ö	251, 909	o		18. 00
19. 00	CARDI AC CATHETERI ZATI ON	59.00	o	622, 483	0		19. 00
20.00	RESPIRATORY THERAPY	65.00	0	120, 428	0		20. 00
21.00	ELECTROCARDI OLOGY	69. 00	0	176, 834	0		21. 00
22. 00	RENAL DIALYSIS	74. 00	0	135	0		22. 00
23. 00	ASC (NON-DISTINCT PART)	75. 01	0	414, 908	0		23. 00
24. 00	ARNETT CANCER CARE CENTER	90. 03	0	2, 682	0		24. 00
25. 00	EMERGENCY	91.00	0	<u>230, 939</u> 10, 740, 528			25. 00
	M - FMLA RECLASS		<u> </u>	10, 740, 326			
1. 00	OTHER ADMINISTRATIVE &	5. 06	12, 273	0	0		1.00
	GENERAL	0.00	12,275	3			
2.00	OPERATION OF PLANT	7. 00	939	0	O		2. 00
3.00	HOUSEKEEPI NG	9. 00	10, 485	0	0		3. 00
4.00	DI ETARY	10. 00	3, 893	0	0		4. 00
5.00	NURSI NG ADMI NI STRATI ON	13.00	38, 781	0	0		5. 00
6.00	PHARMACY	15. 00	25, 112	0	0		6. 00
7. 00 8. 00	PATIENT TRANSPORT SERVICES ADULTS & PEDIATRICS	18. 00 30. 00	4, 907	0	0		7. 00 8. 00
9. 00	INTENSIVE CARE UNIT	31. 00	126, 339 21, 662	0	0		9. 00
10. 00	NEONATAL INTENSIVE CARE UNIT	35. 00	15, 301	0	0		10.00
11. 00	OPERATING ROOM	50.00	44, 532	0	o		11. 00
12.00	RECOVERY ROOM	51.00	4, 748	0	O		12. 00
13.00	DELIVERY ROOM & LABOR ROOM	52. 00	18, 891	0	0		13. 00
14.00	ANESTHESI OLOGY	53.00	324	0	0		14.00
15. 00	RADI OLOGY-DI AGNOSTI C	54.00	18, 644	0	0		15. 00
16. 00	CARDI AC CATHETERI ZATI ON	59. 00	4, 497	0	0		16. 00
17. 00	RESPIRATORY THERAPY	65.00	15, 405	0	0		17. 00
18.00	ELECTROCARDI OLOGY	69.00	6, 208	0	0		18.00
19. 00 20. 00	ASC (NON-DISTINCT PART) SLEEP CLINIC	75. 01 90. 01	30, 228 516	0	0		19. 00 20. 00
21. 00	ANTI COAGULATION CLINIC	90. 02	3, 847	0	0		21. 00
22. 00	EMERGENCY	91.00	49, 559	0	o		22. 00
	0		457, 091				
	N - NURSERY						
1.00	ADULTS & PEDIATRICS	30. 00	774, 540	109, 463	l 1		1. 00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	<u>26, 5</u> 29	<u>5, 5</u> 79	9		2. 00
	O ADMETT TO WHITE ALLOCATIO	ANI	801, 069	115, 042			
1. 00	O - ARNETT TO WHITE ALLOCATION ADMITTING	5. 01	25, 939	7, 057	0		1.00
2. 00	OTHER ADMINISTRATIVE &	5. 06	715, 540	343, 841	0		2. 00
2.00	GENERAL	0.00	710,010	010,011			2.00
3.00	OPERATION OF PLANT	7. 00	49, 845	14, 585	O		3. 00
4.00	NURSING ADMINISTRATION	13. 00	116, 021	84, 633	0		4. 00
5.00	PHARMACY	15. 00	303, 241	79, 364	0		5. 00
6.00	ADULTS & PEDIATRICS	30. 00	46, 417	69, 793			6. 00
7.00	OPERATING ROOM	50.00	67, 305	24, 028			7. 00
8.00	RADI OLOGY-DI AGNOSTI C ELECTROCARDI OLOGY	54.00	30, 169	12, 524			8.00
9. 00 10. 00	EMERGENCY	69. 00 91. 00	58, 939 18, 288	23, 519 24, 774	l 1		9. 00 10. 00
10.00	0		1, 431, 704	684, 118			10.00
	P - ARNETT TO FRANKFORT ALLOC	CATION	.,,	551,115	<u>I</u>		
1.00	ADMI TTI NG	5. 01	25, 939	7, 057	0		1. 00
2.00	OTHER ADMINISTRATIVE &	5. 06	494, 135	237, 590	0		2. 00
	GENERAL						
3.00	OPERATION OF PLANT	7. 00	49, 845	14, 585	0		3. 00
4.00	NURSING ADMINISTRATION	13.00	91, 856	54, 952	0		4. 00
5.00	CENTRAL SERVICES & SUPPLY	14.00	58, 850	96, 534	0		5. 00
6. 00 7. 00	PHARMACY ADULTS & PEDIATRICS	15. 00 30. 00	226, 582 6, 001	60, 645 32, 353			6. 00 7. 00
8. 00	OPERATING ROOM	50.00	35, 500	12, 674	l 1		8. 00
9. 00	RADI OLOGY-DI AGNOSTI C	54. 00	30, 169	12, 524	0		9. 00
10. 00	ELECTROCARDI OLOGY	69. 00	33, 679	13, 439	o		10.00
11. 00	ASC (NON-DISTINCT PART)	75. 01	12, 560	23, 054			11. 00
12.00	EMERGENCY	91.00	9, 646	13, 067	0		12. 00

Health Financial Systems

IU HEALTH ARNETT HOSPITAL

In Lieu of Form CMS-2552-10

RECLASSIFICATIONS

Provider CCN: 15-0173

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

To 12/31/2022

Prepared:

						5/26/2023 10	: <u>13 am</u>
		Decreases					
	Cost Center	Li ne #	Sal ary	Other	Wkst. A-7 Ref.		
	6. 00	7. 00	8. 00	9. 00	10. 00		
	0		1, 074, 762	578, 474			
	Q - INTERNS AND RESIDENTS						
1.00	I&R SERVICES-OTHER PRGM.	22. 00	0	1, 099, 784	C		1. 00
	COSTS APPRVD						
	0		0	1, 099, 784			_
	R - PARAMEDICAL EDUCATION						
1.00	PHARMACY	15. 00	114, 060	<u>8, 7</u> 26			1. 00
	0		114, 060	8, 726			
	S - BENEFIT SALARY						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1, 393	C		1. 00
	TOTALS		0	1, 393			
500.00	Grand Total: Decreases		4, 355, 707	103, 707, 802			500.00

| Period: | Worksheet A-7 | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared:

				To	12/31/2022	Date/Time Prep	
				Acqui si ti ons		5/26/2023 10: 3	13 am
		Begi nni ng	Purchases	Donation	Total	Disposals and	
		Bal ances	Pui Chases	טטוומנו טוו	iotai	Retirements	
		1.00	2.00	3. 00	4. 00	5. 00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET		2.00	3.00	4.00	3.00	
1. 00	Land	2, 221, 221	1, 076, 003	0	1, 076, 003		1.00
2.00	Land Improvements	590, 336	1, 070, 005	0	1,070,000	ار	2. 00
3.00	Buildings and Fixtures	170, 662, 482	0	0	0	ار	3.00
4. 00	Building Improvements	12, 897, 988	2, 848, 007	0	2, 848, 007	ار	4.00
5. 00	Fi xed Equi pment	12,077,700	2, 040, 007	0	2, 040, 007	ار	5. 00
6.00	Movable Equipment	81, 769, 696	2, 907, 345	0	2, 907, 345	4, 673, 755	
7. 00	HIT designated Assets	01,707,070	2, 707, 010	0	2, 707, 010	1, 0, 0, 700	7. 00
8.00	Subtotal (sum of lines 1-7)	268, 141, 723	6, 831, 355	0	6, 831, 355	4, 673, 755	
9. 00	Reconciling Items	0	0,001,000	0	0,001,000	1,070,700	9. 00
10. 00	Total (line 8 minus line 9)	268, 141, 723	6, 831, 355	0	6, 831, 355	4, 673, 755	
10.00	Trotal (Trite e in ride Trite 7)	Ending Balance	Fully	9	0,001,000	17 07 07 7 00	10.00
			Depreciated				
			Assets				
		6.00	7. 00			İ	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET	T BALANCES					
1.00	Land	3, 297, 224	0				1. 00
2.00	Land Improvements	590, 336	0				2. 00
3.00	Buildings and Fixtures	170, 662, 482	0				3. 00
4.00	Building Improvements	15, 745, 995	0				4. 00
5.00	Fixed Equipment	0	0				5. 00
6.00	Movable Equipment	80, 003, 286	0				6. 00
7.00	HIT designated Assets	0	0				7. 00
8.00	Subtotal (sum of lines 1-7)	270, 299, 323	0				8. 00
9.00	Reconciling Items	0	0				9. 00
10.00	Total (line 8 minus line 9)	270, 299, 323	0			ļ	10. 00

Health Financial Systems
RECONCILIATION OF CAPITAL COSTS CENTERS IU HEALTH ARNETT HOSPITAL Provi der CCN: 15-0173

				To 12/31/2022	Date/Time Pre 5/26/2023 10:	pared: 13 am
		SU	IMMARY OF CAPI	TAL		
Cost Center Description	Depreciation	Lease	Interest	Insurance (see	Taxes (see instructions)	
	9. 00	10.00	11. 00	12.00	13. 00	
PART II - RECONCILIATION OF AMOUNTS FROM WORK	SHEET A, COLUMN	12, LINES 1 a	nd 2			_
1.00 CAP REL COSTS-BLDG & FLXT	0	0		0	0	1. 00
1. 01 CAP REL COSTS-BLDG & FLXT - NONHOSP	0	0		0	0	1. 01
1. 02 CAP REL COSTS INTEREST EXPENSE	0	0		0	0	1. 02
2.00 CAP REL COSTS-MVBLE EQUIP 2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0		0	0	2. 00 2. 01
3.00 Total (sum of lines 1-2)	0	0		0 0	0	3. 00
3. 00 Total (Suil Of Titles 1 2)	SUMMARY OF	CAPITAL		0 0		3. 00
Cost Center Description		Гotal (1) (sum				
	Capi tal -Rel ate	of cols. 9				
	d Costs (see	through 14)				
	instructions)	15. 00				
PART II - RECONCILIATION OF AMOUNTS FROM WORK			L nd 2			
1. 00 CAP REL COSTS-BLDG & FLXT	0	0	liu z			1. 00
1. 01 CAP REL COSTS-BLDG & FLXT - NONHOSP	o	0				1. 01
1.02 CAP REL COSTS INTEREST EXPENSE	o	0				1. 02
2.00 CAP REL COSTS-MVBLE EQUIP	0	0				2. 00
2.01 CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0				2. 01
3.00 Total (sum of lines 1-2)	0	0				3. 00

	Financial Systems	IU HEALTH ARNI		1-		u of Form CMS-2	2552-10
RECONG	CILIATION OF CAPITAL COSTS CENTERS		Provi der C		eriod: rom 01/01/2022	Worksheet A-7 Part III	
					o 12/31/2022		nared:
				'	0 12/31/2022	5/26/2023 10:	
		COMI	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
	Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets	Ratio (see	Insurance	
			Leases	for Ratio	instructions)		
				(col. 1 - col.			
				2)			
		1.00	2. 00	3.00	4. 00	5. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C						
1.00	CAP REL COSTS-BLDG & FLXT	190, 296, 037	0	190, 296, 037	0. 704020	0	1.00
1.01	CAP REL COSTS-BLDG & FLXT - NONHOSP	0	0	0	0.000000	0	1. 01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0.000000	0	1. 02
2.00	CAP REL COSTS-MVBLE EQUIP	80, 003, 287	0	80, 003, 287	0. 295980	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	0.000000	0	2. 01
3.00	Total (sum of lines 1-2)	270, 299, 324	0	270, 299, 324	1.000000	0	3. 00
		ALLOCA	TION OF OTHER (CAPI TAL	SUMMARY O	F CAPITAL	
	Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
			Capi tal -Relate	cols. 5			
			d Costs	through 7)			
		6.00	7. 00	8.00	9. 00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS C	ENTERS					
1.00	CAP REL COSTS-BLDG & FLXT	0	0	0	5, 330, 005	461, 430	1.00
1.01	CAP REL COSTS-BLDG & FLXT - NONHOSP	0	0	0	309, 719	88, 457	1. 01
1.02	CAP REL COSTS INTEREST EXPENSE	0	0	0	0	0	1. 02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6, 688, 723	149, 090	2.00
2.01	CAP REL COSTS-MVBLE EQUIP - NONHOSP	0	0	0	467, 947	90	2. 01
3.00	Total (sum of lines 1-2)	0	0	0	12, 796, 394	699, 067	3. 00
			Sl	JMMARY OF CAPIT	AL		
	Cost Center Description	Interest	Insurance (see	Taxes (see	Other	Total (2) (sum	
	cost center bescription	Titterest	instructions)		Capi tal -Rel ate		
			instructions)	i iisti ucti olis)	d Costs (see	through 14)	
					instructions)	tili ougii 14)	
		11.00	12.00	13.00	14. 00	15. 00	
	PART III - RECONCILIATION OF CAPITAL COSTS C		12.00	13.00	14.00	13.00	
1. 00	CAP REL COSTS-BLDG & FIXT		242, 166	6, 653	0	6, 040, 254	1. 00
1.00	CAP REL COSTS-BLDG & FLXT _ NONHOSP		242, 100			438 087	

0

0 1, 069

13, 340, 487

13, 341, 556

37, 827

14, 649

294, 642

2, 084

8, 737

0

13, 340, 487

6, 852, 462

27, 140, 396

469, 106

438, 087

1.01

1.02

2. 00

3.00

1.01 1.02

2.00

3.00

CAP REL COSTS-BLDG & FIXT - NONHOSP

CAP REL COSTS-MVBLE EQUIP CAP REL COSTS-MVBLE EQUIP - NONHOSP

CAP REL COSTS INTEREST EXPENSE

Total (sum of lines 1-2)

Peri od: Worksheet A-8 From 01/01/2022 Date/Time Prepared: 5/21/2023 10:13 am

				To	12/31/2022	Date/Time Prep 5/26/2023 10:	
				Expense Classification on		9, 29, 2020 10.	, o a
				To/From Which the Amount is 1	to be Adjusted		
	Cost Center Description	Basi s/Code (2) 1.00	Amount 2.00	Cost Center 3.00	Li ne # 4. 00	Wkst. A-7 Ref. 5.00	
1. 00	Investment income - CAP REL	1.00		CAP REL COSTS-BLDG & FIXT	1. 00	0	1. 00
1. 01	COSTS-BLDG & FIXT (chapter 2) Investment income - CAP REL		0	CAP REL COSTS-BLDG & FIXT -	1. 01	0	1. 01
	COSTS-BLDG & FLXT - NONHOSP			NONHOSP			
1. 02	(chapter 2) Investment income - CAP REL	В	1, 615, 224	CAP REL COSTS INTEREST	1. 02	11	1. 02
	COSTS INTEREST EXPENSE			EXPENSE			
2. 00	(chapter 2) Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP	2. 00	0	2. 00
2. 01	COSTS-MVBLE EQUIP (chapter 2) Investment income - CAP REL		0	CAP REL COSTS-MVBLE EQUIP -	2. 01	0	2. 01
2.01	COSTS-MVBLE EQUIP - NONHOSP		O	NONHOSP	2.01		2.01
3. 00	(chapter 2) Investment income - other		0		0. 00	0	3. 00
	(chapter 2)		-				
4. 00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4. 00
5.00	Refunds and rebates of		0		0. 00	О	5. 00
6. 00	expenses (chapter 8) Rental of provider space by		0		0.00	О	6. 00
7. 00	suppliers (chapter 8) Telephone services (pay		0		0.00	0	7. 00
7.00	stations excluded) (chapter		O		0.00		7.00
8. 00	21) Television and radio service		0		0. 00	0	8. 00
	(chapter 21)		O				
9. 00 10. 00	Parking Lot (chapter 21) Provider-based physician	A-8-2	0 -2, 384, 261		0. 00	0	9. 00 10. 00
	adj ustment						
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	37, 883, 605			0	12. 00
13. 00	Laundry and linen service		0		0.00	0	13. 00
14. 00 15. 00	Cafeteria-employees and guests Rental of quarters to employee		0		0. 00 0. 00	0	14. 00 15. 00
	and others		O				
16. 00	Sale of medical and surgical supplies to other than		0		0. 00	0	16. 00
47.00	pati ents				0.00		47.00
17. 00	Sale of drugs to other than patients		0		0.00	0	17. 00
18. 00	Sale of medical records and		0		0. 00	О	18. 00
19. 00	abstracts Nursing and allied health		0		0. 00	О	19. 00
	education (tuition, fees, books, etc.)						
20. 00	Vending machines		0		0. 00	0	
21. 00	Income from imposition of interest, finance or penalty		0		0. 00	0	21. 00
	charges (chapter 21)						
22. 00	Interest expense on Medicare overpayments and borrowings to	,	0		0.00	0	22. 00
22.00	repay Medicare overpayments		0	DECDIDATORY THERAPY	4F 00		22.00
23. 00	Adjustment for respiratory therapy costs in excess of	A-8-3	U	RESPI RATORY THERAPY	65. 00		23. 00
24. 00	limitation (chapter 14) Adjustment for physical	A-8-3	0	PHYSI CAL THERAPY	66. 00		24. 00
24.00	therapy costs in excess of	A 0 3	O	THISTORE THEIRIT	00.00		24.00
25. 00	limitation (chapter 14) Utilization review -		0	*** Cost Center Deleted ***	114. 00		25. 00
_3.00	physicians' compensation		O	2222 23 2010100			_3. 30
26. 00	(chapter 21) Depreciation - CAP REL		0	CAP REL COSTS-BLDG & FIXT	1. 00	0	26. 00
	COSTS-BLDG & FLXT						
26. 01	Depreciation - CAP REL COSTS-BLDG & FIXT - NONHOSP			CAP REL COSTS-BLDG & FIXT - NONHOSP	1.01	0	26. 01
26. 02	Depreciation - CAP REL COSTS INTEREST EXPENSE			CAP REL COSTS INTEREST EXPENSE	1. 02	0	26. 02
27. 00	Depreciation - CAP REL			CAP REL COSTS-MVBLE EQUIP	2. 00	0	27. 00
	COSTS-MVBLE EQUIP				l		

Health Financial Systems
ADJUSTMENTS TO EXPENSES In Lieu of Form CMS-2552-10
Worksheet A-8 Provider CCN: 15-0173

				To	12/31/2022	Date/Time Prep 5/26/2023 10:	
				Expense Classification on			TO GIII
				To/From Which the Amount is t	o be Adjusted		
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
27. 01	Donrociation CAD DEL	1.00	2.00	3.00 CAP REL COSTS-MVBLE EQUIP -	4. 00	5. 00	27. 01
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP - NONHOSP		U	NONHOSP	2.01	0	27.01
28. 00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19. 00		28. 00
29. 00	Physicians' assistant		0		0.00		29. 00
30. 00	Adjustment for occupational	A-8-3	0	OCCUPATI ONAL THERAPY	67. 00		30. 00
	therapy costs in excess of limitation (chapter 14)						
30. 99	Hospice (non-distinct) (see		0	ADULTS & PEDIATRICS	30.00		30. 99
	instructions)						
31. 00	Adjustment for speech	A-8-3	0	SPEECH PATHOLOGY	68. 00		31. 00
	pathology costs in excess of limitation (chapter 14)						
32. 00	CAH HIT Adjustment for		0		0.00	0	32. 00
	Depreciation and Interest						
33. 00	EMPLOYEE BENEFITS	A		EMPLOYEE BENEFITS DEPARTMENT	4.00		33. 00
33. 01	HAF OFFSET	A	-23, 365, 273	OTHER ADMINISTRATIVE & GENERAL	5. 06	0	33. 01
33. 02	MI SCELLANEOUS I NCOME	В	-297, 930	OTHER ADMINISTRATIVE &	5. 06	o	33. 02
				GENERAL]	
33. 03	MI SCELLANEOUS I NCOME	В		OPERATION OF PLANT	7. 00	0	33. 03
33. 04	MI SCELLANEOUS I NCOME	В	-26	OPERATION OF PLANT - NONHOSPITAL	7. 01	0	33. 04
33. 05	MI SCELLANEOUS I NCOME	В	0	CAFETERI A	11. 00	0	33. 05
33. 06	MI SCELLANEOUS I NCOME	В		NURSING ADMINISTRATION	13. 00		33. 06
33. 07	MI SCELLANEOUS I NCOME	В		CENTRAL SERVICES & SUPPLY	14.00	0	33. 07
33. 08	MI SCELLANEOUS I NCOME	В		PHARMACY	15.00	0	33. 08
33. 09 33. 10	MI SCELLANEOUS I NCOME MI SCELLANEOUS I NCOME	B B		RADI OLOGY-DI AGNOSTI C ELECTROCARDI OLOGY	54. 00 69. 00	0	33. 09 33. 10
33. 11	MI SCELLANEOUS I NCOME	В		EMERGENCY	91. 00		33. 10
33. 12	TELEPHONE EXPENSE	A		OTHER ADMINISTRATIVE &	5. 06	ő	33. 12
				GENERAL			
33. 13 33. 14	NON-ALLOWABLE MARKETING	A		EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33. 13
33. 14	NON-ALLOWABLE MARKETING NON-ALLOWABLE MARKETING	A A		ADMITTING OTHER ADMINISTRATIVE &	5. 01 5. 06	0	33. 14 33. 15
00. 10	NOW ALLOWABLE WARRETTING	^	010,701	GENERAL	0.00	Ĭ	00. 10
33. 16	NON-ALLOWABLE MARKETING	A		DI ETARY	10.00		33. 16
33. 17	NON-ALLOWABLE MARKETING	A		NURSING ADMINISTRATION	13.00		33. 17
33. 18 33. 19	NON-ALLOWABLE MARKETING NON-ALLOWABLE MARKETING	A A		PHARMACY OPERATING ROOM	15. 00 50. 00		33. 18 33. 19
33. 20	NON-ALLOWABLE MARKETING	Ä		DELIVERY ROOM & LABOR ROOM	52.00	o o	33. 20
33. 21	NON-ALLOWABLE MARKETING	A		ANTICOAGULATION CLINIC	90. 02	O	33. 21
33. 22	NON-ALLOWABLE MARKETING	A		EMERGENCY	91. 00	0	33. 22
33. 23	UNWONTED SITUATIONS	A	•	OTHER ADMINISTRATIVE &	5. 06	0	33. 23
33. 24	UNWONTED SITUATIONS	A		GENERAL ADULTS & PEDIATRICS	30.00	0	33. 24
33. 25	UNWONTED SITUATIONS	A		OPERATING ROOM	50. 00		33. 25
33. 26	UNWONTED SITUATIONS	A		RECOVERY ROOM	51.00	1	33. 26
33. 27	UNWONTED SITUATIONS	A		OUTPATIENT WOUND CARE CENTER	76. 01	0	33. 27
33. 28 33. 29	UNWONTED SITUATIONS CONTRIBUTION EXPENSE	A A		EMERGENCY EMPLOYEE BENEFITS DEPARTMENT	91. 00 4. 00		33. 28 33. 29
33. 30	CONTRIBUTION EXPENSE	A		OTHER ADMINISTRATIVE &	5. 06	1	33. 30
			·	GENERAL			
33. 31	CONTRIBUTION EXPENSE	A		OPERATION OF PLANT	7.00	0	33. 31
33. 32 33. 33	CONTRIBUTION EXPENSE CONTRIBUTION EXPENSE	A A		NURSING ADMINISTRATION PHARMACY	13. 00 15. 00	0	33. 32 33. 33
33. 34	CONTRIBUTION EXPENSE	A		ADULTS & PEDIATRICS	30.00	0	33. 34
33. 35	CONTRIBUTION EXPENSE	A	-12	OPERATING ROOM	50.00	0	33. 35
33. 36	CONTRIBUTION EXPENSE	A	·	RETAIL PHARMACY	73. 01	0	33. 36
33. 37	CONTRIBUTION EXPENSE	A		OUTPATIENT WOUND CARE CENTER	76. 01	0	33. 37
33. 38 33. 39	CONTRIBUTION EXPENSE RECRUITMENT	A A		EMERGENCY OTHER ADMINISTRATIVE &	91. 00 5. 06	1	33. 38 33. 39
0,		'	200, 007	GENERAL	2.00		
33. 40	RECRUI TMENT	A		PHARMACY	15. 00	0	33. 40
33. 41	RECRUI TMENT	A		ADULTS & PEDIATRICS	30.00	1	33. 41
33. 42 33. 43	RECRUI TMENT RECRUI TMENT	A A		INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	31. 00 35. 00	1	33. 42 33. 43
33. 44	RECRUI TMENT	A		OPERATING ROOM	50.00	1	33. 44
33. 45	RECRUI TMENT	A	0	RECOVERY ROOM	51. 00	1	33. 45
33. 46	RECRUI TMENT	A		DELIVERY ROOM & LABOR ROOM	52.00	1	33. 46
33. 47	RECRUI TMENT	A	0	ASC (NON-DISTINCT PART)	75. 01	0	33. 47

Heal th	Financial Systems		IU HEALTH ARNE	TT HOSPITAL	In Li€	eu of Form CMS-2	2552-10
ADJUST	MENTS TO EXPENSES				Peri od:	Worksheet A-8	
					From 01/01/2022 To 12/31/2022		
				Expense Classification or	n Worksheet A		
				To/From Which the Amount is	to be Adjusted		
	Coot Contan Decemintion	Dania (Cada (2)	Amount	Coot Conton	line#	Wkst. A-7 Ref.	
	Cost Center Description	Basis/Code (2)		Cost Center	_		
	TREADUL THENT	1.00	2.00	3.00	4. 00	5. 00	00.10
33. 48	RECRUI TMENT	A	-10, 000	EMERGENCY	91. 00	0	33. 48
33. 49	PRACTICE MGMT	A	0 0	OTHER ADMINISTRATIVE &	5. 06	0	33. 49
				GENERAL			
33. 50	RETAIL PHARMACY	A	O	RETAIL PHARMACY	193. 01	0	33. 50
33. 51	PRECEPTORS	A	oli	I&R SERVICES-OTHER PRGM.	22.00	0	33. 51
				COSTS APPRVD			
33. 52	PRECEPTORS	A	O	EMPLOYEE BENEFITS DEPARTMEN	T 4.00	0	33. 52
50.00	TOTAL (sum of lines 1 thru 49)		-2, 837, 815				50.00

- (1) Description all chapter references in this column pertain to CMS Pub. 15-1. (2) Basis for adjustment (see instructions).

(Transfer to Worksheet A, column 6, line 200.)

- 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

Provider CCN: 15-0173

Worksheet A-8-1

Peri od: From 01/01/2022 OFFICE COSTS 12/31/2022 Date/Time Prepared: 5/26/2023 10·13 am

					3/20/2023 10.	is alli
	Li ne No.	Cost Center	Expense Items	Amount of	Amount	
				Allowable Cost	Included in	
					Wks. A, column	
					5	
	1. 00	2. 00	3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUSTM	MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED OR	GANIZATIONS OR	CLAI MED	
	HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1, 318, 624	455, 649	1.00
2.00	1. 02	CAP REL COSTS INTEREST EXPEN	HOME OFFICE ALLOCATION	11, 725, 263	0	2.00
3.00	2. 00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	1, 192, 891	0	3.00
4.00	4. 00	EMPLOYEE BENEFITS DEPARTMENT	HOME OFFICE ALLOCATION	14, 435, 314	41, 818	4.00
4.02	5. 06	OTHER ADMINISTRATIVE & GENER	HOME OFFICE ALLOCATION	45, 243, 095	35, 534, 057	4. 02
4.03	7. 00	OPERATION OF PLANT	RELATED PARTY	143, 248	143, 248	4. 03
4.04	13. 00	NURSING ADMINISTRATION	RELATED PARTY	30, 297	30, 355	4.04
4.05	22. 00	I&R SERVICES-OTHER PRGM. COS	RELATED PARTY	1, 018, 226	1, 018, 226	4. 05
4.06	30.00	ADULTS & PEDIATRICS	RELATED PARTY	-90	-90	4.06
4.07	35. 00	NEONATAL INTENSIVE CARE UNIT	RELATED PARTY	60,000	60, 000	4. 07
4. 08	50.00	OPERATING ROOM	RELATED PARTY	401, 232	401, 232	4. 08
4.09	54.00	RADI OLOGY-DI AGNOSTI C	RELATED PARTY	17, 500	17, 500	4. 09
4. 10	60.00	LABORATORY	RELATED PARTY	11, 963, 790	11, 963, 790	4. 10
4. 11	63.00	BLOOD STORING, PROCESSING &	RELATED PARTY	2, 145	2, 145	4. 11
4. 12	70.00	ELECTROENCEPHALOGRAPHY	RELATED PARTY	12, 000	12, 000	4. 12
4.13	91.00	EMERGENCY	RELATED PARTY	336, 502	336, 502	4. 13
5.00	0		0	87, 900, 037	50, 016, 432	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	
					l
Symbol (1)	Name	Percentage of	Name	Percentage of	
•		Ownershi p		Ownershi p	
1. 00	2. 00	3. 00	4. 00	5. 00	
B. INTERRELATIONSHIP TO RELAT	ED ORGANIZATION(S) AND/OR HO	ME 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	В	IU HEALTH	100.00	IU HEALTH	100. 00	6. 00
7.00			0.00		0. 00	7. 00
8.00			0. 00		0. 00	8. 00
9.00			0. 00		0. 00	9. 00
10.00			0. 00		0. 00	10. 00
100.00	G. Other (financial or					100.00
	non-financial) specify:					

- (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 organi zati on.
- 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 provi der

					10 12/31/2022	5/26/2023 10	
	Net	Wkst. A-7 Ref.					
	Adjustments						
	(col. 4 minus						
	col. 5)*						
	6. 00	7. 00					
			MENTS REQUIRED AS A RESULT OF	TRANSACTIONS WITH RELATED O	RGANIZATIONS OR (CLAI MED	
	HOME OFFICE CO						
1.00	862, 975						1.00
2.00	11, 725, 263						2.00
3.00	1, 192, 891						3.00
4.00	14, 393, 496						4.00
4. 02	9, 709, 038	0					4. 02
4.03	0	0					4. 03
4.04	-58	0					4. 04
4. 05	0	0					4. 05
4.06	0	0					4. 06
4. 07	0	0					4. 07
4. 08	0	0					4. 08
4. 09	0	0					4. 09
4. 10	0	0					4. 10
4. 11	0	0					4. 11
4. 12	0	0					4. 12
4. 13	0	0					4. 13
5.00	37, 883, 605						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.

 	our aiming it directly the dimedite directled believed by the outed in our aimin it of this partit	
Related Organization(s)		
and/or Home Office		
Type of Business		
6. 00		
B. INTERRELATIONSHIP TO RELA	TED 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.

	HEALTHCARE	6.	b. 00
7.00		7.	7. 00
7. 00 8. 00		8.	3. 00
9.00		9.	9. 00
10.00		10.). 00
9. 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
- 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.

Health Financial Systems
PROVIDER BASED PHYSICIAN ADJUSTMENT Peri od: Worksheet A-8-2 From 01/01/2022 Date/Time Prepared: 5/24/2023 10:13 am Provider CCN: 15-0173

					1	To 12/31/2022	2 Date/Time Pro 5/26/2023 10:	
	Wkst. A Line #	Cost Center/Physician	Total	Professi onal	Provi der	RCE Amount	Physi ci an/Prov	
		I denti fi er	Remuneration	Component	Component		ider Component	
							Hours	
	1. 00	2. 00	3.00	4.00	5. 00	6. 00	7. 00	
1.00	5. 06	OTHER ADMINISTRATIVE &	2, 097, 536	1, 351, 469	746, 067	211, 500	5, 198	1. 00
		GENERAL						
2.00		NURSING ADMINISTRATION	226, 550				•	
3.00		ADULTS & PEDIATRICS	48, 527	•		211, 500		0.00
4.00		INTENSIVE CARE UNIT	110, 127	•		211, 500		
5.00		NEONATAL INTENSIVE CARE UNIT	8, 595	•		211, 500		0.00
6.00		ANESTHESI OLOGY	652			239, 400		
7.00		LABORATORY	48, 488	•		211, 500		
8.00		EMERGENCY	372, 333			211, 500	0	
9.00	0.00		0	0	· ·	0	0	9.00
10. 00 200. 00	0. 00		2, 912, 808	·	· ·	0	0 5, 198	
200.00	Wkst. A Line #	Cost Center/Physician	Unadjusted RCE		746, 067 Cost of		Physician Cost	
	WKSt. A LITTE #	I denti fi er	Limit	Unadjusted RCE			of Malpractice	
		ruentirrei	LIIIII	Li mi t	Continuing	Share of col.	Insurance	
					Education	12	Trisurance	
	1. 00	2. 00	8. 00	9. 00	12. 00	13. 00	14. 00	
1.00	5. 06	OTHER ADMINISTRATIVE &	528, 547	26, 427	0	0	0	1. 00
		GENERAL						
2.00	13. 00	NURSING ADMINISTRATION	0	0	0	0	0	2. 00
3.00		ADULTS & PEDIATRICS	0	0	0	0	0	
4.00		INTENSIVE CARE UNIT	0	0	0	0	0	
5. 00		NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	
6.00		ANESTHESI OLOGY	0	0	0	0	0	
7.00		LABORATORY	0	0	0	0	0	
8.00		EMERGENCY	0	0	0	0	0	
9.00	0.00		0	0	0	0	0	
10.00	0. 00		0	0	0	0	0	
200.00	11/1 1 4 1 1 //	0 1 0 1 (D)	528, 547			0	0	200. 00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component	Adjusted RCE Limit	RCE Di sal I owance	Adjustment		
		rdentrirer	Share of col.	LIIIII	Di Sai i Owance			
			14					
	1. 00	2.00	15. 00	16. 00	17. 00	18. 00		
1.00	5. 06	OTHER ADMINISTRATIVE &	0					1. 00
		GENERAL						
2.00	13. 00	NURSING ADMINISTRATION	0	0	0	226, 550		2. 00
3.00	30. 00	ADULTS & PEDIATRICS	0	0	0	48, 527		3. 00
4.00		31.00 I NTENSI VE CARE UNI T		0	0	110, 127		4. 00
5.00	35.00 NEONATAL INTENSIVE CARE UNIT		0	0	0	8, 595	•	5. 00
6.00		ANESTHESI OLOGY	0	0	0	652	•	6. 00
7. 00		LABORATORY	0	1	0	48, 488	•	7. 00
8.00		EMERGENCY	0		0	372, 333	1	8. 00
9.00	0. 00		0		0	0		9. 00
10.00	0. 00		0	-	0	0		10.00
200. 00			0	528, 547	217, 520	2, 384, 261	l	200. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | 5/26/2023 10: 13 am

					CADITAL DE	LATED COSTS	5/26/2023 10:	13 am
					CAFITAL KL	LATED COSTS		
		Cost Center Description	Net Expenses	BLDG & FIXT		CAP REL COSTS	MVBLE EQUIP	
			for Cost		NONHOSP	INTEREST		
			Allocation (from Wkst A			EXPENSE		
			col. 7)					
			0	1. 00	1. 01	1. 02	2. 00	
1 00		AL SERVICE COST CENTERS	6, 040, 254	/ O40 2E4				1. 00
1. 00 1. 01	1	CAP REL COSTS-BLDG & FIXT CAP REL COSTS-BLDG & FIXT - NONHOSP	438, 087	6, 040, 254 0				1.00
1. 02		CAP REL COSTS INTEREST EXPENSE	13, 340, 487	Ö		13, 340, 487		1. 02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6, 852, 462				6, 852, 462	2. 00
2. 01		CAP REL COSTS-MVBLE EQUIP - NONHOSP	469, 106		_	_	0	2. 01
4. 00 5. 01		EMPLOYEE BENEFITS DEPARTMENT ADMITTING	15, 329, 699 584, 838			0 39, 144	0 20, 107	4. 00 5. 01
5.06		OTHER ADMINISTRATIVE & GENERAL	54, 994, 440			416, 240		5. 06
7.00		OPERATION OF PLANT	11, 107, 745			2, 582, 999		7. 00
7. 01		OPERATION OF PLANT - NONHOSPITAL	843, 862	0	9, 146	0	0	7. 01
8. 00 9. 00		LAUNDRY & LINEN SERVICE HOUSEKEEPING	2 210 200	75 442	1	147.044	0 05 015	8.00
10.00		DI ETARY	3, 218, 389 1, 218, 606			167, 066 273, 237		9. 00 10. 00
11. 00		CAFETERI A	696, 631	86, 235		190, 458	l	11. 00
13.00		NURSING ADMINISTRATION	9, 664, 813	57, 950		127, 989	1	•
14.00		CENTRAL SERVICES & SUPPLY PHARMACY	10, 800, 792					14. 00
15. 00 16. 00		MEDICAL RECORDS & LIBRARY	5, 717, 359	79, 771	310 0	176, 181	90, 497 0	15. 00 16. 00
17. 00	01700	SOCIAL SERVICE	676, 479	Ö	ő	0	Ö	17. 00
18. 00		PATIENT TRANSPORT SERVICES	760, 183	20, 591	0	45, 478	23, 360	18. 00
21. 00		I &R SERVI CES-SALARY & FRI NGES APPRVD	1, 099, 784		0	0	0	21. 00
22. 00 23. 00		I&R SERVICES-OTHER PRGM. COSTS APPRVD PARAMED ED PRGM - PHARMACY	1, 193, 864 249, 014	4, 567 2, 215		10, 088 4, 893		
23.00	I NPAT	I ENT ROUTI NE SERVI CE COST CENTERS	247,014	2,213		4, 073	2,515	25.00
30.00	03000	ADULTS & PEDIATRICS	45, 566, 593					
31.00		INTENSIVE CARE UNIT	6, 707, 085			383, 765	l	
33. 00 33. 01		BURN INTENSIVE CARE UNIT BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00 33. 01
35. 00		NEONATAL INTENSIVE CARE UNIT	3, 487, 158	135, 339		298, 908	-	35. 00
43.00	04300	NURSERY	916, 111	64, 657			73, 351	43. 00
50. 00	ANCI L	LARY SERVICE COST CENTERS OPERATING ROOM	9, 048, 246	450, 097	0	994, 083	F10 (20	50. 00
51. 00		RECOVERY ROOM	1, 221, 023	68, 860	•	152, 085		
52. 00	05200	DELIVERY ROOM & LABOR ROOM	3, 446, 616			478, 542	245, 807	•
53. 00		ANESTHESI OLOGY	6, 927, 016			40, 049		53. 00
53. 01 54. 00		ASC ANESTHESI OLOGY RADI OLOGY-DI AGNOSTI C	16, 733 6, 590, 024	0 240, 344		530, 823	0 272, 662	53. 01 54. 00
55. 00		RADI OLOGY-THERAPEUTI C	0, 370, 024	240, 344	Ö	0	0	55. 00
56.00	05600	RADI OI SOTOPE	652, 581	31, 456	0	69, 474		
59. 00		CARDI AC CATHETERI ZATI ON	1, 884, 150			210, 198		
60. 00 63. 00		LABORATORY BLOOD STORING, PROCESSING & TRANS.	12, 160, 002 841, 388			290, 932 21, 047		
65. 00		RESPIRATORY THERAPY	3, 397, 198			40, 786		
66. 00	06600	PHYSI CAL THERAPY	1, 025, 693	9, 727	0	21, 482	11, 035	66. 00
67. 00		OCCUPATIONAL THERAPY	825, 331	6, 039		13, 338		
68. 00 69. 00		SPEECH PATHOLOGY ELECTROCARDI OLOGY	398, 048 2, 826, 261	4, 901 35, 447		10, 825 78, 288	1	•
70. 00		ELECTROENCEPHALOGRAPHY	92, 150			0	0	
71.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	9, 164, 563	0	0	0	0	71. 00
72.00		IMPL. DEV. CHARGED TO PATIENTS	10, 376, 242	0	0	0	0	72.00
73. 00 73. 01	1	DRUGS CHARGED TO PATIENTS RETAIL PHARMACY	45, 373, 328 7, 617, 944		0	39, 747	0 20, 417	73. 00 73. 01
74. 00		RENAL DIALYSIS	1, 011, 395			51, 041	26, 218	
75. 00	07500	ASC (NON-DISTINCT PART)	0	0	1	0	0	1
75. 01		ASC (NON-DISTINCT PART)	5, 279, 104	0	232, 960	0	0	
76. 00 76. 01	1	CARDIAC CATHERIZATION OUTPATIENT WOUND CARE CENTER	0 1, 126, 209	0	0	0	0	76. 00 76. 01
76. 97	1	CARDI AC REHABILITATION	1, 120, 207	0	0	0	0	76. 97
77. 00	07700	ALLOGENEIC HSCT ACQUISITION	0	0		0	0	•
00.00		TIENT SERVICE COST CENTERS			_	_	_	00.00
90. 00 90. 01		CLINIC SLEEP CLINIC	741, 616	0	0	0	0	90. 00 90. 01
90. 01		ANTICOAGULATION CLINIC	651, 323	0	8, 009	Ö	Ö	90. 01
90. 03	09002	ARNETT CANCER CARE CENTER	1, 724, 724	0	48, 997	0	0	90. 03
90.04		OUTPATIENT INFUSION CENTER	59, 290		•	1, 977	1	90.04
91. 00 92. 00		EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	14, 147, 156	308, 962	0	682, 372	350, 507	91. 00 92. 00
92. 01		OBSERVATION BEDS (DISTINCT PART)	0	О	О	0	О .	92. 01
			·					

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0173	Peri od: From 01/01/2022	Worksheet B Part I

			F T	rom 01/01/2022 o 12/31/2022	Part I Date/Time Pre	
			CADITAL DE	ATED COSTS	5/26/2023 10:	13 alli
		CAPITAL RELATED COSTS				
Cost Center Description	Net Expenses for Cost	BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS INTEREST	MVBLE EQUIP	
	Allocation (from Wkst A			EXPENSE		
	col. 7)					
	0	1.00	1. 01	1. 02	2.00	
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93. 00
OTHER REIMBURSABLE COST CENTERS			•			1
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	350, 599, 195	5, 902, 639	301, 876	13, 036, 552	6, 696, 342	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	161, 374	33, 869	0	74, 803		190. 00
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	169, 789	29, 195	122, 906	64, 480		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0		193. 00
193. 01 19301 RETAIL PHARMACY	0	0	0	0		193. 01
193. 02 19302 WHI TE HOSPI TAL	2, 115, 822	39, 711	6, 226	87, 705		193. 02
193. 03 19303 HOSPI CE	4, 432	0	0	7/ 047		193. 03
193. 04 19304 FRANKFORT HOSPITAL	1, 653, 236	34, 840	7, 079	76, 947		193. 04
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	-54	Ü	0	Ü	1	194. 00
200.00 Cross Foot Adjustments		0		0	1	200. 00
201.00 Negative Cost Centers	254 702 704	4 040 254	120 007	12 240 497	l e	201. 00
202.00 TOTAL (sum lines 118 through 201)	354, 703, 794	6, 040, 254	438, 087	13, 340, 487	6, 852, 462	1202.00

| Peri od: | Worksheet B | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | Da Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0173

				To	12/31/2022	Date/Time Pre 5/26/2023 10:	
		CAPI TAL				9, 20, 2020 101	- C - C
	Cost Center Description	RELATED COSTS MVBLE EQUIP -	EMPLOYEE	ADMITTING	Subtotal	OTHER	
	cost center bescription	NONHOSP	BENEFITS	ADMITTING	Subtotal	ADMI NI STRATI VE	
			DEPARTMENT			& GENERAL	
	GENERAL SERVICE COST CENTERS	2. 01	4. 00	5. 01	5A. 01	5. 06	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
1.01	00101 CAP REL COSTS-BLDG & FLXT - NONHOSP						1. 01
1.02	00102 CAP REL COSTS INTEREST EXPENSE						1. 02
2. 00 2. 01	00200 CAP REL COSTS-MVBLE EQUIP 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP	460 106					2. 00 2. 01
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT	469, 106 0	15, 329, 699				4. 00
5. 01	00570 ADMITTING	242	87, 529	1			5. 01
5.06	00590 OTHER ADMINISTRATIVE & GENERAL	0	1, 296, 871	0	57, 109, 819	57, 109, 819	5. 06
7. 00	00700 OPERATION OF PLANT	0	224, 225	0	16, 411, 271		7. 00
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL	9, 793	0	0	862, 801		7. 01
8. 00 9. 00	00800 LAUNDRY & LI NEN SERVI CE 00900 HOUSEKEEPI NG	1, 010	266, 861	0	3, 815, 727	0 732, 257	8. 00 9. 00
10.00	01000 DI ETARY	1,010	142, 517	0	1, 898, 426	•	10. 00
11. 00	01100 CAFETERI A	0	77, 174	0	1, 148, 329	•	11. 00
13. 00	01300 NURSING ADMINISTRATION	0	1, 385, 913	0	11, 302, 408		13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	512	91, 534	0	12, 203, 918	1	14.00
15. 00 16. 00	01500 PHARMACY 01600 MEDICAL RECORDS & LIBRARY	332	686, 821	0	6, 751, 271	1, 295, 603 0	15. 00 16. 00
17. 00	01700 SOCIAL SERVICE		90, 403	0	766, 882		17. 00
18. 00	01850 PATIENT TRANSPORT SERVICES	o	110, 946	Ö	960, 558	1	18. 00
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1, 099, 784	211, 054	21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	0	7, 902		1, 221, 603	1	22. 00
23. 00	02300 PARAMED ED PRGM - PHARMACY	0	35, 386	0	294, 021	56, 424	23. 00
30. 00	INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS	O	3, 630, 952	84, 854	56, 722, 856	10, 885, 440	30. 00
31. 00	03100 I NTENSI VE CARE UNI T	0	587, 684	12, 429	8, 061, 847		31. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 00
33. 01	03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT 04300 NURSERY	0	396, 512		4, 478, 848	•	35.00
43. 00	ANCI LLARY SERVI CE COST CENTERS	j oj	129, 600	1, 752	1, 328, 273	254, 902	43. 00
50.00	05000 OPERATI NG ROOM	0	901, 838	73, 054	11, 977, 938	2, 298, 626	50. 00
51. 00	05100 RECOVERY ROOM	0	181, 442		1, 707, 462		51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY	0	456, 611	12, 195	4, 856, 443		52.00
53. 00 53. 01	05300 ANESTHESI OLOGY	0 865	31, 645 153		7, 041, 497 20, 707		53. 00 53. 01
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	761, 580		8, 446, 296	•	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56. 00	05600 RADI OI SOTOPE	0	61, 687		858, 129		56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	230, 602		2, 554, 892	1	59.00
60. 00 63. 00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS.	0	4, 305 0	39, 932 2, 238	12, 776, 338 885, 013		60. 00 63. 00
65. 00	06500 RESPIRATORY THERAPY	0	338, 230		3, 823, 576		
66.00	06600 PHYSI CAL THERAPY	0	80, 387		1, 150, 243		
67. 00	06700 OCCUPATI ONAL THERAPY	0	46, 883		899, 635	1	
68. 00	06800 SPEECH PATHOLOGY	0	54, 446		474, 746	•	
69. 00 70. 00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	0	175, 235 13, 479		3, 173, 032 105, 940		69. 00 70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13, 477	30, 217	9, 194, 780		71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	57, 634	10, 433, 876	1	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	109, 935	45, 483, 263	1	73. 00
73. 01	07301 RETAIL PHARMACY	0	74, 284		7, 773, 979	1	73. 01
74. 00 75. 00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	0	0	1, 673	1, 113, 437	213, 674	74. 00 75. 00
75. 00	07501 ASC (NON-DISTINCT PART)	249, 454	671, 650	65, 484	6, 498, 652		75. 00
76. 00	03950 CARDI AC CATHERI ZATI ON	0	0	0	0, 110, 110	0	76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	0	45, 411	5, 935	1, 177, 555	225, 979	76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	0	0	0	76. 97
77.00	07700 ALLOGENEI C HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0	0] 0	0	0	77. 00
90. 00	09000 CLINIC	0	0	0	0	0	90. 00
90. 01	04950 SLEEP CLINIC	0	59, 502	2, 307	803, 425		
90. 02	09001 ANTI COAGULATI ON CLINIC	8, 576	97, 197		765, 344	•	90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	52, 466	203, 724		2, 044, 452		90. 03
90. 04 91. 00	09003 OUTPATIENT INFUSION CENTER 09100 EMERGENCY	0	8, 296 1, 147, 741	710 96, 703	72, 184 16, 733, 441	1	90. 04 91. 00
91.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	۱	1, 147, 741	70, 703	10, 733, 441	3, 211, 231	91.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	o	0	0	0	0	92. 01
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lieu	u of Form CMS-2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der CCN: 15-0173	Peri od:	Worksheet B

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CC		Period: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Pre 5/26/2023 10:	
	CAPI TAL					
	RELATED COSTS					
Cost Center Description	MVBLE EQUIP -	EMPLOYEE	ADMI TTI NG	Subtotal	OTHER	
	NONHOSP	BENEFITS			ADMI NI STRATI VE	
	2. 01	DEPARTMENT 4.00	5. 01	5A. 01	& GENERAL 5.06	
OTHER REIMBURSABLE COST CENTERS	2.01	4.00	5.01	3A. UT	5.00	
102. 00 10200 OPI OI D TREATMENT PROGRAM		٥		0	0	102. 00
SPECIAL PURPOSE COST CENTERS	٩	<u> </u>		0	0	102.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	323, 250	14, 895, 158	749, 80	9 349, 284, 917	56, 069, 899	118. 00
NONREI MBURSABLE COST CENTERS		.,	,			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6, 350		0 314, 819	60, 415	190. 00
191. 00 19100 RESEARCH	0	o		0 0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	131, 609	22, 669		0 573, 769	110, 109	192. 00
193. 00 19300 NONPALD WORKERS	0	0		0 0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	0		0	-	193. 01
193. 02 19302 WHI TE HOSPI TAL	6, 667	231, 627		0 2, 532, 809		
193. 03 19303 HOSPI CE	0	16		0 4, 448		193. 03
193. 04 19304 FRANKFORT HOSPI TAL	7, 580	173, 879		0 1, 993, 086		
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0		0 -54		194. 00
200.00 Cross Foot Adjustments	_	_		0		200. 00
201.00 Negative Cost Centers	0	0	7.0.00	0 0		201. 00
202.00 TOTAL (sum lines 118 through 201)	469, 106	15, 329, 699	749, 80	354, 703, 794	57, 109, 819	202. 00

In Lieu of Form CMS-2552-10

Period:	Worksheet B
From 01/01/2022	Part
To 12/31/2022	Date/Time Prepared:
5/26/2023	10: 13 am

				'	0 12/31/2022	5/26/2023 10:	
	Cost Center Description	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
		PLANT	PLANT -	LINEN SERVICE			
		7.00	NONHOSPI TAL	0.00	0.00	10.00	
	GENERAL SERVICE COST CENTERS	7.00	7. 01	8.00	9. 00	10. 00	
1. 00	00100 CAP REL COSTS-BLDG & FLXT						1.00
1. 01	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1. 01
1. 02	00102 CAP REL COSTS INTEREST EXPENSE						1. 02
2. 00	00200 CAP REL COSTS-MVBLE EQUI P						2.00
2. 01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4. 00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01	00570 ADMITTING						5. 01
5. 06	00590 OTHER ADMINISTRATIVE & GENERAL						5. 06
7. 00	00700 OPERATION OF PLANT	19, 560, 676					7. 00
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL	0	1, 028, 377				7. 01
8. 00	00800 LAUNDRY & LINEN SERVICE	0	0	0			8.00
9.00	00900 HOUSEKEEPI NG	317, 209	2, 262	0	4, 867, 455		9. 00
10.00	01000 DI ETARY	518, 797	. 0	0	103, 206	2, 884, 746	
11. 00	01100 CAFETERI A	361, 624	0	l o		0	11. 00
13. 00	01300 NURSI NG ADMI NI STRATI ON	243, 013	0	l o	57, 705	0	13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	1, 265, 462	1, 146	0		0	14. 00
15. 00	01500 PHARMACY	334, 517	744	l o	58, 207	0	15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	0	0		0	16. 00
17. 00	01700 SOCIAL SERVICE	0	0	0	o	0	17. 00
18. 00	01850 PATIENT TRANSPORT SERVICES	86, 350	0	0	16, 443	0	18. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	0	o	0	21.00
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	19, 153	0	0	200, 356	0	22. 00
23.00	02300 PARAMED ED PRGM - PHARMACY	9, 290	0	0	1, 804	0	23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS	•		•			
30.00	03000 ADULTS & PEDI ATRI CS	7, 184, 189	0	0	1, 442, 367	2, 600, 014	30.00
31.00	03100 INTENSIVE CARE UNIT	728, 657	0	0	144, 391	229, 005	31. 00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	o	0	33. 00
33. 01	03301 BURN INTENSIVE CARE UNIT	0	0	0	o	0	33. 01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	567, 540	0	0	115, 152	0	35. 00
43.00	04300 NURSERY	271, 139	0	0		0	43. 00
	ANCILLARY SERVICE COST CENTERS						1
50.00	05000 OPERATING ROOM	1, 887, 472	0	0	391, 937	0	50.00
51.00	05100 RECOVERY ROOM	288, 765	0	0	59, 522	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	908, 611	0	0	184, 326	55, 727	52.00
53.00	05300 ANESTHESI OLOGY	76, 041	0	0	15, 670	0	53. 00
53. 01	05301 ASC ANESTHESI OLOGY	0	1, 937	0	1, 675	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	1, 007, 878	0	0	219, 544	0	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56.00	05600 RADI OI SOTOPE	131, 910	0	0	27, 190	0	56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	399, 104	0	0	81, 467	0	59. 00
60.00	06000 LABORATORY	552, 395	0	0	116, 286	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	39, 961	0	0	8, 286	0	63. 00
65.00	06500 RESPI RATORY THERAPY	77, 441	0	0	11, 288	0	65. 00
66.00	06600 PHYSI CAL THERAPY	40, 789	0	0	7, 384	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	25, 326	0	0	5, 438	0	
68. 00	06800 SPEECH PATHOLOGY	20, 553	0	0	4, 240	0	68. 00
	06900 ELECTROCARDI OLOGY	148, 646	0	0	31, 481	0	69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71. 00
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73. 00
73. 01	07301 RETAIL PHARMACY	75, 468	0	0	0	0	73. 01
74. 00	07400 RENAL DIALYSIS	96, 913	0	0	19, 884	0	74. 00
75. 00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	0	558, 809	0	484, 319	0	75. 01
76. 00	03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0	76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	0	36, 674	0	76. 97
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	77. 00
	OUTPATIENT SERVICE COST CENTERS				1		
90. 00	09000 CLI NI C	0	0	0		0	90.00
90. 01	04950 SLEEP CLINIC	0	0	0	43, 839	0	90. 01
90. 02	09001 ANTI COAGULATI ON CLI NI C	0	19, 212	0	16, 636	0	90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	0	117, 531	0	163, 540	0	90. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	3, 754	0	0	7, 629	0	90.04
91.00	09100 EMERGENCY	1, 295, 624	0	0	266, 218	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	_	_	_	_	_	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93. 00
102.00	OTHER REIMBURSABLE COST CENTERS		^			^	102.00
102.00	10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102. 00

			1	0 12/31/2022		
					5/26/2023 10:	13 am
Cost Center Description	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	PLANT	PLANT -	LINEN SERVICE			
		NONHOSPI TAL				
	7. 00	7. 01	8. 00	9. 00	10.00	
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	18, 983, 591	701, 641	0	4, 738, 605	2, 884, 746	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	142, 028	0	0	29, 484	0	190. 00
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	122, 429	294, 820	0	0	0	192. 00
193.00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193.01 19301 RETAIL PHARMACY	0	0	0	15, 567	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	166, 527	14, 935	0	43, 813	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	146, 101	16, 981	0	39, 986	0	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
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)	19, 560, 676	1, 028, 377	0	4, 867, 455	2, 884, 746	202. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 15-0173

Peri od: Worksheet B From 01/01/2022 Part I To 12/31/2022 Date/Ti me Prepared:

5/26/2023 10:13 am Cost Center Description CAFETERI A NURSI NG CENTRAL **PHARMACY** MEDI CAL SERVICES & RECORDS & ADMI NI STRATI ON SUPPLY LI BRARY 11. 00 13.00 15.00 14.00 16,00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1.01 1.01 1.02 00102 CAP REL COSTS INTEREST EXPENSE 1.02 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 2.01 2.01 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00570 ADMITTING 5.01 5 01 5.06 00590 OTHER ADMINISTRATIVE & GENERAL 5.06 7.00 00700 OPERATION OF PLANT 7 00 00701 OPERATION OF PLANT - NONHOSPITAL 7.01 7.01 00800 LAUNDRY & LINEN SERVICE 8.00 8 00 9.00 00900 HOUSEKEEPING 9.00 10.00 01000 DI ETARY 10.00 01100 CAFETERIA 1.809.896 11.00 11.00 01300 NURSING ADMINISTRATION 13.00 100,037 13, 872, 152 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 20,044 16, 104, 764 12, 310 14.00 15.00 01500 PHARMACY 111, 698 30, 909 8, 582, 949 15.00 01600 MEDICAL RECORDS & LIBRARY 16,00 \cap 0 16.00 17.00 01700 SOCIAL SERVICE 20, 252 C C 0 0 17.00 01850 PATIENT TRANSPORT SERVICES 18.00 39, 488 4, 027 0 0 18.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 0 21.00 21.00 C 0 C 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD 22.00 2.125 0 0 0 22.00 23.00 02300 PARAMED ED PRGM - PHARMACY 6,674 0 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDI ATRI CS 546 000 5 942 201 513 726 49, 242 n 30.00 03100 INTENSIVE CARE UNIT 31.00 74, 935 884, 057 112, 994 39,603 0 31.00 03300 BURN INTENSIVE CARE UNIT 0 33.00 33.00 33.01 03301 BURN INTENSIVE CARE UNIT 0 0 0 0 33.01 02060 NEONATAL INTENSIVE CARE UNIT 805, 014 35.00 58, 632 28, 254 4, 474 0 35, 00 43.00 04300 NURSERY 18, 589 209, 919 0 43.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 137 262 995 496 2, 625, 893 15.513 n 50 00 05100 RECOVERY ROOM 51.00 24,062 337, 231 27, 223 965 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 74, 427 764, 196 70, 154 10, 443 0 52.00 52.00 53.00 05300 ANESTHESI OLOGY 7,413 42, 113 128, 829 11, 500 0 53.00 05301 ASC ANESTHESI OLOGY 47 191 53 01 509 0 53 01 54.00 05400 RADI OLOGY-DI AGNOSTI C 122, 228 322, 653 839, 905 21,008 0 54.00 05500 RADI OLOGY-THERAPEUTI C 55.00 55.00 0 56.00 05600 RADI OI SOTOPE 7,551 1, 176 1,850 0 56, 00 05900 CARDIAC CATHETERIZATION 40.989 59 00 59 00 453, 529 363, 263 10, 292 0 60.00 06000 LABORATORY 1, 293 722 0 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 0 63.00 06500 RESPIRATORY THERAPY 287, 034 65.00 52.443 24, 944 0 0 65.00 14, 502 66.00 06600 PHYSI CAL THERAPY 1, 678 0 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 7, 112 1, 332 0 0 67.00 68 00 06800 SPEECH PATHOLOGY 8,590 1,800 0 0 68.00 06900 ELECTROCARDI OLOGY 2, 503 37.525 69.00 93, 297 0 69.00 1, 357 70.00 07000 ELECTROENCEPHALOGRAPHY 2, 379 0 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 4, 833, 986 71.00 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 5, 473, 116 0 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 0 C 8, 291, 986 0 73.00 73.01 07301 RETAIL PHARMACY 11, 246 44 8, 430 0 73.01 74.00 07400 RENAL DIALYSIS 0 2, 344 202 0 74.00 07500 ASC (NON-DISTINCT PART) 75.00 75.00 0 C 0 07501 ASC (NON-DISTINCT PART) 75.01 1, 103, 047 438, 127 17, 109 0 75.01 03950 CARDIAC CATHERIZATION 0 76.00 0 76.00 03951 OUTPATIENT WOUND CARE CENTER 0 76. 01 135, 087 0 76.01 8.302 14 76.97 07697 CARDIAC REHABILITATION 0 C 0 0 76.97 07700 ALLOGENEIC HSCT ACQUISITION 77.00 0 0 0 77.00 0 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 n 0 0 90.00 C 04950 SLEEP CLINIC 90.01 90 01 0 C 10, 289 0 0 90.02 09001 ANTI COAGULATION CLINIC 0 0 90.02 09002 ARNETT CANCER CARE CENTER 90.03 37,825 314, 231 58, 741 31, 235 0 90.03 90.04 09003 OUTPATIENT INFUSION CENTER 1, 455 12, 634 251 1.088 0 90.04 09100 EMERGENCY 91.00 179, 221 1, 420, 193 189, 479 66, 099 0 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 0 0 0 0 92.01 04951 OTHER OUTPATIENT SERVICES 93.00 93 00 0 Ω O Ω 0 OTHER REIMBURSABLE COST CENTERS 102.00 10200 OPI OI D TREATMENT PROGRAM 0 0 0 0 102. 00 0

			10) 12/31/2022	Date/IIme Prep	
					5/26/2023 10: 1	13 am
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11. 00	13.00	14. 00	15. 00	16. 00	
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 765, 997	13, 872, 152	16, 103, 292	8, 582, 919	0	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 309	0	0	0	0	190. 00
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	1, 472	30	0	192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	0	0	0	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	22, 677	0	0	0	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	18, 913	o	0	0	0	193. 04
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	0	o	0	0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers	0	o	0	O	0	201. 00
202.00 TOTAL (sum lines 118 through 201)	1, 809, 896	13, 872, 152	16, 104, 764	8, 582, 949	0	202. 00

							1	o 12/31/2022	Date/lime Pre 5/26/2023 10:	
						R GENERAL	INTERNS &	RESI DENTS		
		Cost Center Description	SOCI AI	SERVI CE		SERVI CE PATI ENT	SERVICES_SALAR	SERVI CES-OTHER	PARAMED ED	
		oost denter bescription	SOUTAL	SERVICE		RANSPORT	Y & FRI NGES	PRGM. COSTS	PRGM -	
			4-		S	ERVI CES	04.00	22.22	PHARMACY	
	GENER	AL SERVICE COST CENTERS	1 1/	7. 00		18. 00	21. 00	22. 00	23. 00	
1.00		CAP REL COSTS-BLDG & FIXT			1					1. 00
1.01		CAP REL COSTS-BLDG & FIXT - NONHOSP								1. 01
1.02		CAP REL COSTS INTEREST EXPENSE								1. 02
2.00	1	CAP REL COSTS-MVBLE EQUIP								2.00
2. 01 4. 00		CAP REL COSTS-MVBLE EQUIP - NONHOSP EMPLOYEE BENEFITS DEPARTMENT								2. 01 4. 00
5. 01		ADMITTING								5. 01
5. 06	1	OTHER ADMINISTRATIVE & GENERAL								5. 06
7.00	00700	OPERATION OF PLANT								7. 00
7. 01	1	OPERATION OF PLANT - NONHOSPITAL								7. 01
8. 00 9. 00	1	LAUNDRY & LINEN SERVICE								8. 00 9. 00
10.00		HOUSEKEEPI NG DI ETARY								10.00
11. 00		CAFETERIA								11. 00
13.00	1	NURSING ADMINISTRATION								13. 00
14. 00	1	CENTRAL SERVICES & SUPPLY								14. 00
15.00	1	PHARMACY								15. 00
16.00		MEDICAL RECORDS & LIBRARY		024 202						16.00
17. 00 18. 00	1	SOCIAL SERVICE PATIENT TRANSPORT SERVICES		934, 302	5	1, 291, 202				17. 00 18. 00
21. 00	1	I &R SERVICES-SALARY & FRINGES APPRVD		0	ó	1, 271, 202				21. 00
22. 00		I&R SERVICES-OTHER PRGM. COSTS APPRVD		0	o	0		1, 677, 669		22. 00
23. 00		PARAMED ED PRGM - PHARMACY		0)	0			368, 213	23. 00
00.00		TIENT ROUTINE SERVICE COST CENTERS	T	7.47. 704		444 440	1 047 000	4 040 007		00.00
30. 00 31. 00	1	ADULTS & PEDIATRICS INTENSIVE CARE UNIT		747, 731 65, 859	1	146, 160 21, 409			0	30. 00 31. 00
33. 00	1	BURN INTENSIVE CARE UNIT		05, 659	. 1	21, 409	1		0	33.00
33. 01	1	BURN INTENSIVE CARE UNIT		0		0		o	0	33. 01
35.00	02060	NEONATAL INTENSIVE CARE UNIT		58, 757	'	12, 735	62, 181	79, 582	0	35. 00
43.00	-	NURSERY		45, 929		3, 019	0	0	0	43. 00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	T	0	1	125, 835	33, 608	43, 013	0	50. 00
51.00		RECOVERY ROOM		0	S)	10, 217		43,013	0	51.00
52. 00	1	DELIVERY ROOM & LABOR ROOM		16, 026		21, 006		130, 089	0	52. 00
53.00	1	ANESTHESI OLOGY		0		7, 034	0	0	0	53. 00
53. 01	1	ASC ANESTHESI OLOGY		0		3, 701		0	0	53. 01
54. 00 55. 00		RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C		0		87, 611 0		0	0	54. 00 55. 00
56. 00		RADI OLOGY - THERAPEUTI C		0		12, 479	-	0	0	56.00
59. 00		CARDI AC CATHETERI ZATI ON		0	ó	46, 161		o	0	59. 00
60.00	1	LABORATORY		0		68, 783	0	O	0	60.00
63. 00		BLOOD STORING, PROCESSING & TRANS.		0)	3, 855		0	0	63. 00
65.00		RESPI RATORY THERAPY		0		13, 686			0	
66. 00 67. 00		PHYSI CAL THERAPY OCCUPATI ONAL THERAPY		0		3, 306 2, 054		0	0	
68. 00	1	SPEECH PATHOLOGY		0	ó	1, 664		0	0	68. 00
69.00		ELECTROCARDI OLOGY		0	o	30, 295		o	0	69. 00
70. 00	1	ELECTROENCEPHALOGRAPHY		0)	536		0	0	70. 00
71. 00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS		0		52, 048		0	0	71. 00
72. 00 73. 00		MPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS		0		99, 275 189, 026		0	0 368, 213	72. 00 73. 00
73. 00	1	RETAIL PHARMACY		0)	6, 184	1	0	0	
74. 00	07400	RENAL DIALYSIS		0		2, 881		o	0	74. 00
75.00	07500	ASC (NON-DISTINCT PART)		0		0		0	0	75. 00
75. 01		ASC (NON-DISTINCT PART)		0		112, 795	0	0	0	75. 01
76. 00	1	CARDIAC CATHERIZATION		0	(10 222	0	0	0	76. 00
76. 01 76. 97		OUTPATIENT WOUND CARE CENTER CARDIAC REHABILITATION		0	íl	10, 223 0	1		0	76. 01 76. 97
		ALLOGENEIC HSCT ACQUISITION		0		0			0	•
	OUTPA	TIENT SERVICE COST CENTERS								
90.00		CLINIC		0		0		0	0	90.00
90. 01		SLEEP CLINIC		0		3, 974		0	0	90. 01
90. 02 90. 03	1	ANTICOAGULATION CLINIC ARNETT CANCER CARE CENTER		0	íl	412 25, 046			0	90. 02 90. 03
90. 04	1	OUTPATIENT INFUSION CENTER		0		1, 223		0	0	90.03
91. 00	1	EMERGENCY		0		166, 569			0	91. 00
		OBSERVATION BEDS (NON-DISTINCT PART)								92.00
		OBSERVATION BEDS (DISTINCT PART)		0		0		0	0	
73. UU	U495	OTHER OUTPATIENT SERVICES	1	0	′ I	0	0	0	0	93. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS	Provi der C	CCN: 15-0173	Peri od: From 01/01/2022 To 12/31/2022	Worksheet B Part I Date/Time Pre 5/26/2023 10:	
	OTHER GENERAL	INTERNS	& RESIDENTS		

			T.	o 12/31/2022	Date/Time Pre 5/26/2023 10:	
		OTHER GENERAL	INTERNS &	RESI DENTS		
	1	SERVI CE				
Cost Center Description	SOCIAL SERVICE			SERVI CES-OTHER		
		TRANSPORT	Y & FRINGES	PRGM. COSTS	PRGM -	
	17.00	SERVI CES	04.00	00.00	PHARMACY	
OTHER RELABINATION OF SELECT	17. 00	18. 00	21. 00	22. 00	23. 00	
OTHER REIMBURSABLE COST CENTERS	_	_	_			
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS	1					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	934, 302	1, 291, 202	1, 310, 838	1, 677, 669	368, 213	1118. 00
NONREI MBURSABLE COST CENTERS	T _	_	_	_1		
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190. 00
191. 00 19100 RESEARCH	0	0	0	0		191. 00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	0	0	0	0		192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0		193. 00
193. 01 19301 RETAIL PHARMACY	0	0	0	0		193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0	0	0		193. 02
193. 03 19303 HOSPI CE	0	0	0	0		193. 03
193. 04 19304 FRANKFORT HOSPI TAL	0	0	0	0		193. 04
194.00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0	0	0		194. 00
200.00 Cross Foot Adjustments			0	0		200. 00
201.00 Negative Cost Centers	0	0	0	0		201. 00
202.00 TOTAL (sum lines 118 through 201)	934, 302	1, 291, 202	1, 310, 838	1, 677, 669	368, 213	202. 00

| Peri od: | Worksheet B | From 01/01/2022 | Part | | To | 12/31/2022 | Date/Time Prepared: Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provider CCN: 15-0173

				1	To 12/31/2022 Date/Time F 5/26/2023	
	Cost Center Description	Subtotal	Intern &	Total	372072023	10. 13 aiii
			Residents Cost			
			& Post Stepdown			
			Adjustments			
	OFNEDAL CEDIU OF OCCT OFNEDO	24. 00	25. 00	26. 00		
1. 00	GENERAL SERVICE COST CENTERS 00100 CAP REL COSTS-BLDG & FIXT					1.00
1. 01	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP					1. 01
1.02	00102 CAP REL COSTS INTEREST EXPENSE					1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP					2.00
2. 01 4. 00	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 00400 EMPLOYEE BENEFITS DEPARTMENT					2. 01 4. 00
5. 01	00570 ADMI TTI NG					5. 01
5.06	00590 OTHER ADMINISTRATIVE & GENERAL					5. 06
7. 00	00700 OPERATION OF PLANT					7. 00
7. 01 8. 00	00701 OPERATION OF PLANT - NONHOSPITAL					7. 01 8. 00
9. 00	00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING					9. 00
10. 00	01000 DI ETARY					10.00
11. 00	01100 CAFETERI A					11. 00
13.00	01300 NURSI NG ADMI NI STRATI ON					13.00
14. 00 15. 00	01400 CENTRAL SERVICES & SUPPLY 01500 PHARMACY					14. 00 15. 00
	01600 MEDICAL RECORDS & LIBRARY					16. 00
						17. 00
	01850 PATIENT TRANSPORT SERVICES					18. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD					21.00
22. 00 23. 00	02200 1 &R SERVI CES-OTHER PRGM. COSTS APPRVD 02300 PARAMED ED PRGM - PHARMACY					22. 00 23. 00
20.00	INPATIENT ROUTINE SERVICE COST CENTERS					20.00
30. 00	03000 ADULTS & PEDI ATRI CS	89, 166, 941		86, 779, 926		30. 00
31. 00	03100 INTENSIVE CARE UNIT	11, 945, 641		11, 909, 866 (31.00
33. 00 33. 01	03300 BURN INTENSIVE CARE UNIT 03301 BURN INTENSIVE CARE UNIT		1 1	(33. 00 33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	7, 130, 682	-141, 763	6, 988, 919		35. 00
43. 00	04300 NURSERY	2, 186, 807	0	2, 186, 807	7	43. 00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM	20, 532, 593	-76, 621	20, 455, 972		50.00
51. 00	05100 RECOVERY ROOM	2, 783, 117		2, 783, 117		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	8, 125, 068	1	7, 893, 335		52. 00
53. 00	05300 ANESTHESI OLOGY	8, 681, 395		8, 681, 395		53. 00
53. 01	05301 ASC ANESTHESI OLOGY	79, 694		79, 694		53. 01
54. 00 55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	12, 688, 009		12, 688, 009		54. 00 55. 00
56. 00	05600 RADI OI SOTOPE	1, 204, 964	1 1	1, 204, 964	1	56.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	4, 439, 994	0	4, 439, 994	1	59. 00
60.00	06000 LABORATORY	15, 967, 660	1	15, 967, 660		60.00
63. 00 65. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	1, 106, 953 5, 024, 175	1	1, 106, 953 5, 024, 175		63. 00 65. 00
	06600 PHYSI CAL THERAPY	1, 438, 639	.1	1, 438, 639	_	66. 00
	06700 OCCUPATI ONAL THERAPY	1, 113, 541		1, 113, 541		67. 00
68. 00	06800 SPEECH PATHOLOGY	602, 699	1 1	602, 699		68. 00
69. 00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	4, 127, 057 129, 185	1 1	4, 127, 057 129, 185		69. 00 70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15, 845, 338		15, 845, 338		71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	18, 008, 580	1 1	18, 008, 580		72. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	63, 060, 954	1 1	63, 060, 954		73. 00
73. 01	07301 RETAI L PHARMACY 07400 RENAL DI ALYSI S	9, 367, 216	1 1	9, 367, 216		73. 01
74. 00 75. 00	07500 ASC (NON-DISTINCT PART)	1, 449, 335	1	1, 449, 335		74. 00 75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	10, 459, 982	1	10, 459, 982	2	75. 01
76.00	03950 CARDI AC CATHERI ZATI ON	C	0	(76. 00
	03951 OUTPATIENT WOUND CARE CENTER	1, 557, 160	1	1, 557, 160		76. 01
	O7697 CARDI AC REHABILITATION O7700 ALLOGENEI C HSCT ACQUISITION	36, 674	1 1	36, 674 (76. 97 77. 00
77.00	OUTPATIENT SERVICE COST CENTERS		, 0		<u> </u>	77.00
	09000 CLI NI C	C	1	(90. 00
90. 01	04950 SLEEP CLINIC	1, 015, 708	1	1, 015, 708		90. 01
90. 02 90. 03	09001 ANTI COAGULATION CLINIC 09002 ARNETT CANCER CARE CENTER	948, 477 3, 184, 942	1	948, 477 3, 184, 942		90. 02 90. 03
90. 03	09003 OUTPATIENT INFUSION CENTER	3, 184, 942		3, 184, 942 114, 070		90. 03
91. 00		23, 643, 675	1	23, 528, 075		91. 00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0			92. 00
	09201 OBSERVATION BEDS (DISTINCT PART) 04951 OTHER OUTPATIENT SERVICES	((92. 01 93. 00
73. UU	104701 TO THE TO THE THE TOTAL OF THE	1	ή	(ام	l 73.00

Health Financial Customs	IU HEALTH ARN	ETT HOCDITAL		In Lieu of Form CN	IC 2552 10
Heal th Financial Systems	TU HEALTH ARN		V 4F 0470		
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CCI		Peri od: Worksheet From 01/01/2022 Part I	В
				To 12/31/2022 Date/Time	Prenared:
				5/26/2023	10: 13 am
Cost Center Description	Subtotal	Intern &	Total		
		Residents Cost			
		& Post			
		Stepdown			
		Adjustments			
	24. 00	25.00	26. 00		
OTHER REIMBURSABLE COST CENTERS					
102.00 10200 OPI OI D TREATMENT PROGRAM	0	0		0	102. 00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	347, 166, 925	-2, 988, 507	344, 178, 41	8	118. 00
NONREI MBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	549, 055	0	549, 05	5	190. 00
191. 00 19100 RESEARCH	0	0		0	191. 00
192.00 19200 PHYSI CLANS' PRI VATE OFFI CES	1, 102, 629	0	1, 102, 62	9	192. 00
193. 00 19300 NONPALD WORKERS	0	0		0	193. 00
193. 01 19301 RETAIL PHARMACY	15, 567	0	15, 56	57	193. 01
193. 02 19302 WHI TE HOSPI TAL	3, 266, 820	0	3, 266, 82	0	193. 02
193. 03 19303 HOSPI CE	5, 302	0	5, 30	12	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	2, 597, 550	0	2, 597, 55	0	193. 04
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	-54	0	-5	4	194. 00
200.00 Cross Foot Adjustments	0	O		O	200. 00
201.00 Negative Cost Centers	0	O		O	201.00
202.00 TOTAL (sum lines 118 through 201)	354, 703, 794	-2, 988, 507	351, 715, 28	17	202. 00
				•	•

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

Peri od: Worksheet B From 01/01/2022 Part II

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682, 372

0

0

350, 507

0 92.01

0 93.00

91.00

92.00

Date/Time Prepared: To 12/31/2022 5/26/2023 10:13 am CAPITAL RELATED COSTS Directly BLDG & FIXT BLDG & FIXT - CAP REL COSTS MVBLE EQUIP Cost Center Description Assigned New NONHOSP INTEREST **FXPENSE** Capi tal Related Costs 1.00 1.01 1.02 2.00 0 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FLXT 1.00 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1.01 1.01 1.02 00102 CAP REL COSTS INTEREST EXPENSE 1.02 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 2 01 2 01 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 5.01 00570 ADMITTING 17, 723 226 39, 144 20, 107 5.01 00590 OTHER ADMINISTRATIVE & GENERAL 213.805 5 06 0 188 463 0 416 240 5 06 00700 OPERATION OF PLANT 7.00 1, 169, 521 \cap 2, 582, 999 1, 326, 781 7.00 7.01 00701 OPERATION OF PLANT - NONHOSPITAL 9, 146 0 7. 01 8.00 00800 LAUNDRY & LINEN SERVICE 0 0 8.00 C 0 00900 HOUSEKEEPI NG 75, 643 943 167 066 85, 815 9 00 9 00 10.00 01000 DI ETARY 123, 715 0 273, 237 140, 351 10.00 01100 CAFETERI A 0 86, 235 190, 458 97, 831 11.00 0 11.00 01300 NURSING ADMINISTRATION 0 0 0 57, 950 127, 989 65, 743 13.00 0 13.00 01400 CENTRAL SERVICES & SUPPLY 301, 769 666, 486 14 00 478 342.347 14 00 15.00 01500 PHARMACY 79, 771 310 176, 181 90, 497 15.00 01600 MEDICAL RECORDS & LIBRARY 16.00 16.00 01700 SOCIAL SERVICE 17.00 0 0 0 17.00 0 01850 PATIENT TRANSPORT SERVICES 0 18 00 20, 591 45, 478 23, 360 18.00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 0 21.00 0 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD 0 22.00 4, 567 0 10,088 5, 182 22.00 02300 PARAMED ED PRGM - PHARMACY 23.00 2, 215 0 4,893 2, 513 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 0 0 3, 783, 729 1, 943, 544 1, 713, 184 30.00 03100 INTENSIVE CARE UNIT 0 31.00 173, 760 0 383, 765 197, 124 31.00 03300 BURN INTENSIVE CARE UNIT 0 0 33.00 C 33.00 0 0 0 33.01 03301 BURN INTENSIVE CARE UNIT 0 r 0 Λ 33.01 02060 NEONATAL INTENSIVE CARE UNIT 0 135, 339 0 298, 908 35, 00 153, 537 35, 00 43.00 04300 NURSERY 64, 657 0 142, 802 73, 351 43.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 0 450, 097 0 994, 083 510, 620 50.00 05100 RECOVERY ROOM 0 51.00 68, 860 0 152, 085 78, 120 51.00 0 05200 DELIVERY ROOM & LABOR ROOM 52.00 216, 672 0 478.542 245, 807 52.00 53.00 05300 ANESTHESI OLOGY 18, 133 0 40, 049 20, 571 53.00 53.01 05301 ASC ANESTHESI OLOGY 0000000 807 53.01 05400 RADI OLOGY-DI AGNOSTI C 240, 344 530, 823 54.00 272, 662 54.00 C 05500 RADI OLOGY-THERAPEUTI C 0 55 00 Λ 55 00 56.00 05600 RADI OI SOTOPE 31, 456 0 69, 474 35, 686 56.00 59.00 05900 CARDIAC CATHETERIZATION 95, 173 210, 198 107, 970 59.00 06000 LABORATORY 0 290, 932 149, 440 60.00 131, 727 60.00 06300 BLOOD STORING, PROCESSING & TRANS. 0 63.00 9, 529 21.047 10, 811 63.00 65.00 06500 RESPIRATORY THERAPY 18, 467 40, 786 20, 950 65.00 66.00 06600 PHYSI CAL THERAPY 00000000 9, 727 0 21, 482 11,035 66.00 06700 OCCUPATIONAL THERAPY 6, 039 0 13 338 6, 851 67 00 67 00 68.00 06800 SPEECH PATHOLOGY 4, 901 0 10, 825 5, 560 68.00 06900 ELECTROCARDI OLOGY 35, 447 0 78, 288 40, 213 69.00 69.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71 00 C 0 0 71 00 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS C 0 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 73.00 73.00 73.01 07301 RETAIL PHARMACY 0 0 17, 997 0 39, 747 20.417 73.01 07400 RENAL DIALYSIS 0 74 00 23, 110 51.041 26, 218 74 00 75.00 07500 ASC (NON-DISTINCT PART) 75.00 0 07501 ASC (NON-DISTINCT PART) 0 232, 960 75.01 75.01 C 0 0 0 03950 CARDI AC CATHERI ZATI ON 0 76.00 0 0 76, 00 C 03951 OUTPATIENT WOUND CARE CENTER 0 76.01 C 0 76.01 07697 CARDIAC REHABILITATION 0 0 0 76. 97 76.97 C 0 77.00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 0 0 0 77.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 0 0 90.00 0 04950 SLEEP CLINIC 0 90.01 0 0 90.01 0 90.02 09001 ANTI COAGULATION CLINIC 8,009 0 90.02 0 0 90.03 09002 ARNETT CANCER CARE CENTER 0 C 48.997 0 0 90.03 895 1, 977 09003 OUTPATIENT INFUSION CENTER 0 1,016 90.04

0

0

308, 962

09100 EMERGENCY

09200 OBSERVATION BEDS (NON-DISTINCT PART)

09201 OBSERVATION BEDS (DISTINCT PART)

04951 OTHER OUTPATIENT SERVICES

90.04

91 00

92.00

92.01

93.00

				rom 01/01/2022 o 12/31/2022		
			CAPITAL RE	LATED COSTS		
Cost Center Description	Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT - NONHOSP	CAP REL COSTS I NTEREST EXPENSE	MVBLE EQUIP	
	0	1. 00	1. 01	1. 02	2. 00	
OTHER REIMBURSABLE COST CENTERS						
102.00 10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS						
118. 00 SUBTOTALS (SUM OF LINES 1 through 117)	0	5, 902, 639	301, 876	13, 036, 552	6, 696, 342	1118. 00
NONREI MBURSABLE COST CENTERS		20.040		74.000	20 400	100 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33, 869	0	74, 803		190.00
191. 00 19100 RESEARCH	0	20 105	122 004	(4.400		191.00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	29, 195	122, 906	64, 480		192.00
193. 00 19300 NONPALD WORKERS 193. 01 19301 RETALL PHARMACY	0	0	0	0		193. 00 193. 01
193. 02 19302 WHI TE HOSPI TAL	0	39, 711	6, 226	87, 705		193. 01
193. 03 19303 HOSPI CE		37, /11 O	0, 220	67, 705		193. 02
193. 04 19304 FRANKFORT HOSPI TAL		34, 840	7, 079	76, 947		193. 04
194, 00 07950 MARKETI NG/PUBLI C RELATI ONS		34, 040 0	7,079	70, 747		194. 00
200.00 Cross Foot Adjustments		0	Ĭ		0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118 through 201)	o	6, 040, 254	438, 087	13, 340, 487		

| Peri od: | Worksheet B | From 01/01/2022 | Part | I | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0173

				To	12/31/2022	Date/Time Prep 5/26/2023 10:	
		CAPI TAL				072072020 10.	10 4111
		RELATED COSTS					
	Cost Center Description	MVBLE EQUIP -	Subtotal	EMPLOYEE	ADMI TTI NG	OTHER	
		NONHOSP		BENEFITS		ADMI NI STRATI VE	
		2. 01	2A	DEPARTMENT 4.00	5. 01	& GENERAL 5.06	
	GENERAL SERVICE COST CENTERS	2.01	ZA	4.00	5.01	5.00	
1.00	00100 CAP REL COSTS-BLDG & FIXT						1. 00
1. 01	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1. 01
1. 02	00102 CAP REL COSTS INTEREST EXPENSE						1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2. 00
2.01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	0	0	0			4. 00
5. 01	00570 ADMI TTI NG	242	77, 442	1	77, 442		5. 01
5. 06	00590 OTHER ADMINISTRATIVE & GENERAL	0	818, 508	I	0	818, 508	5. 06
7.00	00700 OPERATION OF PLANT	0 703	5, 079, 301	0	0	45, 131	7.00
7. 01 8. 00	00701 OPERATION OF PLANT - NONHOSPITAL 00800 LAUNDRY & LINEN SERVICE	9, 793	18, 939	0	0	2, 373	7. 01 8. 00
9. 00	00900 HOUSEKEEPING	1, 010	330, 477	- 1	0	10, 493	9. 00
10. 00	01000 DI ETARY	1,010	537, 303	1	0	5, 221	10. 00
11. 00	01100 CAFETERI A	o	374, 524		0	3, 158	11. 00
13. 00	01300 NURSING ADMINISTRATION	0	251, 682	l	0		13. 00
14.00	01400 CENTRAL SERVICES & SUPPLY	512	1, 311, 592		0	33, 561	14. 00
15.00	01500 PHARMACY	332	347, 091	0	0	18, 566	15.00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16. 00
17. 00	1 1	0	0	0	0	2, 109	17. 00
18. 00	1 1	0	89, 429	0	0	2, 642	18. 00
21. 00		0	0	0	0	3, 024	21. 00
22. 00	+ I	0	19, 837	1	0	-,	22. 00
23. 00	I NPATIENT ROUTINE SERVICE COST CENTERS	0	9, 621	0	0	809	23. 00
30. 00		0	7, 440, 457	0	8, 729	156, 111	30. 00
31. 00			754, 649	1	1, 279		31. 00
33. 00	+ I	o	0	1	0	0	33. 00
33. 01	03301 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33. 01
35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	587, 784	0	761	12, 317	35. 00
43.00		0	280, 810	0	180	3, 653	43.00
	ANCILLARY SERVICE COST CENTERS			TT			
50.00	I I	0	1, 954, 800	1	7, 515		50.00
51.00	I I	0	299, 065	0	610		51. 00 52. 00
52. 00 53. 00	05200 DELIVERY ROOM & LABOR ROOM 05300 ANESTHESIOLOGY		941, 021 78, 753	_	1, 255 420		52.00
53. 00	05300 ANESTHEST OLOGY	865	1, 672	I	221		53. 00
54. 00		0	1, 043, 829	1	5, 232		54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	o	0	Ö	0,0	0	55. 00
56.00	05600 RADI OI SOTOPE	0	136, 616	0	745	2, 360	56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	413, 341	0	2, 757	7, 026	59.00
60.00	06000 LABORATORY	0	572, 099	1	4, 108		60.00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	0	41, 387	1	230		63. 00
65. 00		0	80, 203		817		
66.00	1 1	0	42, 244		197		
67.00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY		26, 228 21, 286	1	123 99		
69. 00			153, 948		1, 809	,	69. 00
	07000 ELECTROENCEPHALOGRAPHY		133, 740	0	32		70. 00
71. 00		o	0	Ö	3, 108		71. 00
72.00		0	0	0	5, 929		72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	11, 619	125, 079	73. 00
73. 01	07301 RETAIL PHARMACY	0	78, 161	0	369	21, 378	73. 01
	07400 RENAL DI ALYSI S	0	100, 369	0	172		74. 00
75. 00		0		0	0	0	75. 00
75. 01		249, 454	482, 414	0	6, 736		75. 01
76. 00		0	0	0	(11	0	76. 00
76. 01 76. 97	1		0	0	611	3, 238	76. 01 76. 97
	07700 ALLOGENEIC HSCT ACQUISITION		0		0	0	76. 97 77. 00
, , . 00	OUTPATIENT SERVICE COST CENTERS	<u> </u>	0	·i U		1 0	, , , , , , , , , , , , , , , , , , , ,
90. 00		n	n	ol	0	0	90. 00
90. 01			0	ا	237		90. 01
90. 02	1	8, 576	16, 585	Ö	25		90. 02
90. 03	I I	52, 466	101, 463		1, 496		90. 03
90. 04		0	3, 888	0	73	199	90. 04
91. 00		0	1, 341, 841	0	9, 948	46, 017	91. 00
92. 00			0				92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92. 01
93.00	04951 OTHER OUTPATIENT SERVICES	0	0	0	U	0	93. 00

IU HEALTH ARNETT HOSPITAL	In Lieu of Form CMS-2552-10
Provider CCN: 15-0173	Peri od: Worksheet B
	From 01/01/2022 Part I

				rom 01/01/2022 o 12/31/2022		
	CAPI TAL					
	RELATED COSTS					
Cost Center Description	MVBLE EQUIP -	Subtotal	EMPLOYEE	ADMI TTI NG	OTHER	
	NONHOSP		BENEFITS		ADMI NI STRATI VE	
	0.01	0.4	DEPARTMENT	F 04	& GENERAL	
OTHER RELABILISTADI E COCT OFNITERS	2. 01	2A	4. 00	5. 01	5. 06	
OTHER REIMBURSABLE COST CENTERS		٥			1 0	100.00
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	0	102. 00
SPECIAL PURPOSE COST CENTERS 118.00 SUBTOTALS (SUM OF LINES 1 through 117)	323, 250	26, 260, 659	0	77, 442	803, 606	110 00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	323, 230	20, 200, 039	U	11,442	003,000	1116.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		147, 095			066	190. 00
191. 00 19100 RESEARCH		147,095	0	0		191. 00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	131, 609	381, 311	0	0		192. 00
193. 00 19300 NONPALD WORKERS	131,007	301, 311	0	0		193. 00
193. 01 19301 RETAIL PHARMACY		0	0	0	•	193. 01
193. 02 19302 WHI TE HOSPI TAL	6, 667	185, 360	0	0		193. 02
193. 03 19303 HOSPI CE	0,007	0	0	0		193. 03
193. 04 19304 FRANKFORT HOSPI TAL	7, 580	165, 971	0	0	l .	193. 04
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0	0	0		194. 00
200.00 Cross Foot Adjustments		0				200. 00
201.00 Negative Cost Centers		0	0	0	1	201. 00
202.00 TOTAL (sum lines 118 through 201)	469, 106	27, 140, 396	0	77, 442	818, 508	202. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 15-0173

Peri od: Worksheet B From 01/01/2022 Part II To 12/31/2022 Date/Time Prepared:

5/26/2023 10:13 am Cost Center Description OPERATION OF OPERATION OF LAUNDRY & HOUSEKEEPI NG DI ETARY **PLANT** PLANT -LINEN SERVICE NONHOSPI TAL 7.00 8.00 9. 00 10.00 7.01 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1.01 1.01 1.02 00102 CAP REL COSTS INTEREST EXPENSE 1.02 2.00 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 2.01 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00570 ADMITTING 5.01 5 01 5.06 00590 OTHER ADMINISTRATIVE & GENERAL 5.06 7.00 00700 OPERATION OF PLANT 5, 124, 432 7 00 00701 OPERATION OF PLANT - NONHOSPITAL 7.01 21, 312 7.01 00800 LAUNDRY & LINEN SERVICE 8.00 8.00 83, 101 9.00 00900 HOUSEKEEPING 47 424, 118 9.00 10.00 01000 DI ETARY 135, 912 8, 993 687, 429 10.00 0 6, 933 01100 CAFETERI A 0 11.00 11.00 94.737 0 0 01300 NURSING ADMINISTRATION 0 13.00 63,664 C 5,028 0 13.00 14.00 01400 CENTRAL SERVICES & SUPPLY 331, 521 22, 645 14.00 0 15.00 01500 PHARMACY 0 5,072 15.00 87.635 15 0 01600 MEDICAL RECORDS & LIBRARY 0 16,00 C 0 Λ 16,00 17.00 01700 SOCIAL SERVICE 0 C 0 0 17.00 01850 PATIENT TRANSPORT SERVICES 0 18.00 22,622 0 1, 433 0 18.00 02100 I &R SERVICES-SALARY & FRINGES APPRVD 0 21.00 0 21.00 0 0 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD 22.00 5.018 0 17, 458 0 22.00 23.00 02300 PARAMED ED PRGM - PHARMACY 2.434 0 0 157 0 23.00 INPATIENT ROUTINE SERVICE COST CENTERS 30 00 03000 ADULTS & PEDIATRICS 1 882 084 n 125 676 619, 578 30 00 03100 INTENSIVE CARE UNIT 0 31.00 190, 891 0 12, 581 54, 571 31.00 03300 BURN INTENSIVE CARE UNIT 0 33.00 33.00 0 0 0 0 33.01 03301 BURN INTENSIVE CARE UNIT 0 0 0 0 33.01 02060 NEONATAL INTENSIVE CARE UNIT 0 35.00 148, 682 C 10,034 0 35, 00 43.00 04300 NURSERY 71.032 0 4, 796 0 43.00 ANCILLARY SERVICE COST CENTERS 50 00 05000 OPERATING ROOM 494 473 n O 34 151 0 50 00 05100 RECOVERY ROOM 0 51.00 75,650 0 5, 186 0 51.00 05200 DELIVERY ROOM & LABOR ROOM 238, 034 0 0 16, 061 13, 280 52.00 52.00 53.00 05300 ANESTHESI OLOGY 19, 921 0 0 1, 365 53.00 0 05301 ASC ANESTHESI OLOGY 0 53 01 40 53 01 146 0 0 19, 130 54.00 05400 RADI OLOGY-DI AGNOSTI C 264,040 0 0 54.00 05500 RADI OLOGY-THERAPEUTI C 55.00 55.00 0 56.00 05600 RADI OI SOTOPE 34, 557 0 0 2, 369 0 56, 00 05900 CARDIAC CATHETERIZATION 0 59 00 59 00 104, 556 0 7.099 0 60.00 06000 LABORATORY 144, 714 10, 132 0 60.00 63.00 06300 BLOOD STORING, PROCESSING & TRANS. 10, 469 0 722 0 63.00 06500 RESPIRATORY THERAPY 20, 288 0 65.00 0 984 0 65.00 0 66.00 06600 PHYSI CAL THERAPY 10.686 0 643 0 66.00 67.00 06700 OCCUPATIONAL THERAPY 6,635 474 0 67.00 68 00 06800 SPEECH PATHOLOGY 5, 384 369 68.00 06900 ELECTROCARDI OLOGY 38, 942 0 69.00 0 0 69.00 2,743 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0 C 0 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 0 0 71.00 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 72.00 07300 DRUGS CHARGED TO PATIENTS 0 73.00 0 C 0 0 73.00 73.01 07301 RETAIL PHARMACY 19, 771 C 0 0 73.01 74.00 07400 RENAL DIALYSIS 25, 389 0 0 1,733 0 74.00 07500 ASC (NON-DISTINCT PART) 0 75.00 75.00 0 C 0 07501 ASC (NON-DISTINCT PART) 75.01 0 11,580 0 42, 200 0 75.01 03950 CARDIAC CATHERIZATION 0 0 76.00 C 0 0 76.00 03951 OUTPATIENT WOUND CARE CENTER 0 76. 01 0 0 76.01 0 76.97 07697 CARDIAC REHABILITATION 0 C 3, 196 0 76.97 07700 ALLOGENEIC HSCT ACQUISITION 77.00 0 0 0 77.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 n 0 0 90.00 0 04950 SLEEP CLINIC 0 0 90.01 90.01 C 3,820 0 09001 ANTI COAGULATION CLINIC 0 90.02 0 398 1, 450 0 90.02 09002 ARNETT CANCER CARE CENTER 0 90.03 0 2, 436 14, 250 0 90.03 90.04 09003 OUTPATIENT INFUSION CENTER 984 0 665 0 90.04 C 09100 EMERGENCY 0 91.00 339, 423 C 23, 197 0 91.00 92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 09201 OBSERVATION BEDS (DISTINCT PART) 92.01 0 0 0 0 92.01 04951 OTHER OUTPATIENT SERVICES O 93.00 0 Ω 0 OTHER REIMBURSABLE COST CENTERS 102.00 10200 OPI OI D TREATMENT PROGRAM 0 0 0 0 0 102. 00

			1	0 12/31/2022	5/26/2023 10:	
Cost Center Description	OPERATION OF	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	13 alli
cost center bescription	PLANT	PLANT -	LINEN SERVICE	HUUSEKEEPING	DIETAKT	
	PLANT		LINEN SERVICE			
	7.00	NONHOSPI TAL	0.00	0.00	10.00	
ODEAL M. BURDOOF COOT OFFITEDO	7. 00	7. 01	8. 00	9. 00	10. 00	
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	4, 973, 249	14, 540	0	412, 891	687, 429	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	37, 208	0	0	2, 569	0	190. 00
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	32, 074	6, 110	0	0	0	192. 00
193. 00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	0	0	1, 356	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	43, 626	310	0	3, 818	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	38, 275	352	0	3, 484	0	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
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)	5, 124, 432	21, 312	0	424, 118	687, 429	202. 00

| In Lieu of Form CMS-2552-10 | Period: Worksheet B | From 01/01/2022 Part II | To 12/31/2022 Date/Time Prepared: 5/26/2023 10: 13 am

						5/26/2023 10:	13 am
	Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
			ADMI NI STRATI ON	SERVICES &		RECORDS &	
		11.00	13.00	SUPPLY 14.00	15. 00	LI BRARY 16. 00	
	GENERAL SERVICE COST CENTERS	11.00	13.00	14.00	15.00	10.00	
1.00	00100 CAP REL COSTS-BLDG & FLXT						1.00
1. 01	00101 CAP REL COSTS-BLDG & FLXT - NONHOSP						1. 01
1.02	00102 CAP REL COSTS INTEREST EXPENSE						1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01	00570 ADMITTING						5. 01
5.06	00590 OTHER ADMINISTRATIVE & GENERAL						5. 06
7.00	00700 OPERATION OF PLANT						7. 00
7.01	00701 OPERATION OF PLANT - NONHOSPITAL						7. 01
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9.00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY						10.00
11. 00	01100 CAFETERI A	479, 352					11. 00
13. 00	01300 NURSING ADMINISTRATION	26, 495					13. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY	5, 309		1, 704, 987			14. 00
15. 00	01500 PHARMACY	29, 583	l i	3, 272	491, 234		15. 00
16. 00	01600 MEDI CAL RECORDS & LI BRARY		-	0	0	1	
17. 00		5, 364	1	0	0	0	
18.00	01850 PATIENT TRANSPORT SERVICES	10, 458	0	426	0	0	18.00
21. 00	02100 I &R SERVI CES-SALARY & FRI NGES APPRVD	0	0	0	0	0	
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	563		0	0		
23. 00	02300 PARAMED ED PRGM - PHARMACY NPATIENT ROUTINE SERVICE COST CENTERS	1, 768	0	0	0	0	23. 00
30. 00	03000 ADULTS & PEDIATRICS	144, 606	161, 897	E 4 207	2, 818	0	30.00
31. 00	03100 INTENSIVE CARE UNIT	19, 847		54, 387 11, 963	2, 267		
33. 00	03300 BURN INTENSIVE CARE UNIT	19, 647		11, 403	2, 207		1
33. 00	03301 BURN INTENSIVE CARE UNIT		0	0	0	0	1
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	15, 529	21, 933	2, 991	256	· -	35. 00
43. 00	04300 NURSERY	4, 923		2, 771	0	l	1
43.00	ANCI LLARY SERVI CE COST CENTERS	7, 723	5,717	<u> </u>		<u> </u>	43.00
50. 00	05000 OPERATING ROOM	36, 354	27, 123	278, 000	888	0	50.00
51. 00	05100 RECOVERY ROOM	6, 373		2, 882	55	l	1
52.00	05200 DELIVERY ROOM & LABOR ROOM	19, 712		7, 427	598		1
53. 00	05300 ANESTHESI OLOGY	1, 963		13, 639	658	l .	1
53. 01	05301 ASC ANESTHESI OLOGY	0	o	4, 996	29	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	32, 372	8, 791	88, 920	1, 202	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	o	0	0	0	55. 00
56.00	05600 RADI OI SOTOPE	2,000	0	124	106	0	56.00
59.00	05900 CARDI AC CATHETERI ZATI ON	10, 856	12, 357	38, 458	589	0	59. 00
60.00	06000 LABORATORY	342	0	76	0	0	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	-	0	0	0	
65. 00	06500 RESPI RATORY THERAPY	13, 890		30, 388	0	0	
66. 00	06600 PHYSI CAL THERAPY	3, 841	1	178	0	0	
67. 00	06700 OCCUPATI ONAL THERAPY	1, 884		141	0	0	
68. 00	06800 SPEECH PATHOLOGY	2, 275		191	0	1	
	06900 ELECTROCARDI OLOGY	9, 939		265	78	l	
	07000 ELECTROENCEPHALOGRAPHY	630		0	0	0	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	511, 768	0	0	
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS		0	579, 428	474, 581	0	72. 00 73. 00
73. 00	07300 DRUGS CHARGED TO PATTENTS	2, 979	0	0 5	•	0	73.00
74. 00	07400 RENAL DIALYSIS	2,919	0	248	482 12	0	74.00
75. 00	07500 ASC (NON-DISTINCT PART)			240	0	0	75. 00
75. 00	07501 ASC (NON-DISTINCT PART)		30, 053	46, 384	979	0	75. 01
76. 00	03950 CARDI AC CATHERI ZATI ON		30, 033	40, 304	7/7	0	1
76. 01	03951 OUTPATIENT WOUND CARE CENTER		3, 680	879	1	0	1
76. 97	07697 CARDI AC REHABI LI TATI ON		0,000	0	0	1	1
77. 00	07700 ALLOGENEIC HSCT ACQUISITION		o	Ö	0	1	1
	OUTPATIENT SERVICE COST CENTERS			-1			1
90.00	09000 CLI NI C	0	0	0	0	0	90.00
90. 01	04950 SLEEP CLINIC	0	o	1, 089	0	0	90. 01
90. 02	09001 ANTI COAGULATI ON CLINIC	0	o	0	0	0	90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	10, 018	8, 561	6, 219	1, 788	0	90. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	385	344	27	62	0	90. 04
	09100 EMERGENCY	47, 467	38, 694	20, 060	3, 783	0	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	0	l .	
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93. 00
40-	OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPI OI D TREATMENT PROGRAM	0	0	0	0	J 0	102. 00

				12/31/2022	5/26/2023 10:	
Cost Center Description	CAFETERI A	NURSI NG	CENTRAL	PHARMACY	MEDI CAL	
		ADMI NI STRATI ON	SERVICES &		RECORDS &	
			SUPPLY		LI BRARY	
	11. 00	13. 00	14. 00	15. 00	16. 00	
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	467, 725	377, 951	1, 704, 831	491, 232	0	118. 00
NONREI MBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	612	0	0	0	0	190. 00
191. 00 19100 RESEARCH	0	0	0	0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	156	2	0	192. 00
193.00 19300 NONPALD WORKERS	0	0	0	0	0	193. 00
193. 01 19301 RETAIL PHARMACY	0	0	0	0	0	193. 01
193. 02 19302 WHI TE HOSPI TAL	6, 006	0	0	0	0	193. 02
193. 03 19303 HOSPI CE	0	0	0	0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	5, 009	0	0	0	0	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
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)	479, 352	377, 951	1, 704, 987	491, 234	0	202. 00

| Period: | Worksheet B | From 01/01/2022 | Part II | Date/Time Prepared: | 5/26/2023 | 10: 13 am | Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0173

ORDER CONTROL CONTRO								5/26/2023 10:	
Count Centure Description SOLIAL SERVICE STRUCKES SARASTROICES DITES PROBLEMENT TOAIRPORT TO					OTHER GENERAL	INTERNS &	RESI DENTS		
			Cost Center Description	SOCIAL SERVICE		SERVICES-SALAR	SERVI CES-OTHER	PARAMED ED	
17.00 18.00 21.00 22.00 23.00			oust deliter beserver on	SOUTHE SERVICE					
Debts Debt									
1.00 00100 CAP REL COSIS-SELDE & FIXT		CENED	AL CEDIUSE COCT CENTEDS	17. 00	18. 00	21. 00	22.00	23. 00	
1 01 10 0101 CAP FIEL COSTS -BLOG & FIXTY - MONHOSP	1 00					I			1 00
2.00		1	•						
201 002001 CAP PIT LOSSIS WHILE FOULP - NONMISSP 201 002001 CARL POTE PREMETED SEPREMENT 300 00200	1.02	00102	CAP REL COSTS INTEREST EXPENSE						1. 02
4.00 00400 EMPLOYEE BENEFITS GERARIENT									
0.0570 ADMITTING									
0.000 0.000 OTHER ADMINISTRATI VE & CEMERAL									
0.000 0.0700 DERATION OF PLANT ANNIOSPITAL		1	i e						
8.00 0.0000 LATMONY & 1 LINEN SERVICE 8.00 0.000 0.000 DETARY 10.00 10.0									
9.00 00000 000000 0000000000000000		1	1						
10.00 01000 DETARY		1	l e e e e e e e e e e e e e e e e e e e						
11.00 0 1100 CAFETERIA									
13.00		1							
15.00 1500 PHARMACY		1	l .						
16.00 01-000 MEDICAL RECORDS & LIBRARY	14.00	01400	CENTRAL SERVICES & SUPPLY						14. 00
17.00 01700 SOCIAL SERVICE 7, 473 17.00 18		1	•						
18.0 0 1850 PATIENT TRANSPORT SERVICES 0 127, 010 2.0 0.0 0.		1	1	7 472					
21.00				7,473	127 010				
23. 00 02300 PARAMED ED PREM. PHARMACY 0 0 0 14,769 23. 00		1	l .	l o	_	1			
INPATI ENT ROUTH RE SERVICE COST CENTERS 30.00 0.00	22. 00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	o	0		46, 235		22. 00
30.00	23. 00			0	0			14, 789	23. 00
31.00	20.00			F 001	14 412	I			20.00
33.00				1					
15.00 02060 NEDRATAL INTENSIVE CARE UNIT				1 1					
A3. 00 A3.00 NURSERY 367 298 4.3	33. 01	03301	BURN INTENSIVE CARE UNIT	o	0				33. 01
ANCILLARY SERVICE COST CENTERS 50.00				1					
50. 00 05000 0FEATI NG ROOM 0 12, 409 51. 00 51. 00 51. 00 52. 00 052.00 0ELCUPERY ROOM 0 1. 0.008 51. 00 53. 00 053.00 0ESD0 RELIVERY ROOM & LABOR ROOM 128 2. 071 52. 00 53. 00 053.00 055.00 055.00 055.00 055.00 055.00 055.00 RADI DLOCY - DI AGNOSTI C 0 0 0 0 0 0 0 0 0	43.00			367	298				43. 00
51 00 05100 RECOVERY ROOM 128 2,071 52.00	50. 00			l ol	12. 409				50. 00
53.00 05300 ANESTHESI DLOGY 0 694 53.00 695 53.01 63		1	•	o					
53.01 05301 ASC ANESTHESI OLOGY 53.01 54.00 54.00 55.00		1	l e e e e e e e e e e e e e e e e e e e	1					
54. 00 05500 RADIO LOGY-DIAGNOSTIC 0 8,639 54,00		1	l .	0					
55. 00 05500 RSDI OLOCY-THERAPEUTIC 0 0 0 0 0 0 0 0 0		1	l e e e e e e e e e e e e e e e e e e e						
59.00 05900 CARDI AC CATHETERI ZATI ON 0 4,552 59.00				l o					
60. 00 66000 LABORATORY 0 6, 783 60. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 63. 00 65. 00 665. 00 665. 00 665. 00 665. 00 665. 00 665. 00 665. 00 665. 00 665. 00 665. 00 666. 00 666. 00 666. 00 666. 00 666. 00 666. 00 667. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 607. 00 608. 00 609	56. 00	1	•	0	1, 231				56. 00
63. 00 06300 BLOOD STORI NG, PROCESSING & TRANS. 0 380 65. 00 65. 00 06500 RESPIRATORY THERAPY 0 0 1,350 65. 00 66. 00 06600 PHYSI CAL THERAPY 0 0 326 66. 00 67. 00 06700 0CCUPATI ONAL THERAPY 0 203 67. 00 68. 00 06600 SPECE PATHOLOGY 0 164 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 164 69. 00 70. 00 07000 ELECTROCARDI OLOGY 0 53 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 5,133 71. 00 72. 00 07200 IMPL DEV. CHARGED TO PATI ENTS 0 5,133 71. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0 18,319 73. 01 73. 01 07301 RETAIL PHARMACY 0 610 73. 01 74. 00 07400 RENAL DI ALYSI S 0 284 74. 00 75. 00 07500 ASC (NON-DI STINCT PART) 0 0 0 75. 01 07501 ASC (NON-DI STINCT PART) 0 11,123 75. 01 76. 01 07507 ASC (NON-DI STINCT PART) 0 10,008 76. 01 76. 07 07697 CARDI AC CATHERI ZATI ON 0 0 0 76. 07 07697 CARDI AC REHBELL TATI ON 0 0 0 77. 00 07700 ALLOGANIEL CHAST ACOULTS ITON 0 0 76. 07 07697 CARDI AC REHBELL TATI ON 0 0 77. 00 07700 ALLOGANIEL CHAST ACOULTS ITON 0 0 77. 00 07700 ALLOGANIEL CHAST ACOULTS ITON 0 0 77. 00 07700 ALLOGANIEL CHAST ACOULTS ITON 0 0 77. 00 07700 ALLOGANIEL CHAST ACOULTS ITON 0 0 77. 00 07700 ALLOGANIEL CHAST ACOULTS ITON 0 0 77. 00 07700 ALLOGANIEL CHAST ACOULTS ITON 0 0 77. 00 07900 ANTI COAGULATI ON CLINIC 0 392 90. 01 04900 08DERCARCY 0 16, 426 90. 03 09000 BARRETT CANCER CARE CENTER 0 121 90. 04 09000 0BERGENCY 0 16, 426 91. 00 09000 0BERGENCY 0 92. 01 09200 0BSERVATI ON BEDS (DISTINCT PART) 0 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 92. 01 09201 0BSERVATI O		1	l .	0					
65. 00 06500 RESPIRATORY THERAPY 0 1,350 66. 00 66. 00 06600 PHYSI CAL THERAPY 0 326 66. 00 66. 00 060				0					
66. 00 06600 PHYSI CAL THERAPY 0 326 66. 00 67. 00 06700 0CUPATI ONAL THERAPY 0 203 67. 00 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 164 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 2, 987 69. 00 70. 00 70. 00 70. 00 FLECTROENCEPHALOGRAPHY 0 53 70. 00 70. 00 70. 00 FLECTROENCEPHALOGRAPHY 0 53 70. 00 70. 00 70. 00 FLECTROENCEPHALOGRAPHY 0 53 70. 00 70. 00 70. 00 FLECTROENCEPHALOGRAPHY 0 53 70. 00 70. 00 70. 00 FLECTROENCEPHALOGRAPHY 0 5. 133 71. 00 71. 00 72. 00 72. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 FLECTROENCEPHALOGRAPHY 0 5. 133 71. 00 73. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 75. 00 75. 00 75. 00 75. 01 75		1	1						
68.00 06800 SPEECH PATHOLOGY 0 164 68.00 69.00 06900 CLECTROCARDI OLOGY 0 2,987 69.00 70.00 07000 CLECTROCARDI OLOGY 0 53 70.00 70				o					
69. 00 06900 ELECTROCARDI OLOGY 0 2, 987 69. 00 70. 00 7000 ELECTROENCEPHALOGRAPHY 0 53 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 72. 00 72. 00 72. 00 72. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 01 73. 01 73. 01 73. 01 73. 01 73. 01 74. 00 74. 00 74. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 01 7		1	ł .	0		1			
70. 00 07000 ELECTROENCEPHALOGRAPHY 0 53 70. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 71. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 72. 00 73. 00 73. 00 73. 00 73. 00 73. 00 73. 01 73. 01 73. 01 73. 01 73. 01 73. 01 73. 01 73. 01 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 74. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 00 75. 01 76.		1	ł .	0					
71. 00		1	ł .						
72. 00									
73. 01 07301 RETAIL PHARMACY 74. 00 07400 RENAL DI ALYSI S 75. 00 07500 ASC (NON-DISTINCT PART) 75. 00 07501 ASC (NON-DISTINCT PART) 76. 00 03950 CARDIA C CATHERIZATION 76. 01 03951 OUTPATIENT WOUND CARE CENTER 77. 00 07697 CARDIAC REHABILITATION 77. 00 07700 ALLOGENEIC HSCT ACQUISITION 77. 00 07900 CLI NI C 77. 00 09000 CLI NI C 77. 00 09000 CLI NI C 77. 00 09001 ANTICOAGULATION CLI NI C 78. 00 09001 ANTICOAGULATION CLI NI C 79. 00 09000 OUTPATIENT CANCER CARE CENTER 79. 00 09000 OUTPATIENT INFUSION CENTER 79. 00 09000 OUTPATIENT SERVICE COST CENTERS 79. 00 09000 OUTPATIENT INFUSION CENTER 79. 00 09000 OUTPATIENT INFUSION CENTE		1	i e	o					
74. 00				0					
75. 00				0		•			
75. 01 07501 ASC (NON-DISTINCT PART) 0 11, 123 75. 01 76. 00 03950 CARDI AC CATHERI ZATI ON 0 0 76. 00 76. 01 03951 OUTPATI ENT WOUND CARE CENTER 0 1, 008 76. 01 76. 97 07697 CARDI AC REHABILITATI ON 0 0 77. 00 0000 ALLOGENEI C HSCT ACQUISITION 0 0 0 77. 00 0000 CLI NI C 0 0 0 0 90. 01 90. 01 04950 SLEEP CLI NI C 0 392 90. 01 90. 02 09001 ANTI COAGULATI ON CLI NI C 0 41 90. 02 90. 03 09002 ARNETT CANCER CARE CENTER 0 2, 470 90. 03 90. 04 09003 OUTPATI ENT INFUSI ON CENTER 0 121 90. 04 91. 00 09100 EMERGENCY 0 16, 426 91. 00 92. 01 09201 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1	i e						
76. 00					-				
76. 97 77. 00 07697 CARDI AC REHABILITATION 0 07700 ALLOGENEIC HSCT ACQUISITION 0 0UTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 0 00 00 00 00 00 00 00 00 00 00 00 00	76. 00	03950	CARDI AC CATHERI ZATI ON	o					76. 00
77. 00 07700 ALLOGENEI C HSCT ACQUI SI TI ON 0 0 0 0 0 0 0 0 0		1	i e	0					
OUTPATIENT SERVICE COST CENTERS 90. 00 0 0 0 0 0 0 0 0		1	l e e e e e e e e e e e e e e e e e e e	0					
90. 00	77.00			<u> </u>	0				77.00
90. 01 04950 SLEEP CLINIC 0 392 90. 01 90. 02 90. 02 90. 02 90. 03 90. 02 90. 03 90. 02 90. 03 90. 02 90. 03 90. 04 90. 03 90. 04 90. 03 90. 04 90. 03 90. 04 90. 05 90. 05 90. 06	90.00			O	0				90. 00
90. 03 09002 ARNETT CANCER CARE CENTER 0 2, 470 90. 03 90. 04 90. 04 91. 00 92. 00 92. 01 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 0	90. 01	04950	SLEEP CLINIC	0					90. 01
90. 04 09003 0UTPATI ENT INFUSION CENTER 0 121 90. 04 91. 00 92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 0 0 0 0 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 0 0 0 0		1	•	0					
91. 00 09100 EMERGENCY		1	l .	0					
92. 00 09200 0BSERVATION BEDS (NON-DISTINCT PART) 92. 00 92. 01 09201 0BSERVATION BEDS (DISTINCT PART) 0 0 0 92. 01		1	1						
		1	1		.5, 120				
93. 00 04951 01HER OUTPATIENT SERVICES 0 0 93. 00				0					
	93. 00	04951	UTHER OUTPATIENT SERVICES	0	0	1	ı I		93. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS	Provi der CCN: 15-0173	Peri od: From 01/01/2022	Worksheet B

				rom 01/01/2022		
				o 12/31/2022	Date/Time Pre 5/26/2023 10:	
		OTHER GENERAL	INTERNS &	RESI DENTS	372072023 10.	13 aiii
		SERVI CE				
Cost Center Description	SOCIAL SERVICE	PATI ENT	SERVI CES-SALAF	SERVI CES-OTHER	PARAMED ED	
		TRANSPORT	Y & FRINGES	PRGM. COSTS	PRGM -	
		SERVI CES			PHARMACY	
	17. 00	18. 00	21. 00	22.00	23. 00	
OTHER REIMBURSABLE COST CENTERS			,			
102.00 10200 OPI OI D TREATMENT PROGRAM	0	0			<u> </u>	102. 00
SPECIAL PURPOSE COST CENTERS			ı			
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	7, 473	127, 010	(0	0	118. 00
NONREI MBURSABLE COST CENTERS			Г			
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190. 00
191. 00 19100 RESEARCH	0	0				191. 00
192. 00 19200 PHYSI CI ANS' PRI VATE OFFI CES	0	0				192. 00
193. 00 19300 NONPAI D WORKERS	0	0				193. 00
193. 01 19301 RETAIL PHARMACY	0	0				193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0				193. 02
193. 03 19303 HOSPI CE	0	0				193. 03
193. 04 19304 FRANKFORT HOSPI TAL	0	0				193. 04
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	0	0				194. 00
200.00 Cross Foot Adjustments			3, 024	46, 235		200. 00
201.00 Negative Cost Centers	0	0	(0		201. 00
202.00 TOTAL (sum lines 118 through 201)	7, 473	127, 010	3, 024	46, 235	14, 789	202. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet B | From 01/01/2022 | Part II | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | T Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provider CCN: 15-0173

			1	o 12/31/2022 Date/lime F 5/26/2023 1	
Cost Center Description	Subtotal	Intern &	Total		
		Residents Cost			
		& Post Stepdown			
		Adjustments			
	24.00	25. 00	26. 00		
GENERAL SERVICE COST CENTERS				T	
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1. 01 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1. 02 00102 CAP REL COSTS INTEREST EXPENSE					1. 01 1. 02
2.00 00200 CAP REL COSTS MIEREST EXPENSE					2.00
2. 01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP					2. 00
4. 00 00400 EMPLOYEE BENEFITS DEPARTMENT					4. 00
5. 01 00570 ADMI TTI NG					5. 01
5.06 00590 OTHER ADMINISTRATIVE & GENERAL					5. 06
7. 00 00700 OPERATION OF PLANT					7. 00
7. 01 O0701 OPERATION OF PLANT - NONHOSPITAL					7. 01
8. 00 00800 LAUNDRY & LI NEN SERVI CE 9. 00 00900 HOUSEKEEPI NG					8. 00 9. 00
10. 00 01000 DI ETARY					10.00
11. 00 01100 CAFETERI A					11. 00
13.00 01300 NURSING ADMINISTRATION					13. 00
14.00 01400 CENTRAL SERVICES & SUPPLY					14. 00
15. 00 01500 PHARMACY					15. 00
16. 00 01600 MEDICAL RECORDS & LIBRARY					16. 00
17. 00 01700 SOCIAL SERVICE					17. 00
18.00 01850 PATIENT TRANSPORT SERVICES 21.00 02100 L&R SERVICES-SALARY & FRINGES APPRVD					18. 00 21. 00
22. 00 02200 &R SERVI CES-OTHER PRGM. COSTS APPRVD					22. 00
23. 00 02300 PARAMED ED PRGM - PHARMACY					23. 00
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS	10, 616, 737	0	10, 616, 737		30. 00
31. 00 03100 I NTENSI VE CARE UNI T	1, 096, 942	0	1, 096, 942		31.00
33. 00 03300 BURN INTENSIVE CARE UNIT	0	0	0		33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT	0 802, 013	0	802, 013		33. 01 35. 00
43. 00 04300 NURSERY	371, 778	o	371, 778		43. 00
ANCILLARY SERVICE COST CENTERS		-,			
50. 00 05000 OPERATING ROOM	2, 878, 652	0	2, 878, 652	2	50. 00
51. 00 05100 RECOVERY ROOM	404, 713	0	404, 713		51.00
52. 00 05200 DELI VERY ROOM & LABOR ROOM 53. 00 05300 ANESTHESI OLOGY	1, 273, 763 137, 924	0	1, 273, 763 137, 924		52. 00 53. 00
53. 00 05300 ANESTHESI OLOGY 53. 01 05301 ASC ANESTHESI OLOGY	7, 526	0	7, 526		53. 00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 495, 382	ő	1, 495, 382		54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	0	0		55. 00
56. 00 05600 RADI 0I SOTOPE	180, 108	0	180, 108	3	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	601, 591	0	601, 591		59. 00
60. 00 06000 LABORATORY	773, 389	0	773, 389		60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS. 65. 00 06500 RESPIRATORY THERAPY	55, 622 159, 115	0	55, 622 159, 115		63. 00 65. 00
66. 00 06600 PHYSI CAL THERAPY	61, 278	0	61, 278		66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	38, 162	ő	38, 162		67. 00
68.00 06800 SPEECH PATHOLOGY	31, 074	О	31, 074		68. 00
69. 00 06900 ELECTROCARDI OLOGY	221, 979	0	221, 979		69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 006	0	1, 006		70. 00
71. 00 07100 MEDI CAL SUPPLI ES CHARGED TO PATIENTS	545, 295	0	545, 295		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 73.00 07300 DRUGS CHARGED TO PATIENTS	623, 840 629, 598	0	623, 840 629, 598		72. 00 73. 00
73. 00 07300 DROGS CHARGED TO FATTENTS 73. 01 07301 RETAIL PHARMACY	123, 755	0	123, 755		73.00
74. 00 07400 RENAL DIALYSIS	131, 269	o	131, 269		74. 00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75. 00
75.01 07501 ASC (NON-DISTINCT PART)	649, 340	0	649, 340		75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0	0	_ 0)	76. 00
76. 01 03951 OUTPATIENT WOUND CARE CENTER	9, 417	0	9, 417		76. 01
76.97 O7697 CARDIAC REHABILITATION 77.00 O7700 ALLOGENEIC HSCT ACQUISITION	3, 196	0	3, 196 0		76. 97 77. 00
OUTPATIENT SERVICE COST CENTERS	<u> </u>	U		<u>'</u>	17.00
90. 00 09000 CLINIC	0	0	0		90.00
90. 01 04950 SLEEP CLINIC	7, 747	o	7, 747		90. 01
90. 02 09001 ANTI COAGULATI ON CLINIC	20, 604	0	20, 604		90. 02
90. 03 09002 ARNETT CANCER CARE CENTER	154, 323	0	154, 323		90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	6,748	0	6, 748		90.04
91. 00 09100 EMERGENCY 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 886, 856	0	1, 886, 856	9	91. 00 92. 00
92. 01 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	ol Ol	0		92.00
93. 00 04951 OTHER OUTPATIENT SERVICES	1	ĭ			
93. 00 04931 0111EK OUTFATTENT SERVICES	0	0	0)	93.00

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der CC		Peri od: From 01/01/2022 To 12/31/2022	Worksheet B Part II Date/Time Prepared: 5/26/2023 10:13 am
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
	24. 00	25. 00	26. 00		
OTHER REIMBURSABLE COST CENTERS		ام			100.00
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0		0	102. 00
SPECIAL PURPOSE COST CENTERS	0/ 000 740	ما	0/ 000 7		110.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	26, 000, 742	0	26, 000, 74	-2	118. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	188, 350	ما	188, 35	.0	190. 00
191. 00 19100 RESEARCH	188, 350	0	188, 33	0	190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	421, 231	0	421, 23	0	191.00
193. 00 19300 NONPALD WORKERS	421, 231	0	421, 23		193. 00
193. 01 19301 RETALL PHARMACY	1, 356	0	1, 35	2	193. 00
193. 02 19302 WHI TE HOSPI TAL	246, 085	0	246, 08		193. 02
193. 03 19303 HOSPI CE	240, 083	0		2	193. 02
193. 04 19304 FRANKFORT HOSPI TAL	218, 572	0	218, 57		193. 04
194. 00 07950 MARKETI NG/PUBLI C RELATI ONS	210, 372	0	210, 37	0	194.00
200.00 Cross Foot Adjustments	64, 048	0	64, 04	8	200. 00
201.00 Negative Cost Centers	04, 040	0	04, 0-	0	201.00
202.00 TOTAL (sum lines 118 through 201)	27, 140, 396	0	27, 140, 39	06	202. 00
232.33 1377.2 (3411 171163 170 till dugit 201)	27, 140, 370	٩	27, 140, 3	<u> </u>	202.00

Peri od: From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/26/2023 10:13 am

			CAP	ITAL RELATED CO	STS	5/26/2023 10:	13 am
			CAI	TIAL KELATED O	5515		
	Cost Center Description	BLDG & FIXT		CAP REL COSTS	MVBLE EQUIP	MVBLE EQUIP -	
		(SQUARE FEET)	NONHOSP	INTEREST	(SQUARE FEET)	NONHOSP	
			(SQUARE FEET)	EXPENSE (SOURCE FEET)		(SQUARE FEET)	
		1.00	1. 01	(SQUARE FEET) 1.02	2. 00	2. 01	
	GENERAL SERVICE COST CENTERS	1.00	1.01	1.02	2.00	2.01	
1.00	00100 CAP REL COSTS-BLDG & FIXT	398, 061					1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP	0	67, 827				1. 01
1. 02	00102 CAP REL COSTS INTEREST EXPENSE	0	0	398, 061			1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP				398, 061	, , , , , , ,	2. 00
2. 01	00201 CAP REL COSTS-MVBLE EQUI P - NONHOSP		_		0	67, 827	2. 01
4. 00 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00570 ADMITTING	1, 168	35	1, 168	1 140	0 35	4. 00 5. 01
5. 06	00570 ADMITTING 00590 OTHER ADMINISTRATIVE & GENERAL	12, 420	l			l	
7. 00	00700 OPERATION OF PLANT	77, 073					7. 00
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL	0	1, 416			l	
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8. 00
9. 00	00900 HOUSEKEEPI NG	4, 985	146	4, 985	4, 985	146	9. 00
10. 00	01000 DI ETARY	8, 153	0	-,		l e	
11.00	01100 CAFETERIA	5, 683	ł	-,		l e	
13. 00 14. 00	01300 NURSI NG ADMI NI STRATI ON 01400 CENTRAL SERVI CES & SUPPLY	3, 819 19, 887	0 74	-,		l e	13. 00 14. 00
15. 00	01500 PHARMACY	5, 257	48			l e	
16. 00	01600 MEDI CAL RECORDS & LI BRARY	3,237	0	3, 237	0, 237	0	1
17. 00	01700 SOCI AL SERVI CE	0	Ö	Ö	0	Ö	17. 00
18. 00	01850 PATIENT TRANSPORT SERVICES	1, 357	0	1, 357	1, 357	0	18. 00
21. 00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	301	0	301		0	
23. 00	02300 PARAMED ED PRGM - PHARMACY	146	0	146	146	0	23. 00
20.00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS	112 001		112 001	112 001		20.00
30. 00 31. 00	03000 ADULTS & PEDIATRICS 03100 INTENSIVE CARE UNIT	112, 901 11, 451	0			0	
33. 00	03300 BURN INTENSIVE CARE UNIT	11, 431	0	11, 431		0	33.00
33. 01	03301 BURN INTENSIVE CARE UNIT	0	l ő	Ö	0	Ö	33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	8, 919	Ö	8, 919	8, 919	Ō	1
43.00	04300 NURSERY	4, 261	0	4, 261	4, 261	0	43. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	29, 662	0			0	
51. 00 52. 00	O5100 RECOVERY ROOM O5200 DELIVERY ROOM & LABOR ROOM	4, 538	l	.,		l e	
53. 00	05300 ANESTHESI OLOGY	14, 279 1, 195	l	1 =		l	1
53. 01	05301 ASC ANESTHESI OLOGY	1,179	125		0	125	1
54. 00	05400 RADI OLOGY-DI AGNOSTI C	15, 839	l e	15, 839	15, 839	l	1
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0	55. 00
56.00	05600 RADI 0I SOTOPE	2, 073	0	2, 073		l e	00.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	6, 272	0	6, 272		l .	
60.00	06000 LABORATORY	8, 681	0	8, 681		0	
63. 00 65. 00	06300 BLOOD STORING, PROCESSING & TRANS. 06500 RESPIRATORY THERAPY	628 1, 217	0	628 1, 217		0	
	06600 PHYSI CAL THERAPY	641	0	641		0	66.00
	06700 OCCUPATI ONAL THERAPY	398	0	398		Ö	
68. 00		323	Ö	323		Ō	68. 00
69. 00	06900 ELECTROCARDI OLOGY	2, 336	0	2, 336	2, 336	0	69. 00
	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	
71. 00		0	0	0	0	0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS 07301 RETAIL PHARMACY	1, 186	0	1, 186	1, 186	0	73. 00 73. 01
	07400 RENAL DIALYSIS	1, 523		1, 100		l	74. 00
75. 00	07500 ASC (NON-DISTINCT PART)	0	l ő	0	0	Ö	1
	07501 ASC (NON-DISTINCT PART)	0	36, 068	0	0	36, 068	
76. 00	03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0	76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	0	0	0	0	0	
76. 97		0	0	0	0	0	
77. 00	07700 ALLOGENEI C HSCT ACQUI SITION	0	0	0	0	0	77. 00
90. 00	OUTPATIENT SERVICE COST CENTERS 09000 CLINIC	1 0	0	0	0	0	90.00
90.00	04950 SLEEP CLINIC	0		١	0	0	1
90. 02		0	1, 240	ĺ	0	1, 240	
90. 03	09002 ARNETT CANCER CARE CENTER	0	7, 586		0	7, 586	
90. 04	09003 OUTPATIENT INFUSION CENTER	59	0	59			
91.00		20, 361	0	20, 361	20, 361	0	
92.00			_	_	_	_	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART) 04951 OTHER OUTPATIENT SERVICES	0 0	1	0			92. 01 93. 00
, 5. 00	10.70. TOTHER COTTAINENT SERVICES	1 0	1 0	1 0	<u> </u>	1 0	, , 5. 00

				T	12/31/2022	Date/Time Pre 5/26/2023 10:	
	CAPITAL RELATED COSTS						
	Cost Center Description	BLDG & FLXT (SQUARE FEET)	BLDG & FIXT - NONHOSP (SQUARE FEET)	CAP REL COSTS I NTEREST EXPENSE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP - NONHOSP (SQUARE FEET)	
		1.00	1. 01	1.02	2. 00	2. 01	
OTHER	REIMBURSABLE COST CENTERS						
	OPIOID TREATMENT PROGRAM	0	0	0	0	0	102. 00
	AL PURPOSE COST CENTERS						
118. 00	SUBTOTALS (SUM OF LINES 1 through 117)	388, 992	46, 738	388, 992	388, 992	46, 738	118. 00
	IMBURSABLE COST CENTERS						
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2, 232	0	2, 232	2, 232		190. 00
191. 00 19100		0	0	0	0		191. 00
	PHYSICIANS' PRIVATE OFFICES	1, 924	19, 029	1, 924	1, 924		192. 00
	NONPALD WORKERS	0	0	0	0		193. 00
	RETAIL PHARMACY	0	0	0	0		193. 01
	WHI TE HOSPI TAL	2, 617	964	2, 617	2, 617		193. 02
193. 03 19303		0	0	0	0		193. 03
	FRANKFORT HOSPITAL	2, 296	1, 096	2, 296	2, 296		193. 04
	MARKETING/PUBLIC RELATIONS	0	0	0	0	0	194. 00
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)	6, 040, 254	·			•	
203. 00	Unit cost multiplier (Wkst. B, Part I)	15. 174192	6. 458888	33. 513675	17. 214603	6. 916213	
204. 00	Cost to be allocated (per Wkst. B, Part II)						204. 00
205. 00	Unit cost multiplier (Wkst. B, Part						205. 00
206. 00	NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207. 00	NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00

In Lieu of Form CMS-2552-10 IU HEALTH ARNETT HOSPITAL COST ALLOCATION - STATISTICAL BASIS Provider CCN: 15-0173 Peri od: Worksheet B-1 From 01/01/2022 12/31/2022 Date/Time Prepared: 5/26/2023 10:13 am Cost Center Description **EMPLOYEE** ADMI TTI NG OTHER OPERATION OF Reconciliation ADMI NI STRATI VE BENEFITS (PATLENT PLANT DEPARTMENT CHARGES) & GENERAL (SQUARE FEET) (GROSS (ACCUM. COST) SALARI ES) 4.00 5.01 5A. 06 5.06 7.00 GENERAL SERVICE COST CENTERS 1.00 00100 CAP REL COSTS-BLDG & FIXT 1.00 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP 1.01 1.01 1.02 00102 CAP REL COSTS INTEREST EXPENSE 1.02 00200 CAP REL COSTS-MVBLE EQUIP 2.00 2.00 2.01 00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP 2.01 00400 EMPLOYEE BENEFITS DEPARTMENT 94, 754, 244 4.00 4 00 5.01 00570 ADMITTING 541, 021 1, 794, 034, 951 5.01 5.06 00590 OTHER ADMINISTRATIVE & GENERAL 8,016,066 -57, 109, 819 297, 594, 029 5.06 00700 OPERATION OF PLANT 1, 385, 952 16, 411, 271 307.400 7 00 7 00 00701 OPERATION OF PLANT - NONHOSPITAL 7.01 0 862, 801 0 7.01 8.00 00800 LAUNDRY & LINEN SERVICE 0 8.00 9.00 00900 HOUSEKEEPI NG 1, 649, 488 0 3, 815, 727 4, 985 9.00 880. 912 01000 DI FTARY 0 1 898 426 10 00 8.153 10 00 11.00 01100 CAFETERI A 477, 021 0 1, 148, 329 5, 683 11.00 01300 NURSING ADMINISTRATION 13.00 8, 566, 439 0 11, 302, 408 3, 819 13.00 01400 CENTRAL SERVICES & SUPPLY 0 12, 203, 918 14 00 565 782 19 887 14 00 15.00 01500 PHARMACY 4, 245, 299 0 6, 751, 271 5, 257 15.00 01600 MEDICAL RECORDS & LIBRARY 0 16.00 16.00 0 17.00 01700 SOCIAL SERVICE 558, 791 0 766, 882 17.00 0 01850 PATIENT TRANSPORT SERVICES 0 1, 357 18 00 685, 766 Ω 960, 558 18 00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 0 0 1,099,784 0 21.00 02200 I &R SERVICES-OTHER PRGM. COSTS APPRVD 48, 840 1, 221, 603 22.00 301 22.00 23.00 02300 PARAMED ED PRGM - PHARMACY 218.726 0 294.021 23.00 146 INPATIENT ROUTINE SERVICE COST CENTERS 30.00 03000 ADULTS & PEDIATRICS 22, 443, 325 203, 000, 406 0 56, 722, 856 112, 901 30.00 03100 INTENSIVE CARE UNIT 29, 735, 099 0 31.00 3, 632, 523 8, 061, 847 11, 451 31.00 03300 BURN INTENSIVE CARE UNIT 0 33.00 33.00 0 0 03301 BURN INTENSIVE CARE UNIT 33.01 0 33.01 02060 NEONATAL INTENSIVE CARE UNIT 2, 450, 872 17, 687, 974 0 4, 478, 848 8, 919 35.00 35.00 43.00 04300 NURSERY 801, 069 4, 192, 368 1, 328, 273 4, 261 43 00 ANCILLARY SERVICE COST CENTERS 174, 771, 498 11, 977, 938 50.00 05000 OPERATING ROOM 5, 574, 336 0 29, 662 50 00 05100 RECOVERY ROOM 1, 121, 508 14, 190, 942 1, 707, 462 4,538 51.00 51.00 05200 DELIVERY ROOM & LABOR ROOM 0 52.00 2, 822, 348 29, 175, 326 4, 856, 443 14, 279 52.00 7, 041, 497 05300 ANESTHESI OLOGY 195, 600 0 53.00 9, 768, 773 1, 195 53.00 0 53.01 05301 ASC ANESTHESI OLOGY 945 5, 140, 615 20, 707 Λ 53.01 54.00 05400 RADI OLOGY-DI AGNOSTI C 4, 707, 389 121, 682, 285 8, 446, 296 15, 839 54.00 05500 RADI OLOGY-THERAPEUTI C 55.00 55.00 05600 RADI OI SOTOPE 381, 294 17, 332, 006 0 858, 129 56,00 2,073 56,00 59.00 05900 CARDIAC CATHETERIZATION 1, 425, 367 64, 112, 168 2, 554, 892 6, 272 59.00 60.00 06000 LABORATORY 26, 609 95, 531, 356 12, 776, 338 60.00 8.681 5, 354, 697 06300 BLOOD STORING, PROCESSING & TRANS. 0 63.00 885.013 628 63.00 0 65.00 06500 RESPIRATORY THERAPY 2, 090, 629 19,008,325 3, 823, 576 1, 217 65.00 66.00 06600 PHYSI CAL THERAPY 496, 880 4, 591, 032 1, 150, 243 641 66.00 06700 OCCUPATIONAL THERAPY 289, 785 2, 853, 153 899, 635 398 67.00 67.00 06800 SPEECH PATHOLOGY 0 474.746 68.00 336, 537 2, 310, 696 323 68.00 69.00 06900 ELECTROCARDI OLOGY 1,083,144 42, 076, 358 3, 173, 032 2, 336 69.00 07000 ELECTROENCEPHALOGRAPHY 70.00 83, 314 744, 015 105, 940 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 72, 289, 202 9, 194, 780 71.00 71.00 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 137, 881, 446 10, 433, 876 Λ 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 263, 234, 876 45, 483, 263 0 73.00 73. 01 07301 RETAIL PHARMACY 459, 158 8, 589, 403 7, 773, 979 1, 186 73.01 4, 001, 831 74 00 07400 RENAL DIALYSIS 0 1, 523 74 00 1, 113, 437 75.00 07500 ASC (NON-DISTINCT PART) 0 75.00 07501 ASC (NON-DISTINCT PART) 4, 151, 522 156, 660, 044 6, 498, 652 75.01 75.01 0 76.00 03950 CARDI AC CATHERI ZATI ON 0 76.00 0 03951 OUTPATIENT WOUND CARE CENTER 280, 687 14, 198, 227 0 1, 177, 555 76.01 76 01 0 0 76.97 07697 CARDIAC REHABILITATION 0 76.97 07700 ALLOGENEIC HSCT ACQUISITION 0 77.00 77.00 OUTPATIENT SERVICE COST CENTERS 90 00 90 00 09000 CLI NI C 0 90.01 04950 SLEEP CLINIC 367, 785 5, 518, 801 0 803, 425 0 90.01 09001 ANTI COAGULATION CLINIC 600, 785 90.02 571, 779 765, 344 90.02 90.03 09002 ARNETT CANCER CARE CENTER 1, 259, 237 34, 786, 529 0 2, 044, 452 0 90.03 90.04 09003 OUTPATIENT INFUSION CENTER 51, 277 1, 697, 970 0 72, 184 59 90.04 09100 EMERGENCY 7, 094, 279 16, 733, 441 91.00 231, 345, 751 20, 361 91.00

0

0

0

92.00

92.01

0

0 93.00

0

0

0

0

09200 OBSERVATION BEDS (NON-DISTINCT PART)

09201 OBSERVATION BEDS (DISTINCT PART)

93. 00 04951 OTHER OUTPATIENT SERVICES

92.00

92 01

Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der C		Peri od:	Worksheet B-1	
				From 01/01/2022 To 12/31/2022	5/26/2023 10:	
Cost Center Description	EMPLOYEE BENEFITS	ADMI TTI NG (PATI ENT	Reconciliation	OTHER ADMI NI STRATI VE	OPERATION OF PLANT	
	DEPARTMENT	CHARGES)		& GENERAL	(SQUARE FEET)	
	(GROSS			(ACCUM. COST)	,	
	SALARI ES)					
	4.00	5. 01	5A. 06	5. 06	7. 00	
OTHER REIMBURSABLE COST CENTERS						
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0)	0	0	102. 00
SPECIAL PURPOSE COST CENTERS	00 0/0 007	4 704 004 054	F7 400 044	000 475 000	000 004	440.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117) NONREIMBURSABLE COST CENTERS	92, 068, 307	1, 794, 034, 951	-57, 109, 81	9 292, 175, 098	298, 331	1118.00
190. 00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39, 252	C	\[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	314, 819	າ າາາ	190. 00
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	39, 232	0		314, 619		190.00
192. 00 19200 PHYSI CLANS' PRI VATE OFFI CES	140, 119	0		573, 769		192.00
193. 00 19300 NONPALD WORKERS	140, 117	0		0 373, 707		193. 00
193. 01 19301 RETAIL PHARMACY	Ö	Ö		0		193. 01
193. 02 19302 WHI TE HOSPI TAL	1, 431, 704	0		2, 532, 809		193. 02
193. 03 19303 HOSPI CE	100	0		4, 448		193. 03
193. 04 19304 FRANKFORT HOSPITAL	1, 074, 762	0)	1, 993, 086		193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	o	0	5.	4 0	0	194. 00
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)	15, 329, 699	749, 809		57, 109, 819	19, 560, 676	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 161784	0. 000418	8	0. 191905	63. 632648	203. 00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	77, 442)	818, 508	5, 124, 432	204. 00
205.00 Unit cost multiplier (Wkst. B, Part	0. 000000	0. 000043	8	0. 002750	16. 670241	205. 00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00

Health Financial Systems IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 15-0173 | Period: From 01/01/2022 | To 12/31/2022 | Date/Time Prepared:

Company Comp						o 12/31/2022	Date/lime Pre 5/26/2023 10:	
		Cost Center Description	PLANT - NONHOSPITAL	LINEN SERVICE			CAFETERI A	
1.00 00100 CAP REL COSTS-BLUE & FIXT - MONHOSP			7. 01	8. 00	9. 00	10.00	11. 00	
1.01 0.0010 CAP SEL COSTS-BLIDE & FIXT - MONHISP	4 00			ı		1		4 00
1.02 001002 CAP REL COSTS INTEREST EXPENSES 2.00 000001 CAP REL COSTS MANUE FOULP MANAGOP 2.01 2.0		i i						
2 00								
2.00		I I						
4. 00 0.0400 IMPLOYER INFORMED IN		I I						
5.06 0.0500 OTHER ASMINI STRATT WE & CENERAL								
2,00 00700 OPERATION OF PLANT NOWINGER TAL 06,376 7.01 00770 OPERATION OF PLANT NOWINGER TAL 06,376 7.01 00770 OPERATION OF PLANT NOWINGER TAL 06,376 7.01 0.00 0000 UPERATIV 07,01 0.00 0000 UPERATIV 07,01 0.00 0000 UPERATIV 07,01 0.00 0000 UPERATIV 07,01 0.00 0.0	5. 01	00570 ADMITTING						5. 01
2.01 0.070 0.0FEAT ION OF PLANT - NOMINOSPITAL 66, 376 8.00 0.0800 0.0	5.06	00590 OTHER ADMINISTRATIVE & GENERAL						5. 06
8.00 00800 LANDRY & LINEN SERVICE 0 54,334 9,00 9.00 10.00 DIETARY 0 0 0 0,000 48,246 78,371,710 10.00 10.00 DIETARY 0 0 0 0,000 48,246 78,371,710 10.00 10.00 DIETARY 0 0 0 0,000 48,246 10.00 10.00 10.00 DIETARY 0 0 0 0,000 10.0		I I						
9.00 0.0900 INJERSEPTING 146 0 377,725 9,00 11.00 0.1000 OLFARY 0 0 0 0,175 0 0,00 11.00 0.1100 OLFARY 0 0 0 0,175 0 48,246 11.00 0.1000 OLFARY 0 4,375 11.00 15.00 0.1000 OLFARY 0 4,375 11.00 15.00 0.1000 OLFARY 0 4,375 0 4,375 11.00 15.00 0.1000 OLFARY 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 0 0 0 17.00 0.1000 OLFARY 0 0 0 0 0 0 0 0 0		1 1	1					
10.00 1000 DITLARY		1 1	-		277 722			
11.00 0 1100 (CAFETRIA 0 0 0 4.175 0 78, 376 11.00 11.00 11.00 01.00 (MISSING ARMINISTRATION 0 0 0 4.478 0 0.4.32 13.00 11.00 01.00 (MISSING ARMINISTRATION 0 0 0 4.478 0 0.4.32 13.00 11.00 01.00 (MISSING ARMINISTRATION 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		I I	i e	l .				
13.00 01300 MURSI NG ADMINI STRATION 0 0 4,478 0 4,321 13.00 15.00 1500 PHARMACY 48 0 0 15.17 0 4.87 15.00 1500 PHARMACY 0 0 0 0 15.77 17.00 1500 PHARMACY 0 0 0 0 17.00 17.00 1700 SOCI AL SERVICE 0 0 0 0 17.00 17.00 1700 SOCI AL SERVICE 0 0 0 0 17.00 17.00 1700 SOCI AL SERVICE 0 0 0 0 17.00 17.00 17.00 17.00 0 0 0 0 0 0 17.00 17.00 17.00 0 0 0 0 0 0 17.00 17.00 17.00 0 0 0 0 0 18.00 18.00 18.00 18.00 18.00 0 0 0 19.00 18.00 18.00 18.00 18.00 0 0 0 19.00 18.00 18.00 18.00 18.00 18.00 0 0 0 19.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 19.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 19.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 19.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 19.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 19.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 19.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 19.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 19.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 18.00 19.00 19.00 18.00			-	1			78 376	
14.00 0 1400 (PENTRAL SERVICES & SUPPLY 74 0 20,168 0 868 14 00 16 00 17 17 10 00 17 10 00 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 17 10 10 10 10 18 10			_	0				
16.00 01600 MEDICAL RECORDS & LIBRARY 0 0 0 0 0 10.0		1 1		Ö				
17.00 01700 SOCIAL SERVICES 0 0 0 0 0 1,776 0 1,771 10 0 1,00 10 0 0 0 1,771 10 0 0 1,771 10 0 0 1,771 10 0 0 0 0 0 0 0 0	15. 00	01500 PHARMACY	48	0	4, 517	0	4, 837	15. 00
18. 00 01850 PATIENT TRANSPORT SERVICES 0 0 1,776 0 1,776 18. 00 0 0 0 0 0 0 0 0 0	16. 00	01600 MEDICAL RECORDS & LIBRARY	0	0	C	0	0	16.00
21.00 02100 RR SERVI CES-SALRY & FRINCES APPRVD 0 0 15,548 0 92 22.00 220.00 220.00 RR SERVI CES-SOTHER PROM COSTS APPRVD 0 0 15,548 0 92 22.00 220.00 220.00 RR SERVI CES-SOTHER PROM COSTS APPRVD 0 0 14.00 0 280 23.00		I I	0	0	C	0		
22.00 02200 RAY SERVI CES-OTHER PROM COSTS APPRVD 0 0 15, 548 0 292 22.00		I I	0	0				
23.00				1		-		
INPATI ENT ROUTH NE SERVICE COST CENTERS 0 43, 484 111, 930 43, 484 23, 644 30. 00 31. 00 33.00 30. 00 33.00 30. 00 33.00					1			
30.00	23.00		0	0	140	U U	289	23.00
31.00 03100 INTENSIVE CARE UNIT 0 3,830 11.205 3,830 3,245 31.00 33.01 03301 BURN INTENSIVE CARE UNIT 0 0 0 0 0 0 33.01 33.01 33.01 03301 BURN INTENSIVE CARE UNIT 0 3,417 8,936 0 2,539 35.00 34.00 MENATERISIVE CARE UNIT 0 3,417 8,936 0 2,539 35.00 35.00 04300 MENATERISIVE CARE UNIT 0 3,417 8,936 0 2,539 35.00 35.00 04300 MENATERISIVE CARE UNIT 0 3,417 8,936 0 2,539 35.00 30.00 04300 MENATERISIVE CARE UNIT 0 3,417 8,936 0 2,539 35.00 MENATERISIVE COST CENTERS	30 00		1 0	43 484	111 930	43 484	23 644	30.00
33.00 03300 03400 0340 0350 0450 0 0 0 0 0 0 0 0 0		i i						
35. 00 02060 NEONATAL INTENSIVE CARE UNIT 0 3, 417 8, 936 0 2, 539 35. 00		1 1	0		1			
ABOOL ABOO	33. 01	03301 BURN INTENSIVE CARE UNIT	0	0	C	0	0	33. 01
MOLILLARY SERVICE COST CENTERS 0 0 0 3.0, 415 0 5.944 50.00 0 0 0 1.042 51.00 0 0 0 1.042 51.00 0 0 0 1.042 51.00 0 0 0 0 1.042 51.00 0 0 0 0 0 0 0 0 0	35.00	02060 NEONATAL INTENSIVE CARE UNIT	0	3, 417	8, 936	0	2, 539	35. 00
SOLIC 05000 05000 05000 05000 0 0	43.00		0	2, 671	4, 271	0	805	43.00
15.1 00 05100 RECOVERY ROOM 1.0 42 15.1 00 0.0 1.0 42 15.1 00 0.0			1	1			5.044	
S2.00 05200 05200 05200 05200 05200 05200 05200 053.01 05300 05500 055		i i						
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10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		1 1						
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59.00 05900 CARDIAC CATHETERI ZATION 0 0 6,322 0 1,775 89,00	55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	C	0	0	55.00
60.00 06000 LABORATORY 0 0 0 9,024 0 56 60.00 63.00 06300 BLODD STORI NG, PROCESSI NG & TRANS. 0 0 0 643 0 0 0 63.00 65.00 06500 RESPI RATORY THERAPY 0 0 0 876 0 2,271 65.00 66.00 06600 PRYSI CAL THERAPY 0 0 0 573 0 628 66.00 67.00 06700 0CCUPATIONAL THERAPY 0 0 0 422 0 336 67.00 68.00 06800 SPEECH PATHOLOGY 0 0 0 329 0 372 68.00 68.00 06800 SPEECH PATHOLOGY 0 0 0 2,443 0 1,625 69.00 69.00 06900 ELECTROCARDI OLOGY 0 0 0 0 0 0 0 0 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 0 0 0 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 72.00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 73.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 0 74.00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 75.01 07301 RETAL PHARMACY 0 0 0 0 0 0 487 76.01 07301 RETAL DI ALYSIS 0 0 0 1,543 0 0 0 76.01 07301 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 0 0 76.01 07501 ASC (NON-DI STI NCT PART) 36,668 0 37,584 0 0 0 75.00 76.01 07501 ASC (NON-DI STI NCT PART) 36,668 0 37,584 0 0 0 76.00 76.01 07501 ASC (NON-DI STI NCT PART) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		I I	0	0				
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66. 00 06600 PHYSICAL THERAPY 0 0 0 573 0 6628 66. 00 67. 00 06700 0CUPATIONAL THERAPY 0 0 0 422 0 308 67. 00 68. 00 106800 SPEECH PATHOLOGY 0 0 329 0 372 68. 00 69. 00 106800 SPEECH PATHOLOGY 0 0 329 0 372 68. 00 69. 00 106900 ELECTROCARDIOLOGY 0 0 0 2, 443 0 1, 625 69. 00 70. 00 107000 ELECTROCARDIOLOGY 0 0 0 0 0 10. 329 71. 00 107000 ELECTROCARDIOLOGY 0 0 0 0 0 0 10. 370. 00 71. 00 107100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 0 71. 00 72. 00 107200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 0 72. 00 73. 00 107300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 72. 00 73. 00 107300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 72. 00 73. 01 07301 RETAIL PHARMACY 0 0 0 0 0 0 487 73. 01 74. 00 107400 RENAL DIALYSIS 0 0 0 1,543 0 0 74. 00 75. 01 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 0 74. 00 75. 01 107501 ASC (NON-DISTINCT PART) 36,068 0 37,584 0 0 76. 01 76. 00 103951 OUTPATIENT WOUND CARE CENTER 0 0 0 0 0 0 0 76. 01 76. 01 03951 OUTPATIENT WOUND CARE CENTER 0 0 0 0 0 0 0 0 76. 01 76. 07 07697 CARDIA C REHABILITATION 0 0 0 0 0 0 0 77. 00 000000000000000000		1 1	0	0				
67. 00 06700 OCCUPATIONAL THERAPY 0 0 422 0 308 67. 00 68. 00 06800 SPEECH PATHOLOGY 0 0 329 0 372 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0 0 0 2, 443 0 1, 625 69. 00 70. 00 07000 ELECTROENCEPHALLOGRAPHY 0 0 0 0 0 0 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 73. 01 07301 RETAIL PHARMACY 0 0 0 0 0 0 0 74. 00 07400 RENAL DI ALYSIS 0 0 0 0 0 0 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 76. 01 07501 ASC (NON-DISTINCT PART) 36,068 0 37,584 0 0 75. 00 76. 01 03951 CARDI AC CATHERI ZATI ON 0 0 0 0 0 76. 07 07697 CARDI AC REHABILITATI ON 0 0 0 0 0 77. 00 07697 CARDI AC REHABILITATI ON 0 0 0 0 0 77. 00 07000 ALLOGENEIC HSCT ACQUI SITION 0 0 0 0 0 79. 01 04950 SLEEP CLI NI C 0 0 0 0 0 79. 02 09001 ANTICOAGUISTI ON CENTER 0 0 0 0 0 79. 01 09002 ANNETT CANCER CARE ECRITER 7,586 0 1,291 0 0 79. 01 09002 ANNETT CANCER CARE CENTER 7,586 0 1,2691 0 1,638 90. 00 79. 01 09003 OUTPATIENT INFUSION CENTER 0 0 0 592 0 63 90. 04 79. 01 09003 OUTPATIENT INFUSION CENTER 0 0 0 0 0 0 79. 01 09004 DEBERGENCY 0 0 0 0 0 0 70. 01 09201 OBSERVATI ON BEDS (NON-DISTINCT PART) 0 0 0 0 0 0 70. 01 07100 OTHER NETWISENSE COST CENTERS 0 0 0 0 70. 01 07100 OTHER NETWISENSE COST CENTERS 0 0 0 0 70. 01 07100 OTHER NETWISENSE COST CENTERS 0 0 0 0 70. 01 07100 07100 07100 07100 07100 70. 01 07100 07100 07100 07100 07100 07100 70. 01 07100 07100 07100 07100 07100 70. 01 07100 07100 07100 07100 70. 01 07100 07100 07100 07100 70.								
68.00 06800 SPEECH PATHOLOGY 0 0 329 0 372 68. 00 69.00 06900 ELECTROCARDIOLOGY 0 0 0 2,443 0 1,625 69. 00 70.00 07000 ELECTROCARDIOLOGY 0 0 0 0 0 0 71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 73. 00 07300 DRUSC CHARGED TO PATIENTS 0 0 0 0 0 0 73. 00 07300 DRUSC CHARGED TO PATIENTS 0 0 0 0 0 73. 00 07300 DRUSC CHARGED TO PATIENTS 0 0 0 0 0 74. 00 07400 RETAIL PHARMACY 0 0 0 0 0 75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0 0 75. 00 07500 ASC (NON-DISTINCT PART) 36,068 0 37,584 0 0 75. 01 76. 00 07501 ASC (NON-DISTINCT PART) 36,068 0 37,584 0 0 76. 01 76. 01 07501 ASC (NON-DISTINCT PART) 36,068 0 37,584 0 0 76. 01 76. 01 07501 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 76. 01 07501 ASC (NON-DISTINCT PART) 0 0 0 0 0 76. 01 07501 ASC (NON-DISTINCT PART) 0 0 0 0 0 76. 01 07501 ASC (NON-DISTINCT PART) 0 0 0 0 76. 01 07501 ASC (NON-DISTINCT PART) 0 0 0 0 76. 01 07501 ASC (NON-DISTINCT PART) 0 0 0 0 76. 01 07501 ASC (NON-DISTINCT PART) 0 0 0 0 77. 00 0700 ALLOGENEIC HISCT ACQUISITION 0 0 0 0 77. 00 0700 ALLOGENEIC HISCT ACQUISITION 0 0 0 0 77. 00 0700 ALLOGENEIC COST CENTERS 90. 01 09000 CLINIC 0 0 0 0 0 90. 02 09001 ANTICOAQUIATION CLINIC 1,240 0 1,291 0 90. 03 09002 ARNETT CANCER CARE CENTER 7,586 0 12,691 0 1,638 90. 03 90. 04 09003 00TPATIENT SERVICE COST CENTERS 0 0 0 0 90. 01 09100 EMERGENCY 0 0 0 0 0 90. 01 07100 07100 07100 07100 07100 07100 90. 01 07100 07100 07100 07100 07100 07100 07100 90. 01 07100 07100 07100 07100 07100 07100 90. 01 07100 07100 07100								
69.00 06900 ELECTROCARDI OLOGY 0 0 2,443 0 1,625 69.00 70.00 07000 ELECTROENCEPHALOGRAPHY 0 0 0 0 0 103 70.00 71.00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0 0 0 0 0 0 71.00 72.00 07200 IMPL. DEV. CHARGED TO PATI ENTS 0 0 0 0 0 0 0 73.01 07301 DRUGS CHARGED TO PATI ENTS 0 0 0 0 0 0 0 73.01 07301 RETAI L PHARMACY 0 0 0 0 0 487 73.01 74.00 07400 RENAL DI ALYSIS 0 0 0 1,543 0 0 74.00 75.01 07501 ASC (NON-DISTINCT PART) 0 0 0 0 0 0 75.01 76.01 07501 ASC (NON-DISTINCT PART) 36,068 0 37,584 0 0 75.01 76.01 07502 CARDI AC CATHERI ZATI ON 0 0 0 0 0 0 76.01 03951 OUTPATI ENT WOUND CARE CENTER 0 0 0 0 0 0 0 77.00 07700 ALLOGENEI C HSCT ACQUISITION 0 0 0 0 0 0 0 77.00 09000 CLI NI C 0 0 0 0 0 0 77.00 09000 CLI NI C 0 0 0 0 0 0 78.01 09000 ANTI-COAGULATION CLI NI C 1,240 0 1,291 0 0 0 79.02 09001 ANTI-COAGULATION CENTER 7,586 0 12,691 0 1,638 90.03 79.04 09003 OUTPATI ENT I NFUSION CENTER 0 0 592 0 63 90.04 79.05 09000 OSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 79.07 09001 OSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 79.01 09201 OBSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 79.02 09200 OSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 70 07HER REIMBURSABLE COST CENTERS 9.0000 00000 000000 00000000000			0	Ō				
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 0 0 0 0 0 0 71. 00 72. 00 73. 00 73. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 73. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 73. 00 73. 01 73. 01 73. 01 73. 01 74. 00 07400 RENAL DIALYSIS 0 0 0 0 0 0 74. 00 74. 00 75. 00 75. 00 75. 01 7		I I	0	0				69. 00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 0 0 0 0 0 0 72. 00 73. 00 73. 00 07300 DRUGS CHARGED TO PATIENTS 0 0 0 0 0 0 0 73. 00 0 0 0 0 0 0 0 0 0	70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	C	0	103	70. 00
73. 00			0	0	C	0		
73. 01 07301 RETAIL PHARMACY 74. 00 07400 RENAL DIALYSIS 75. 00 07500 ASC (NON-DISTINCT PART) 76. 00 07501 ASC (NON-DISTINCT PART) 76. 00 03950 CARDI AC CATHERIZATION 76. 01 03951 OUTPATIENT WOUND CARE CENTER 77. 00 07607 CARDI AC REHABILITATION 77. 00 07700 ALLOGENEIC HSCT ACQUISITION 78. 01 09000 CLINIC 79. 00 09000 CLINIC 79. 00 09000 CLINIC 79. 00 09000 ARNETT CANCER CENTER 79. 00 09001 ANTICOAGULATION CLINIC 79. 00 09001 ARNETT CANCER CARE CENTER 79. 00 09000 BERRYATION BEDS (NON-DISTINCT PART) 79. 00 09000 OUTPATIENT INFUSION CENTER 79. 00 09001 ANTICOAGULATION CLINIC 79. 00 09001 OUTPATIENT INFUSION CENTER 79. 00 09002 OUTPATIENT INFUSION CENTER 99. 00 09003 OUTPATIENT INFUSION CENTER 99. 00 09000 OUTPATIENT INFUSION CENTER 99. 00 09200 OUTPATIENT SERVICES 90 00 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0	0	0	0		
74. 00		I I	0	0		0		
75. 00			0	0	1 5/2	0		
75. 01 07501 ASC (NON-DISTINCT PART) 36,068 0 37,584 0 0 75. 01 76. 00 03950 CARDIAC CATHERIZATION 0 0 0 0 0 0 0 76. 00 76. 01 03951 OUTPATIENT WOUND CARE CENTER 0 0 0 0 0 0 0 76. 01 76. 97 07697 CARDIAC REHABILITATION 0 0 0 2,846 0 0 0 76. 97 77. 00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 0 0 0 0 0 77. 00 OUTPATIENT SERVICE COST CENTERS 90. 00 09000 CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	1, 543	0		
76. 00			1	0	37. 584	0		
76. 97 07697 CARDIAC REHABILITATION 0 0 2,846 0 0 0 0 0 0 0 0 0			0	Ō	C	0		
77. 00 07700 ALLOGENEI C HSCT ACQUI SITION 0 0 0 0 0 0 0 0 0	76. 01	03951 OUTPATIENT WOUND CARE CENTER	0	0	C	0	0	
OUTPATIENT SERVICE COST CENTERS OUTPATIENT SERVICE COST CENTERS 90.00	76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	2, 846	0	0	76. 97
90. 00 09000 CLINIC 0 0 0 0 0 0 0 90. 00 90. 00 90. 01 04950 SLEEP CLINIC 0 0 0 3,402 0 0 90. 01 90. 02 90. 03 09001 ANTICOAGULATION CLINIC 1,240 0 1,291 0 0 90. 02 90. 03 09002 ARNETT CANCER CARE CENTER 7,586 0 12,691 0 1,638 90. 03 90. 04 90. 03 00174 ENT INFUSION CENTER 0 0 592 0 63 90. 04 91. 00 92. 00 09100 EMERGENCY 0 0 20,659 0 7,761 91. 00 92. 01 09201 085ERVATION BEDS (NON-DISTINCT PART) 92. 00 09201 085ERVATION BEDS (DISTINCT PART) 0 0 0 0 0 92. 01 93. 00 016ER REI MBURSABLE COST CENTERS	77. 00		0	0	C	0	0	77. 00
90. 01	00.00		1	T .				00.00
90. 02			-	1	2 402	0		
90. 03 09002 ARNETT CANCER CARE CENTER 7,586 0 12,691 0 1,638 90. 03 90. 04 09003 0UTPATIENT INFUSION CENTER 0 0 592 0 63 90. 04 91. 00 09100 EMERGENCY 0 0 20,659 0 7,761 91. 00 92. 01 09201 0BSERVATI ON BEDS (NON-DISTINCT PART) 92. 00 09200 09200 09200 09200 09201 0920			-					
90. 04 09003 OUTPATI ENT INFUSION CENTER 0 0 592 0 63 90. 04 91. 00 09100 EMERGENCY 0 0 20, 659 0 7, 761 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DI STINCT PART) 92. 00 09201 OBSERVATI ON BEDS (DI STINCT PART) 0 0 0 0 0 92. 01 93. 00 04951 OTHER OUTPATI ENT SERVICES 0 0 0 0 0 0 0 93. 00 0 0 0 0 0 0 0 0 0		1 1						
91. 00 09100 EMERGENCY 0 0 20,659 0 7,761 91. 00 92. 00 09200 OBSERVATI ON BEDS (NON-DISTINCT PART) 92. 01 09201 OBSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 92. 01 093. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0 0 0 0 0 0			0	l				
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0 0 0 0 92. 01 93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0 0 0 0THER REIMBURSABLE COST CENTERS 0 0 0 0 0 0 0THER REIMBURSABLE COST CENTERS 0 0 0 0 0 0 0THER REIMBURSABLE COST CENTERS 0 0 0 0 0 0 0 0 0			0	0				
93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0 0 93. 00		09200 OBSERVATION BEDS (NON-DISTINCT PART)						
OTHER REIMBURSABLE COST CENTERS			_	1	l ~	0		
	93. 00		0	0		0	0	93. 00
102. 00 10200 01 1010 TREATINENT FROORANI 0 0 0 0 0 0 102. 00	102.00						0	102.00
	102.00	7 10200 OTTOTO TREATMENT FROOKAM	1 0	1 0	1	ı o	0	102.00

Heal th Finar	ncial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	u of Form CMS-	2552-10
	TION - STATISTICAL BASIS	-	Provi der Co		Peri od:	Worksheet B-1	
					rom 01/01/2022 o 12/31/2022	Date/Time Pre 5/26/2023 10:	
	Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG		CAFETERI A	
		PLANT -	LINEN SERVICE		(PATIENT DAYS)	(FTES)	
		NONHOSPI TAL	(PATIENT DAYS)				
		(SQUARE FEET)	0.00	0.00	10.00	44.00	
CDECI	AL DUDDOCE COCT CENTEDO	7. 01	8. 00	9. 00	10.00	11. 00	
118. 00	AL PURPOSE COST CENTERS	45, 287	54, 334	367, 724	48, 246	74 175	118. 00
	SUBTOTALS (SUM OF LINES 1 through 117) IMBURSABLE COST CENTERS	45, 287	54, 334	307, 724	48, 240	70, 475	1118.00
	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1	0	2, 288		100	190. 00
191. 00 19100		0	0	2, 200			191. 00
	PHYSICIANS' PRIVATE OFFICES	19, 029	0				192.00
	NONPALD WORKERS	0	0		o		193. 00
	RETAIL PHARMACY	0	0	1, 208	ol		193. 01
	WHITE HOSPITAL	964	Ö	3, 400			193. 02
193. 03 19303	HOSPI CE	0	0	C	o	0	193. 03
193. 04 19304	FRANKFORT HOSPITAL	1, 096	0	3, 103	o	819	193. 04
194.00 07950	MARKETING/PUBLIC RELATIONS	0	0	C	o	0	194. 00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202. 00	Cost to be allocated (per Wkst. B, Part I)	1, 028, 377	0	4, 867, 455	2, 884, 746	1, 809, 896	202. 00
203. 00	Unit cost multiplier (Wkst. B, Part I)	15. 493205	0. 000000	12. 886308	59. 792439	23. 092477	203. 00
204. 00	Cost to be allocated (per Wkst. B,	21, 312	0	424, 118	687, 429	479, 352	204. 00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part	0. 321080	0. 000000	1. 122828	14. 248414	6. 116056	205. 00

206. 00

207. 00

206.00

207.00

II)
NAHE adjustment amount to be allocated (per Wkst. B-2)
NAHE unit cost multiplier (Wkst. D, Parts III and IV)

	ALLOCATION - STATISTICAL BASIS	TO TILALITI ARRIL	Provi der CC	CN: 15-0173 P	eri od:	Worksheet B-1	
				FI	rom 01/01/2022	Date/Time Pre	
					12/31/2022	5/26/2023 10:	13 am
	Cost Center Description	NURSI NG	CENTRAL	PHARMACY		SOCIAL SERVICE	
		ADMI NI STRATI ON	SERVICES & SUPPLY	(COSTED REQUIS.)	RECORDS & LI BRARY	(PATIENT DAYS)	
		(FTES)	(COSTED	REQUIS.)	(PATIENT	(PATIENT DATS)	
		(1123)	REQUIS.)		CHARGES)		
		13.00	14. 00	15. 00	16. 00	17. 00	
1 00	GENERAL SERVICE COST CENTERS					Ī	1 00
1. 00 1. 01	00100 CAP REL COSTS-BLDG & FIXT 00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						1. 00 1. 01
1. 02	00102 CAP REL COSTS INTEREST EXPENSE						1. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP						2. 01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01	OO570 ADMI TTI NG OO590 OTHER ADMI NI STRATI VE & GENERAL						5. 01 5. 06
5. 06 7. 00	00700 OPERATION OF PLANT						7.00
7. 01	00701 OPERATION OF PLANT - NONHOSPITAL						7. 01
8.00	00800 LAUNDRY & LINEN SERVICE						8. 00
9.00	00900 HOUSEKEEPI NG						9. 00
10.00	01000 DI ETARY 01100 CAFETERI A						10.00
11. 00 13. 00	01300 NURSING ADMINISTRATION	42, 822					11. 00 13. 00
	01400 CENTRAL SERVICES & SUPPLY	38	30, 532, 362				14. 00
15. 00	01500 PHARMACY	0	58, 599	46, 950, 104			15. 00
16. 00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	1, 794, 034, 951		16. 00
	01700 SOCIAL SERVICE	0	7 (25	0	0	54, 334	•
18.00	01850 PATIENT TRANSPORT SERVICES 02100 I&R SERVICES-SALARY & FRINGES APPRVD		7, 635	0	0	0 0	18. 00 21. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD		0	0	0	0	22. 00
23. 00	02300 PARAMED ED PRGM - PHARMACY	0	O	0	0	0	23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
	03000 ADULTS & PEDIATRICS	18, 343	973, 952	269, 362			ł
31. 00 33. 00	03100 INTENSIVE CARE UNIT 03300 BURN INTENSIVE CARE UNIT	2, 729	214, 221 0	216, 634 0	29, 735, 099 0	3, 830	1
33. 01	03301 BURN INTENSIVE CARE UNIT	l o	o	0	0	Ö	ı
35.00	02060 NEONATAL INTENSIVE CARE UNIT	2, 485	53, 565	24, 471	17, 687, 974	3, 417	
43. 00	04300 NURSERY	648	0	0	4, 192, 368	2, 671	43. 00
50 00	ANCILLARY SERVICE COST CENTERS O5000 OPERATING ROOM	3,073	4, 978, 326	84, 859	174, 771, 498	0	50.00
51. 00	05100 RECOVERY ROOM	1, 041	51, 611	5, 281	14, 190, 942	l	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 359	133, 003		29, 175, 326	l	
53.00	05300 ANESTHESI OLOGY	130	244, 242	62, 908	9, 768, 773	l	ı
53. 01	05301 ASC ANESTHESI OLOGY 05400 RADI OLOGY - DI AGNOSTI C	996	89, 467 1, 592, 342	2, 784 114, 918			
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	Ö	55. 00
56.00	05600 RADI OI SOTOPE	0	2, 229	10, 119	17, 332, 006	0	56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 400	688, 695		64, 112, 168	l	
60.00	06000 LABORATORY 06300 BLOOD STORING, PROCESSING & TRANS.	0	1, 369	0	95, 531, 356		
65.00	06500 RESPIRATORY THERAPY	77	544, 177	0	5, 354, 697 19, 008, 325	0	
66. 00	06600 PHYSI CAL THERAPY	O	3, 181	0	4, 591, 032	l	66.00
67. 00	06700 OCCUPATI ONAL THERAPY	O	2, 526	0	2, 853, 153	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0	3, 413	0	2, 310, 696	l e	68. 00
69.00	06900 ELECTROCARDI OLOGY 07000 ELECTROENCEPHALOGRAPHY	288	4, 746	7, 422 0	42, 076, 358 744, 015	l e	69. 00 70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		9, 164, 563	0	72, 289, 202		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	10, 376, 242	0	137, 881, 446	ł	72. 00
73. 00		0	0	45, 358, 500	263, 234, 876		
73. 01	07301 RETAIL PHARMACY	0	84	46, 112	8, 589, 403	0	73. 01
74. 00 75. 00	07400 RENAL DIALYSIS 07500 ASC (NON-DISTINCT PART)	0	4, 444	1, 103	4, 001, 831	0	74. 00 75. 00
75. 00	07501 ASC (NON-DISTINCT PART)	3, 405	830, 628	93, 587	156, 660, 044	0	75. 00
76.00	03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0	76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	417	15, 740	79	14, 198, 227	0	
76. 97 77. 00	O7697 CARDIAC REHABILITATION O7700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0	
77.00	OUTPATIENT SERVICE COST CENTERS	l U	U	0	0	0	77.00
90.00	09000 CLINI C	0	0	0	0	0	90.00
90. 01	04950 SLEEP CLINIC	0	19, 506	0	5, 518, 801	l	
90. 02	09001 ANTI COAGULATI ON CLI NI C	0	0	0	571, 779	l	
90. 03 90. 04	O9002 ARNETT CANCER CARE CENTER O9003 OUTPATIENT INFUSION CENTER	970	111, 365 475	170, 859 5, 953	34, 786, 529 1, 697, 970	l	
	09100 EMERGENCY	4, 384	359, 226	361, 570	231, 345, 751		1
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		, _20	22., 3, 0	, , , , , , , , , , , , , , , , , , , ,		92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	l e	
93. 00	04951 OTHER OUTPATIENT SERVICES	0	이	0	0	0	93. 00

Health Financial Cyctoms	III UEALTU ADME	TT HOODITAL		المانا	w of Form CMC	2552 10
Health Financial Systems COST ALLOCATION - STATISTICAL BASIS	IU HEALTH ARNE	Provider CC		Period: From 01/01/2022 To 12/31/2022		pared:
Cost Center Description	NURSI NG ADMI NI STRATI ON (FTES)	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.)	PHARMACY (COSTED REQUIS.)	RECORDS & LI BRARY (PATI ENT CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
OTHER REIMBURSABLE COST CENTERS	13. 00	14. 00	15.00	16.00	17. 00	
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	o		ol o	Ι ο	102. 00
SPECIAL PURPOSE COST CENTERS	U	U		0 0		102.00
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	42, 822	30, 529, 572	46, 949, 94	2 1, 794, 034, 951	54. 334	118. 00
NONREI MBURSABLE COST CENTERS	.=, ===	**/***/				
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0 0	0	190. 00
191. 00 19100 RESEARCH	0	o		0 0	0	191. 00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	2, 790	16	2 0		192. 00
193. 00 19300 NONPALD WORKERS	0	0		0 0		193. 00
193. 01 19301 RETAIL PHARMACY	0	0		0 0		193. 01
193. 02 19302 WHI TE HOSPI TAL	0	0		0 0		193. 02
193. 03 19303 HOSPI CE	0	0		0 0	0	193. 03
193. 04 19304 FRANKFORT HOSPI TAL	0	0		0 0	0	193. 04
194.00 07950 MARKETING/PUBLIC RELATIONS	0	0		0	0	194. 00
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B, Part I)	13, 872, 152	16, 104, 764	8, 582, 94	9 0	934, 302	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	323. 949185	0. 527465	0. 18281	0. 000000	17. 195531	203. 00
204.00 Cost to be allocated (per Wkst. B, Part II)	377, 951	1, 704, 987	491, 23	4 0	7, 473	204. 00
205.00 Unit cost multiplier (Wkst. B, Part	8. 826094	0. 055842	0. 01046	0.000000	0. 137538	205. 00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)						206. 00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)						207. 00

	Financial Systems	IU HEALTH ARNE			In Lie	u of Form CMS-2552	10
COST A	LLOCATION - STATISTICAL BASIS		Provi der C		eriod: rom 01/01/2022 o 12/31/2022	Worksheet B-1 Date/Time Prepare	ed:
		1				5/26/2023 10: 13 a	<u>am</u>
		OTHER GENERAL	INTERNS &	RESI DENTS			
	Cost Center Description	SERVI CE PATI ENT	SERVICES_SALAR	SERVI CES-OTHER	PARAMED ED		
	cost center bescriptron	TRANSPORT	Y & FRINGES	PRGM. COSTS	PRGM -		
		SERVI CES	(ASSI GNED	(ASSI GNED	PHARMACY		
		(PATI ENT	TIME)	TIME)	(ASSI GNED		
		CHARGES)	·		TIME)		
	OFNEDAL CERVILOE COCT OFNITERS	18. 00	21. 00	22. 00	23. 00		
1. 00	GENERAL SERVICE COST CENTERS OO100 CAP REL COSTS-BLDG & FIXT					1	. 00
1. 01	00101 CAP REL COSTS-BLDG & FIXT - NONHOSP						. 01
1. 02	00102 CAP REL COSTS INTEREST EXPENSE						. 02
2.00	00200 CAP REL COSTS-MVBLE EQUIP						. 00
2.01	00201 CAP REL COSTS-MVBLE EQUIP - NONHOSP					2.	. 01
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						. 00
5. 01	00570 ADMI TTI NG						. 01
5.06	00590 OTHER ADMINISTRATIVE & GENERAL						. 06
7. 00 7. 01	OO700 OPERATION OF PLANT OO701 OPERATION OF PLANT - NONHOSPITAL						. 00
8. 00	00800 LAUNDRY & LINEN SERVICE						. 00
9. 00	00900 HOUSEKEEPING						. 00
10.00	01000 DI ETARY						. 00
11. 00	01100 CAFETERI A					11.	. 00
13.00	01300 NURSI NG ADMI NI STRATI ON						. 00
14. 00	01400 CENTRAL SERVICES & SUPPLY						. 00
15. 00	01500 PHARMACY						. 00
	01600 MEDICAL RECORDS & LIBRARY						. 00
17. 00	01700 SOCIAL SERVICE 01850 PATIENT TRANSPORT SERVICES	1, 794, 034, 951					. 00
21. 00	02100 I &R SERVI CES-SALARY & FRINGES APPRVD	1, 794, 034, 931	11, 194				. 00
22. 00	02200 I &R SERVI CES-OTHER PRGM. COSTS APPRVD	0	11, 174	11, 194			. 00
	02300 PARAMED ED PRGM - PHARMACY	0			100		. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDI ATRI CS	203, 000, 406	8, 941		0		. 00
31. 00	03100 I NTENSI VE CARE UNI T	29, 735, 099	134	1	0		. 00
33. 00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0		. 00
35. 00	03301 BURN INTENSIVE CARE UNIT 02060 NEONATAL INTENSIVE CARE UNIT	17, 687, 974	531		0		. 01 . 00
43. 00	04300 NURSERY	4, 192, 368	0	1	o		. 00
	ANCILLARY SERVICE COST CENTERS	.,,		-1	-1	1.51	
50.00	05000 OPERATI NG ROOM	174, 771, 498	287		0		. 00
51.00	05100 RECOVERY ROOM	14, 190, 942	0		0		. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	29, 175, 326	868	1	0		. 00
53. 00 53. 01	05300 ANESTHESI OLOGY 05301 ASC ANESTHESI OLOGY	9, 768, 773 5, 140, 615	0	0	0		. 00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	121, 682, 285	0	Ö	o		. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	Ö	Ö	o		. 00
56.00	05600 RADI OI SOTOPE	17, 332, 006	0	О	o	56.	. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	64, 112, 168	0		0	59.	. 00
60.00	06000 LABORATORY	95, 531, 356	0	0	0		. 00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	5, 354, 697	0	0	0		. 00
65. 00	06500 RESPI RATORY THERAPY	19, 008, 325	0	0	0		. 00
66. 00 67. 00	06600 PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	4, 591, 032 2, 853, 153	0	0	0		. 00
68. 00	06800 SPEECH PATHOLOGY	2, 310, 696	0	Ö	0		. 00
69. 00	06900 ELECTROCARDI OLOGY	42, 076, 358	0	Ö	o		. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	744, 015	0	О	o	70.	. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	72, 289, 202	0	0	0		. 00
	07200 IMPL. DEV. CHARGED TO PATIENTS	137, 881, 446	0	0	0		. 00
73. 00	07300 DRUGS CHARGED TO PATIENTS	263, 234, 876	0	0	100		. 00
	07301 RETAIL PHARMACY	8, 589, 403	0	0	0		. 01
74. 00 75. 00	07400 RENAL DI ALYSI S 07500 ASC (NON-DI STI NCT PART)	4, 001, 831	0	0	0		. 00
75. 00	07501 ASC (NON-DISTINCT PART)	156, 660, 044	0		0		. 01
76. 00	03950 CARDI AC CATHERI ZATI ON	0	Ö	Ö	o		. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	14, 198, 227	0	О	o	76.	. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	0	0		. 97
77. 00	07700 ALLOGENEI C HSCT ACQUISITION	0	0	0	0	77.	. 00
00 00	OUTPATIENT SERVICE COST CENTERS	0	0		0		00
90.00	09000 CLI NI C 04950 SLEEP CLI NI C	5, 518, 801	0	0	0		. 00 . 01
90. 01	09001 ANTI COAGULATI ON CLINI C	571, 779	0	0	0		. 02
90. 03	09002 ARNETT CANCER CARE CENTER	34, 786, 529	0	o	o		. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	1, 697, 970	0	0	o		. 04
	09100 EMERGENCY	231, 345, 751	433	433	0		. 00
92.00	O9200 OBSERVATION BEDS (NON-DISTINCT PART) O9201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		. 00 . 01
72. UI	OFZOTO ODSERVATION DEDS (DISTINCT PART)	ı O	0	'I U	ΟĮ	92.	. 01

Health Financial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2552-1	10
COST ALLOCATION - STATISTICAL BASIS		Provi der Co		Peri od:	Worksheet B-1	_
				From 01/01/2022 To 12/31/2022	Date/Time Prepared: 5/26/2023 10:13 am	:
	OTHER GENERAL	INTERNS &	RESI DENTS			
	SERVI CE					
Cost Center Description		SERVI CES-SALAR				
	TRANSPORT	Y & FRINGES	PRGM. COSTS	PRGM -		
	SERVI CES	(ASSI GNED	(ASSI GNED	PHARMACY		
	(PATI ENT	TI ME)	TIME)	(ASSI GNED		
	CHARGES)	04.00	00.00	TIME)		
OO OO O AOSA OTHER OHTRATI SAT OSRAH OSC	18. 00	21.00	22. 00	23. 00	22.0	
93. 00 O4951 OTHER OUTPATIENT SERVICES	0	0		0 0	93. 00	Ю
OTHER REIMBURSABLE COST CENTERS	اء					
102. 00 10200 OPI OI D TREATMENT PROGRAM	0	0		0 0	102. 00	Ю
SPECIAL PURPOSE COST CENTERS	4 704 004 054	44.404	11 10	400	110.00	
118.00 SUBTOTALS (SUM OF LINES 1 through 117)	1, 794, 034, 951	11, 194	11, 19	4 100	118. 00	Ю
NONREI MBURSABLE COST CENTERS		0			100.00	
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 191.00 19100 RESEARCH	0	0			190. 00	
	0	0			191. 00 192. 00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES 193.00 19300 NONPALD WORKERS	0	0			192. 00	
	0	0				
193. 01 19301 RETAIL PHARMACY	0	0			193. 0	
193. 02 19302 WHI TE HOSPI TAL	0	0			193. 0	
193. 03 19303 HOSPI CE	0	0			193. 0	
193. 04 19304 FRANKFORT HOSPITAL 194. 00 07950 MARKETING/PUBLIC RELATIONS	0	0			193. 04 194. 00	
	U	U		7	200. 00	
200.00 Cross Foot Adjustments					200. 00	
201.00 Negative Cost Centers	1 201 202	1 210 020	1 (77 (/	240 212	202.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	1, 291, 202	1, 310, 838	1, 677, 66	9 368, 213		
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 000720	117. 101840	149. 87216	4 3, 682. 130000	203. 00	
204.00 Cost to be allocated (per Wkst. B, Part II)	127, 010	3, 024	46, 23	14, 789	204. 00	00
205.00 Unit cost multiplier (Wkst. B, Part	0. 000071	0. 270145	4. 13033	147. 890000	205. 00	00
206.00 NAHE adjustment amount to be allocated (per Wkst. B-2)				0	206. 00	00
207.00 NAHE unit cost multiplier (Wkst. D, Parts III and IV)				0. 000000	207. 00	Ю

Title XVIII

			Title	XVIII	Hospi tal	PPS	
	·		·		Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj.		Di sal I owance		
		Part I, col.	7.09		D. 50 5		
		26)					
		1.00	2.00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
		0/ 770 00/		0/ 770 00/	ام	0/ 770 00/	20.00
	03000 ADULTS & PEDI ATRI CS	86, 779, 926		86, 779, 926	0	86, 779, 926	
	03100 INTENSIVE CARE UNIT	11, 909, 866		11, 909, 866	0	11, 909, 866	
	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33. 00
	03301 BURN INTENSIVE CARE UNIT	0		0	0	0	33. 01
	02060 NEONATAL INTENSIVE CARE UNIT	6, 988, 919		6, 988, 919	0	6, 988, 919	
	04300 NURSERY	2, 186, 807		2, 186, 807	0	2, 186, 807	43. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20, 455, 972		20, 455, 972	0	20, 455, 972	50.00
51.00	05100 RECOVERY ROOM	2, 783, 117		2, 783, 117	0	2, 783, 117	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	7, 893, 335		7, 893, 335	o	7, 893, 335	52.00
	05300 ANESTHESI OLOGY	8, 681, 395		8, 681, 395	o	8, 681, 395	
	05301 ASC ANESTHESI OLOGY	79, 694		79, 694	o	79, 694	
	05400 RADI OLOGY-DI AGNOSTI C	12, 688, 009	l e	12, 688, 009	o	12, 688, 009	
	05500 RADI OLOGY-THERAPEUTI C	12,000,007		12, 000, 007	0	12, 000, 007	55. 00
	05600 RADI OI SOTOPE	1, 204, 964		1, 204, 964	0	1, 204, 964	1
	05900 CARDI AC CATHETERI ZATI ON	4, 439, 994		4, 439, 994	o	4, 439, 994	
			l .		0		
	06000 LABORATORY	15, 967, 660		15, 967, 660		15, 967, 660	
	06300 BLOOD STORING, PROCESSING & TRANS.	1, 106, 953		1, 106, 953	0	1, 106, 953	
	06500 RESPI RATORY THERAPY	5, 024, 175	l		0	5, 024, 175	1
	06600 PHYSI CAL THERAPY	1, 438, 639	l .		0	1, 438, 639	1
	06700 OCCUPATI ONAL THERAPY	1, 113, 541	0		0	1, 113, 541	67. 00
68. 00	06800 SPEECH PATHOLOGY	602, 699	0	602, 699	0	602, 699	68. 00
69. 00	06900 ELECTROCARDI OLOGY	4, 127, 057		4, 127, 057	0	4, 127, 057	69. 00
70. 00	07000 ELECTROENCEPHALOGRAPHY	129, 185		129, 185	0	129, 185	70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15, 845, 338		15, 845, 338	o	15, 845, 338	71.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	18, 008, 580		18, 008, 580	o	18, 008, 580	72. 00
	07300 DRUGS CHARGED TO PATIENTS	63, 060, 954		63, 060, 954	0	63, 060, 954	
	07301 RETAIL PHARMACY	9, 367, 216		9, 367, 216	0	9, 367, 216	1
	07400 RENAL DI ALYSI S	1, 449, 335		1, 449, 335	0	1, 449, 335	
	07500 ASC (NON-DISTINCT PART)	1, 117, 000		1, 117, 000	0	0	75. 00
	07501 ASC (NON-DISTINCT PART)	10, 459, 982		10, 459, 982	0	10, 459, 982	
	03950 CARDI AC CATHERI ZATI ON	10, 437, 702		10, 439, 902	0	10, 439, 982	76. 00
		1 557 1/0		1 557 140	0	-	
	03951 OUTPATIENT WOUND CARE CENTER	1, 557, 160		1, 557, 160		1, 557, 160	
	07697 CARDI AC REHABI LI TATI ON	36, 674		36, 674	0	36, 674	
	07700 ALLOGENEI C HSCT ACQUI SI TI ON	0		0	0	0	77. 00
	OUTPATIENT SERVICE COST CENTERS		Г	Г			
	09000 CLI NI C	0		0	0	0	90. 00
	04950 SLEEP CLINIC	1, 015, 708		1, 015, 708		1, 015, 708	
	09001 ANTI COAGULATI ON CLI NI C	948, 477		948, 477	0	948, 477	90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	3, 184, 942		3, 184, 942	0	3, 184, 942	90. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	114, 070		114, 070	0	114, 070	90. 04
91. 00	09100 EMERGENCY	23, 528, 075		23, 528, 075	0	23, 528, 075	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9, 500, 804		9, 500, 804		9, 500, 804	
	09201 OBSERVATION BEDS (DISTINCT PART)	0		0	o	0	92. 01
	04951 OTHER OUTPATIENT SERVICES	0		0	0	0	l
	OTHER REIMBURSABLE COST CENTERS			·	<u> </u>		70.00
	10200 OPI OI D TREATMENT PROGRAM	0		0	I	0	102. 00
200.00	Subtotal (see instructions)	353, 679, 222	l		0	353, 679, 222	
200.00		9, 500, 804		9, 500, 804	١	9, 500, 804	
4	l e e e e e e e e e e e e e e e e e e e		l e		0		
202. 00	Total (see instructions)	344, 178, 418	l 0	344, 178, 418	ı y	344, 178, 418	J2U2. UU

Provider CCN: 15-0173 Peri od: Worksheet C From 01/01/2022 Part I To 12/31/2022 Date/Ti me Prepared: 5/26/2023 10:13 am

					10 12/31/2022	5/26/2023 10:	
			Title	XVIII	Hospi tal	PPS	
			Charges				
	Cost Center Description	Inpatient	Outpati ent	Total (col	6 Cost or Other	TEFRA	
	oost denter beschiptron	Impactiont	outputiont	+ col . 7)	Ratio	Inpati ent	
				1 001. 7)	Ratio	Ratio	
		6. 00	7. 00	8. 00	9. 00	10. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
30. 00		175 540 050		175 5/0 05	· ol		30.00
	03000 ADULTS & PEDI ATRI CS	175, 568, 059		175, 568, 05			1
31.00	03100 I NTENSI VE CARE UNI T	29, 735, 099		29, 735, 09			31.00
33. 00	03300 BURN INTENSIVE CARE UNIT	0			0		33. 00
33. 01	03301 BURN INTENSIVE CARE UNIT	0			0		33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	17, 687, 974		17, 687, 97			35. 00
43.00	04300 NURSERY	4, 192, 368		4, 192, 36	08		43. 00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	63, 715, 333	111, 056, 165	174, 771, 49	0. 117044	0. 000000	50. 00
51.00	05100 RECOVERY ROOM	5, 072, 763	9, 118, 179	14, 190, 94	0. 196119	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	27, 166, 514	2, 008, 812	29, 175, 32	0. 270548	0.000000	52.00
53.00	05300 ANESTHESI OLOGY	3, 918, 460	5, 850, 313	9, 768, 77	0. 888688	0.000000	53. 00
53. 01	05301 ASC ANESTHESI OLOGY	2, 639	5, 137, 976	5, 140, 6°	0. 015503	0.000000	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	49, 200, 873	72, 481, 412		0. 104272	0. 000000	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0		0.000000	0. 000000	
56. 00	05600 RADI OI SOTOPE	2, 176, 285	15, 155, 721	17, 332, 00		0. 000000	
59. 00	05900 CARDI AC CATHETERI ZATI ON	29, 128, 522	34, 983, 646			0. 000000	
60.00	06000 LABORATORY	37, 221, 068	58, 310, 288			0. 000000	
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	4, 225, 713	1, 128, 984			0. 000000	
65. 00	06500 RESPI RATORY THERAPY	18, 001, 712	1, 006, 613			0.000000	
66.00	06600 PHYSI CAL THERAPY	3, 924, 273	666, 759			0.000000	
67. 00	06700 OCCUPATIONAL THERAPY	2, 451, 767	401, 386			0. 000000	
68. 00	06800 SPEECH PATHOLOGY	2, 095, 746	214, 950			0. 000000	
69. 00	06900 ELECTROCARDI OLOGY	22, 431, 198	19, 645, 160			0. 000000	
70. 00	07000 ELECTROENCEPHALOGRAPHY	569, 337	174, 678			0. 000000	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	30, 475, 209	41, 813, 993			0. 000000	1
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	57, 064, 187	80, 817, 259	137, 881, 44	0. 130609	0. 000000	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	69, 479, 688	193, 755, 188	263, 234, 87	0. 239562	0.000000	73.00
73. 01	07301 RETAIL PHARMACY	0	8, 589, 403	8, 589, 40	1. 090555	0.000000	73. 01
74.00	07400 RENAL DI ALYSI S	3, 835, 444	166, 387	4, 001, 83	0. 362168	0.000000	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		0.000000	0. 000000	75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	122, 112	156, 537, 932	156, 660, 04	0. 066769	0. 000000	75. 01
76. 00	03950 CARDI AC CATHERI ZATI ON	, 0	0		0.000000	0. 000000	
76. 01	03951 OUTPATIENT WOUND CARE CENTER	128, 627	14, 069, 600	14, 198, 22		0. 000000	
76. 97	07697 CARDI AC REHABI LI TATI ON	120, 027	11,007,000	1	0.000000	0. 000000	
77. 00	07700 ALLOGENEIC HSCT ACQUISITION		0		0.000000	0. 000000	
77.00	OUTPATIENT SERVICE COST CENTERS	<u> </u>		I	0. 000000	0.000000	77.00
90. 00	09000 CLINIC		0		0.000000	0. 000000	90.00
90. 00	04950 SLEEP CLINIC	0	5, 518, 801			0. 000000	
		-					
90. 02	09001 ANTI COAGULATI ON CLINI C	1, 449	570, 330			0.000000	
90. 03	09002 ARNETT CANCER CARE CENTER	164, 960	34, 621, 569			0. 000000	
90. 04	09003 OUTPATIENT INFUSION CENTER	2, 775	1, 695, 195			0. 000000	
91. 00	09100 EMERGENCY	54, 782, 292	176, 563, 459			0. 000000	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	581, 074	26, 851, 272			0. 000000	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0		0. 000000	0. 000000	
93.00	04951 OTHER OUTPATIENT SERVICES	0	0		0.000000	0. 000000	93. 00
	OTHER REIMBURSABLE COST CENTERS						
102.00	10200 OPIOID TREATMENT PROGRAM	0	0		0		102. 00
200.00	Subtotal (see instructions)	715, 123, 520	1, 078, 911, 430	1, 794, 034, 95	50		200. 00
201.00	Less Observation Beds						201. 00
202.00	Total (see instructions)	715, 123, 520	1, 078, 911, 430	1, 794, 034, 95	50		202. 00
				•	•	•	•

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10 Peri od: Worksheet C From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/26/2023 10:13 am Provider CCN: 15-0173

		T: 11 \0.0111		5/26/2023 10:	13 am_
	DDG	Title XVIII	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS					_
30. 00 03000 ADULTS & PEDI ATRI CS					30.00
31.00 03100 INTENSIVE CARE UNIT					31. 00
33.00 03300 BURN INTENSIVE CARE UNIT					33. 00
33.01 03301 BURN INTENSIVE CARE UNIT					33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT					35. 00
43. 00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS					
50. 00 05000 OPERATING ROOM	0. 117044				50.00
51. 00 05100 RECOVERY ROOM	0. 196119				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 270548				52. 00
53. 00 05300 ANESTHESI OLOGY	0. 888688				53. 00
53. 01 05301 ASC ANESTHESI OLOGY	0. 015503				53. 01
54. 00 05400 RADI OLOGY - DI AGNOSTI C	0. 104272				54. 00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000				55. 00
56. 00 05600 RADI 01 SOTOPE					56. 00
	0. 069522				•
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 069254				59. 00
60. 00 06000 LABORATORY	0. 167146				60.00
63. 00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 206726				63. 00
65. 00 06500 RESPI RATORY THERAPY	0. 264314				65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 313359				66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 390284				67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 260830				68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 098085				69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 173632				70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 219194				71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 130609				72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 239562				73. 00
73. 01 07301 RETAIL PHARMACY	1. 090555				73. 01
74. 00 07400 RENAL DI ALYSI S	0. 362168				74. 00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000				75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	0. 066769				75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0. 000000				76. 00
76. 01 03951 OUTPATIENT WOUND CARE CENTER	0. 109673				76. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000				76. 97
77. 00 07700 ALLOGENEI C HSCT ACQUI SI TI ON	0. 000000				77. 00
OUTPATIENT SERVICE COST CENTERS	0.000000				1 //. 00
90. 00 09000 CLINIC	0. 000000				90.00
90. 00 09000 CLINI C 90. 01 04950 SLEEP CLINI C	1				90.00
	0. 184045				
	1. 658817				90. 02
90. 03 09002 ARNETT CANCER CARE CENTER	0. 091557				90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	0. 067180				90. 04
91. 00 09100 EMERGENCY	0. 101701				91.00
92. 00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0. 346336				92. 00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000				92. 01
93. 00 O4951 OTHER OUTPATIENT SERVICES	0. 000000				93. 00
OTHER REIMBURSABLE COST CENTERS					
102.00 10200 OPIOID TREATMENT PROGRAM					102. 00
200.00 Subtotal (see instructions)					200. 00
201.00 Less Observation Beds					201. 00
202.00 Total (see instructions)					202. 00
	. '				•

| Period: | Worksheet C | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: | 5/26/2023 10:13 am

						5/26/2023 10:	13 am
			Ti tl	e XIX	Hospi tal	PPS	
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst. B,	Adj .		Di sal I owance		
		Part I, col.	, .a.j .		Di dai i diidiido		
		26)					
		1.00	2.00	3. 00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	1.00	2.00	3.00	4.00	3.00	
30. 00		86, 779, 926		86, 779, 92	0	86, 779, 926	30.00
	03000 ADULTS & PEDIATRICS	1 ' '					
31. 00	03100 INTENSIVE CARE UNIT	11, 909, 866		11, 909, 86			
33. 00	03300 BURN INTENSIVE CARE UNIT	0			0		33. 00
33. 01	03301 BURN INTENSIVE CARE UNIT	0			0		33. 01
35. 00	02060 NEONATAL INTENSIVE CARE UNIT	6, 988, 919		6, 988, 91	9 0	6, 988, 919	35. 00
43.00	04300 NURSERY	2, 186, 807		2, 186, 80	0 0	2, 186, 807	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	20, 455, 972		20, 455, 97	2 0	20, 455, 972	50. 00
51.00	05100 RECOVERY ROOM	2, 783, 117		2, 783, 1			51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	7, 893, 335		7, 893, 33			
53. 00	05300 ANESTHESI OLOGY	8, 681, 395		8, 681, 39			
53. 00	05301 ASC ANESTHESI OLOGY	79, 694		79, 69			1
54.00	05400 RADI OLOGY - DI AGNOSTI C	12, 688, 009		12, 688, 00		,	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0			0		55. 00
56.00	05600 RADI 0I SOTOPE	1, 204, 964		1, 204, 96			56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	4, 439, 994		4, 439, 99			59. 00
60.00	06000 LABORATORY	15, 967, 660		15, 967, 66	0 0	15, 967, 660	60. 00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1, 106, 953		1, 106, 95	3 0	1, 106, 953	63. 00
65.00	06500 RESPI RATORY THERAPY	5, 024, 175	0				
66. 00	06600 PHYSI CAL THERAPY	1, 438, 639	0				1
67. 00	06700 OCCUPATI ONAL THERAPY	1, 113, 541	Ö			,	67. 00
68. 00	06800 SPEECH PATHOLOGY	602, 699		602, 69			68. 00
69. 00	06900 ELECTROCARDI OLOGY	4, 127, 057		4, 127, 05			
70. 00							
	07000 ELECTROENCEPHALOGRAPHY	129, 185		129, 18			
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15, 845, 338		15, 845, 33			
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	18, 008, 580		18, 008, 58			
73.00	07300 DRUGS CHARGED TO PATIENTS	63, 060, 954		63, 060, 95			
73. 01	07301 RETAIL PHARMACY	9, 367, 216		9, 367, 21	6 0	9, 367, 216	73. 01
74.00	07400 RENAL DIALYSIS	1, 449, 335		1, 449, 33	5 0	1, 449, 335	74. 00
75.00	07500 ASC (NON-DISTINCT PART)	0			0 0	0	75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	10, 459, 982		10, 459, 98	2 0	10, 459, 982	75. 01
76. 00	03950 CARDI AC CATHERI ZATI ON	0			0 0		76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	1, 557, 160		1, 557, 16			
76. 97	07697 CARDI AC REHABI LI TATI ON	36, 674		36, 67			76. 97
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0 0		30, 0	0 0		
77.00	OUTPATIENT SERVICE COST CENTERS				0 0	l 0	77.00
00 00				I	0 0	0	00.00
90.00	09000 CLINIC	0			0 0	•	
90. 01	04950 SLEEP CLINIC	1, 015, 708		1, 015, 70			
90. 02	09001 ANTI COAGULATION CLINIC	948, 477		948, 47			90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	3, 184, 942		3, 184, 94	2 0	3, 184, 942	
90.04	09003 OUTPATIENT INFUSION CENTER	114, 070		114, 07	0	114, 070	90. 04
91.00	09100 EMERGENCY	23, 528, 075		23, 528, 07	5 0	23, 528, 075	91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9, 500, 804		9, 500, 80	4	9, 500, 804	92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0			0 0	1	92. 01
93. 00	04951 OTHER OUTPATIENT SERVICES	0			0 0	0	93. 00
70.00	OTHER REIMBURSABLE COST CENTERS	·			<u> </u>		1 .0.00
102.00	10200 OPIOID TREATMENT PROGRAM	0		1	0	0	102. 00
200.00		353, 679, 222		353, 679, 22		l e	
200.00		9, 500, 804	١	9, 500, 80		9, 500, 804	
	1 1	1 ' '	,				
202.00	Total (see instructions)	344, 178, 418	0	344, 178, 4	8 0	344, 178, 418	J2U2. UU

Provider CCN: 15-0173 Peri od: Worksheet C From 01/01/2022 Part I To 12/31/2022 Date/Ti me Prepared: 5/26/2023 10:13 am

Title XIX Hospitul PFS Hospitul PFS Hospitul PFS Hospitul PFS Hospitul PFS Hospitul						10 12/31/2022	5/26/2023 10:	
Inpati ent Outpati ent Outpati ent Total (col. o cost or other Ratio national Inpati ent Ratio				Titl	e XIX	Hospi tal		
INPATIENT ROUTINE SERVICE COST CENTERS				Charges		·		
NPATIENT ROUTI NE SERVICE COST CENTERS 175, 568, 059 9,00 10,00 30,0		Cost Center Description	I npati ent	Outpati ent	Total (col.	6 Cost or Other	TEFRA	
INPATIENT ROUTINE SERVICE COST CENTERS 175, 568, 059 175, 568, 059 31.00 30.		•	'	'			Inpati ent	
INPATIENT ROUTINE SERVICE COST CENTERS 175, 568, 059 175, 568, 059 31.00 30.					ĺ			
0.000 0.3000 ADULTS & PEDIATRICS 175, 568, 059 175, 568, 059 29, 735, 099 31, 00 330 01, 00300 UNTENSIVE CARE UNIT 29, 735, 099 31, 00 330 0330 UNRAIN INTENSIVE CARE UNIT 0			6.00	7. 00	8. 00	9. 00		
31.00 03100 INTENSIVE CARE UNIT 29,735,099 29,735,099 33.00 330 0300 BURN INTENSIVE CARE UNIT 0 0 33.30 0330 BURN INTENSIVE CARE UNIT 17,687,974 17,687,974 35.00 0200 (ROMATAL INTENSIVE CARE UNIT 1,687,974 17,687,974 35.00 0300 (ROMATAL INTENSIVE CARE UNIT 1,7697,974 17,768,974 17,771,498 0.00000 50.00 0500 (ROMATAL INTENSIVE CARE UNIT 1,7697,974 17,4771,498 0.00000 50.00 0500 (ROMATAL INTENSIVE CARE UNIT 1,7697,774 1,4190,942 0.196119 0.000000 51.00 51	I	NPATIENT ROUTINE SERVICE COST CENTERS						
33.00	30.00	03000 ADULTS & PEDIATRICS	175, 568, 059		175, 568, 05	59		30.00
33.00	31.00	D3100 INTENSIVE CARE UNIT	29, 735, 099		29, 735, 09	9		31.00
33. 01 03201 BURN INTERSIVE CARE UNIT 17, 687, 974 17, 687, 974 17, 687, 974 33. 01 30. 01 30. 00 30. 00 050000 050000 050000 050000 050000 050000 050000 050000 050000 050000 0500000 0500000 05000000 0500000 05000000 05000000 0500000000	33.00	03300 BURN INTENSIVE CARE UNIT	0			0		33. 00
35. 00			o			0		1
A3. 00 04300 NURSERY A 192,368 A 192,368 A 102,368 A 102,			17, 687, 974		17, 687, 97	4		35. 00
MOLILLARY SERVICE COST CENTERS								1
50.00 05000 0FEATH INC ROOM 63,715,333 111,056,165 174,771,490 0.117044 0.00000 50.00 50.00 50.00 05200 0FEUVERY ROOM 27,166,514 2.008,812 29,175,326 0.270548 0.00000 52.00 53.00 05300 0FEUVERY ROOM 27,166,514 2.008,812 29,175,326 0.270548 0.00000 53.00 53.00 05300 ARSTHESI OLGGY 3.918,460 5.650,313 97,6773 0.888688 0.000000 53.00 0.5300 ARSTHESI OLGGY 2,639 5,137,976 5,140,615 0.015503 0.000000 53.00 0.5500 0			1, 112, 223		.,=,			1
51 00 05100 RECOVERY ROOM LABOR ROOM 25, 072, 763 9, 118, 179 14, 190, 942 0. 196119 0. 000000 52, 00 53, 00 05300 DELIVERY ROOM & LABOR ROOM 27, 166, 514 0. 05400 52, 00 53, 00 05300 ANESTHESI OLOGY 2, 639 5, 137, 976 14, 190, 942 0. 196119 0. 000000 53, 00 53, 00 05301 05300 05500			63, 715, 333	111, 056, 165	174, 771, 49	0. 117044	0.000000	50.00
52.00 05200 DELLUREY ROOM & LABOR ROOM 27, 166, 514 2, 008, B12 29, 175, 326 0, 270548 0, 000000 53, 00 53, 00 05300 ARST-HESI DLOGY 2, 039 5, 137, 976 5, 140, 615 0, 015503 0, 000000 53, 00 54, 00 540 00 0, 00000 0, 000000 54, 00 0, 000000 0, 000000 54, 00 0, 000000 0, 000000 54, 00 0, 000000 0, 000000 54, 00 0, 000000 0, 000000 54, 00 0, 000000 0, 000000 54, 00 0, 000000 0, 000000 54, 00 0, 000000 0, 000000 54, 00 0, 000000 0, 000000 54, 00 0, 000000			1					1
1.00								
53.01 05301 ASC AMESTHESI OLOGY 2, 639 5, 137, 976 5, 140, 615 0, 015503 0, 000000 53.01								1
54 00 05400 RADI OLOCY-DI AGNOSTIC 49, 200, 873 72, 481, 412 121, 682, 285 0. 104272 0. 000000 55. 00 05500 RADI OLOCY-THERAPEUTIC 0 0 0. 00000000			1					
55.00 05500 RADIO LOGY-THERAPEUTIC 0 0 0 0 0 0 0 0 0			· · · · ·					1
56. 00 05600 RADIO I SOTOPE 2, 176, 285 15, 155, 721 17, 332, 006 0.069525 0.000000 56. 00			0	,2, .0.,2	12.7002720			1
59.00 05900 CARDI AC CATHETERI ZATION 29.128, 522 34, 983, 646 64, 112, 168 0.069254 0.000000 59.00 0.00000 0.0000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.0000000 0.000000 0.0000000 0.000000 0.000000 0.000000 0.000000 0.000000 0.000000			2 176 285	15 155 721	17 332 00			
60.00 06000 LABORATORY 37, 221, 068 58, 310, 288 95, 531, 356 0, 167146 0, 000000 63, 00 63, 00 6300 06500 STORI NC, PROCESSING & TRANS. 4, 225, 713 1, 128 45, 334, 697 0, 206726 0, 000000 63, 00 65, 00 06600 06600 PHYSI CAL THERAPY 3, 924, 273 666, 759 4, 591, 032 0, 313359 0, 000000 65, 00 067, 00 06700 0000000 0000000 07, 00 0700 0000000 07, 00 0700 0000000 07, 00 0700 00000000 07, 00 07,								
63.00 06300 RESPIRATORY THERAPY 18,001,712 1,006,613 19,008,325 0.264314 0.000000 65.00 65.00 06500 RESPIRATORY THERAPY 18,001,712 1,006,613 19,008,325 0.264314 0.000000 65.00 66.00 06600 PHYSI CAL THERAPY 3,924,273 666,759 4,591,032 0.313359 0.000000 66.00 06600 PHYSI CAL THERAPY 2,451,767 401,386 2,853,153 0.390284 0.000000 66.00 06600 SPECEN PATHOLOGY 2,451,767 401,386 2,853,153 0.390284 0.000000 68.00 06800 SPECEN PATHOLOGY 2,431,198 19,645,160 42,076,358 0.98085 0.000000 69.00 0.000000 0.0								
65.00 065000 065000 065000 065000 065000 065000 065000 06500								
66.00 06600 PHYSICAL THERAPY 3, 924, 273 666, 759 4, 591, 032 0.313359 0.000000 66. 00 67. 00 06700 0CCUPATIONAL THERAPY 2, 451, 767 401, 386 2, 853, 153 0.390284 0.000000 67. 00 68. 00 06800 SPEECH PATHOLOGY 2, 451, 767 401, 386 2, 853, 153 0.390284 0.000000 67. 00 69. 00 06900 ELECTROCARDIOLOGY 22, 431, 198 19, 645, 160 42, 076, 358 0.098085 0.000000 69. 00 71. 00 07000 ELECTROCREPHALOGRAPHY 569, 337 174, 678 744, 015 0.173632 0.000000 70. 00 71. 00 07000 ELECTROCREPHALOGRAPHY 569, 337 174, 678 744, 015 0.173632 0.000000 70. 00 71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 57, 064, 187 80, 817, 259 137, 881, 446 0.130609 0.000000 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 69, 479, 688 193, 755, 188 263, 234, 876 0.239562 0.000000 73. 01 73. 01 07301 RETAI L PHARMACY 0 8, 589, 403 8, 589, 403 1.090555 0.000000 73. 01 75. 01 07501 ASC (NON-DI STI NCT PART) 0 0 0.000000 0.000000 75. 01 75. 01 07501 ASC (NON-DI STI NCT PART) 0 0 0.000000 0.000000 75. 01 76. 01 03950 CARDI AC CATHERI ZATI ON 0 0 0.000000 0.000000 76. 00 77. 00 0700 ALLOGENEI C HISCT ACQUI STI TON 0 0 0.000000 0.000000 76. 00 77. 00 0700 ALLOGENEI C HISCT ACQUI STI TON 0 0 0.000000 0.000000 0.000000 76. 00 77. 00 0700 ALLOGENEI C HISCT ACQUI STI NCT PART) 0 0 0 0.000000 0.000000 0.000000 76. 00 77. 00 0700 0700 ALLOGENEI C HISCT ACQUI STI NCT PART) 0 0 0.000000 0.000000 0.000000 76. 00 77. 00 0700 0								
67:00 06700 05CUPATIONAL THERAPY 2, 451,767 401,386 2, 853,153 0, 390284 0,000000 67. 00 06800 SPEECH PATHOLOGY 2, 095,746 214,950 2, 310,696 0, 260830 0,000000 68. 00 06900 ELECTROCARDI OLOGY 22, 431,198 19, 645,160 42,076,358 0,098085 0,000000 69. 00 0,0000000 0,0000000 0,000000 0,000000 0,0000000 0,0000000 0								
68.00 06800 SPECH PATHOLOGY 2, 095, 746 214, 950 2, 310, 696 0. 260830 0. 000000 68.00 69.00 06900 ELECTROCARDIOLOGY 22, 431, 198 19, 645, 160 42, 076, 358 0. 098085 0. 000000 70. 00 710.00 07000 ELECTROENCEPHALOGRAPHY 569, 337 174, 678 744, 015 0. 173632 0. 000000 71. 00 710.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 57, 064, 187 80, 817, 259 137, 881, 446 0. 130609 0. 000000 72. 00 73.00 07300 DRUGS CHARGED TO PATIENTS 69, 479, 688 193, 755, 188 263, 234, 876 0. 239562 0. 000000 73. 00 73.01 07301 RETAIL PHARMACY 0 8, 589, 403 8, 589, 403 1. 090555 0. 000000 73. 01 74.00 07400 RENAL DIALYSIS 3, 835, 444 166, 87 4, 001, 831 0. 362168 0. 000000 75. 00 75.01 07501 ASC (NON-DISTINCT PART) 122, 112 156, 537, 932 156, 660, 044 0. 066769 0. 000000 76. 01 76.00 03950 CARDIA C CATHERI ZATION 0 0 0 0. 000000 0. 000000 76. 01 76.01 03951 0UTPATIENT WOUND CARE CENTER 128, 627 14, 069, 600 14, 198, 227 0. 109673 0. 000000 77. 00 77.00 07000 CLICATION 0 0 0. 000000 0. 000000 77. 00 77.00 07000 CLICATION 0 0 0. 000000 0. 000000 77. 00 77.00 07000 CLICATION 0 0 0. 000000 0. 000000 77. 00 77.00 07000 AUTPATIENT WOUND CARE CENTER 128, 627 14, 069, 600 14, 198, 227 0. 109673 0. 000000 77. 00 77.00 07000 CLICATION 0. 0 0 0. 000000 0. 000000 77. 00 77.00 07000 CLINIC 0 0 0 0. 000000 0. 000000 77. 00 77.00 07000 0. 000000 0								1
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70. 00 07000 ELECTROENCEPHALOGRAPHY 5.69, 337 1.74, 678 7.44, 015 0.173632 0.000000 70.00 71.00 71.00 MEDI CAL SUPPLIES CHARGED TO PATIENTS 57, 064, 187 80, 817, 259 137, 881, 446 0.130609 0.000000 71.00 71.00 72.00 1MPL DEV. CHARGED TO PATIENTS 57, 064, 187 80, 817, 259 137, 881, 446 0.130609 0.000000 72.00 73.00 73.01 73.0								
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS 30, 475, 209 41, 813, 993 72, 289, 202 0. 219194 0. 000000 71. 00 72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS 57, 664, 187 80, 817, 259 137, 881, 446 0. 130609 0. 000000 72. 00 73. 00			I I					1
72. 00 07200 IMPL DEV. CHARGED TO PATIENTS 57, 064, 187 80, 817, 259 137, 881, 446 0. 130609 0. 000000 72. 00 73. 00 74. 00 0.00000 RENAL DI ALYSIS 3, 835, 444 166, 387 4, 001, 831 0. 362168 0. 000000 75. 00 75. 00 0. 000000 0. 000000 75. 00 75. 01 0.000000 0. 000000 0. 000000 75. 01 0.000000 0. 000000 75. 01 0.000000 0. 000000 75. 01 0.000000 0. 000000 75. 01 0.000000 0. 000000 75. 01 0.000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 75. 00 76. 00 0. 000000 0. 000000 76. 00 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000 0. 000000								
73. 00 07300 DRUGS CHARGED TO PATIENTS 69, 479, 688 193, 755, 188 263, 234, 876 0. 239562 0. 000000 73. 00 73. 01 73.								1
73. 01 07301 RETAI L PHARMACY 0 8, 589, 403 8, 589, 403 1. 090555 0. 0000000 73. 01 74. 00 0.000000 0.000000 74. 00 0.000000 0.000000 75. 00 0.000000 0.000000 0.000000 75. 00 0.000000 0.000000 0.000000 75. 00 0.0000000 0.0000000 0.0000000 0.00000000			· · · · · · · · · · · · · · · · · · ·					1
74. 00 07400 RENAL DI ALYSI S 75. 01 07500 ASC (NON-DI STINCT PART) 76. 01 07501 ASC (NON-DI STINCT PART) 77. 01 07501 ASC (NON-DI STINCT PART) 78. 01 07501 ASC (NON-DI STINCT PART) 79. 01 07501 ASC (NON-DI STINCT PART) 79. 01 07501 ASC (NON-DI STINCT PART) 79. 00 03950 CARDI AC CATHERIZATION 79. 01 03951 OUTPATI ENT WOUND CARE CENTER 79. 01 07507 CARDI AC REHABILITATION 79. 02 07700 ALLOGENEIC HSCT ACQUI SITION 79. 00 07700 ALLOGENEIC HSCT ACQUI SITION 79. 01 07700 ALLOGENEIC COST CENTERS 79. 00 09000 CLINIC 79. 01 04950 SLEEP CLINIC 79. 02 09001 ANTI COAGULATION CLINIC 79. 03 09002 ARNETT CANCER CARE CENTER 79. 04 09003 OUTPATI ENT INFUSION CENTER 79. 04 09003 OUTPATI ENT INFUSION CENTER 79. 05 09003 OUTPATI ENT INFUSION CENTER 79. 00 09000 OUTPATI ENT OUTPATI ENT SERVICE COST CENTER 79. 00 09000 OUTPATI ENT OUTPATI ENT SERVICE 79. 00 09000 OUTPATI ENT OUTPATI ENT SERVICE 79. 00 09000 OUTPATI ENT OUTPATI ENT SERVICE 79. 00 09000 OUTPATI ENT SERVICES 79. 00 09000 OUTPATI ENT SERVICES 79. 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			09, 479, 088					
75. 00 07500 ASC (NON-DISTINCT PART) 0 0 0 0.000000 75. 00 75. 01 07501 ASC (NON-DISTINCT PART) 122,112 156,537,932 156,660,044 0.066769 0.000000 75. 01 76. 00 03950 CARDIAC CATHERIZATION 0 0 0 0.000000 0.000000 76. 01 76. 01 03951 OUTPATIENT WOUND CARE CENTER 128,627 14,069,600 14,198,227 0.109673 0.000000 76. 01 76. 97 07697 CARDIAC REHABILITATION 0 0 0 0.000000 0.000000 77. 00 0.000000 0.			2 025 444					
75. 01 07501 ASC (NON-DISTINCT PART) 76. 00 03950 CARDIAC CATHERIZATION 76. 01 03950 CARDIAC CATHERIZATION 76. 01 03951 OUTPATIENT WOUND CARE CENTER 76. 97 07697 CARDIAC REHABILITATION 77. 00 07700 ALLOGENEIC HSCT ACQUISITION 78. 01 04950 SLEEP CLINIC 90. 00 09000 CLINIC 90. 01 04950 SLEEP CLINIC 90. 02 09001 ANTI COAGULATION CLINIC 90. 03 09002 ARNETT CANCER CARE CENTER 164, 960 34, 621, 569 34, 786, 529 0.091557 90. 04 09003 OUTPATIENT INFUSION CENTER 164, 960 34, 621, 569 34, 786, 529 0.091557 90. 05 09000 EMERGENCY 90. 06 09000 EMERGENCY 90. 07 09000 BSERVATION BEDS (NON-DISTINCT PART) 90. 08 09000 BSERVATION BEDS (NON-DISTINCT PART) 90. 00 09000 DITPATIENT SERVICES 90. 01 09201 OBSERVATION BEDS (DISTINCT PART) 90. 02 09001 DITPATIENT SERVICES 90. 03 09002 DITPATIENT SERVICES 90. 04 09003 OUTPATIENT SERVICES 90. 05 00 09000 OUTPATIENT SERVICES 90. 06 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			3, 835, 444	166, 387	4,001,83			
76. 00 03950 CARDÍAC CATHERIZATION 0 0 0 0.000000 76. 00 76. 01 03951 OUTPATI ENT WOUND CARE CENTER 128, 627 14, 069, 600 14, 198, 227 0.109673 0.000000 76. 01 76. 97 07697 CARDIAC REHABILITATION 0 0 0 0 0.000000 0.000000 76. 01 77. 00 07700 ALLOGENEIC HSCT ACQUISITION 0 0 0 0.000000 0.000000 77. 00 OUTPATI ENT SERVI CE COST CENTERS 90. 00 09000 CLI NI C 0 0 0 0.000000 0.000000 90. 00 90. 01 04950 SLEEP CLI NI C 0 5, 518, 801 5, 518, 801 0.184045 0.000000 90. 00 90. 02 09001 ANTI COAGULATION CLI NI C 1, 449 570, 330 571, 779 1.658817 0.000000 90. 02 90. 03 09002 ARNETT CANCER CARE CENTER 164, 960 34, 621, 569 34, 786, 529 0.091557 0.000000 90. 03 90. 04 09003 OUTPATI ENT INFUSI ON CENTER 2, 775 1, 695, 195 1, 697, 970 0.067180 0.000000 90. 04 91. 00 09100 EMERGENCY 54, 782, 292 176, 563, 459 231, 345, 751 0.101701 0.000000 92. 01 92. 01 09201 OBSERVATI ON BEDS (NON-DISTINCT PART) 581, 074 26, 851, 272 27, 432, 346 0.346336 0.000000 92. 01 93. 00 04951 OTHER REIMBURSABLE COST CENTERS 102. 00 10200 OPIOID TREATMENT PROGRAM 0 0 0 0 0.000000 0.000000 92. 01 200. 00 Subtotal (see instructions) 715, 123, 520 1, 078, 911, 430 1, 794, 034, 950 201. 00 Less Observation Beds			100 110	457 507 000	457 770 0			1
76. 01 03951 OUTPATIENT WOUND CARE CENTER 128, 627 14, 069, 600 14, 198, 227 0. 109673 0. 000000 76. 01 76. 97 77. 00			122, 112	156, 537, 932	156, 660, 04			1
76. 97 07697 CARDI AC REHABILITATION 0 0 0 0 0 0 0 0 0			0	0	4, 400 0			
77. 00 07700 ALLOGENEIC HSCT ACQUI SITION 0 0 0 0 0 0 0 0 0			1 1		1			
90. 00			٩	O				
90. 00			0	0		0.000000	0.000000	77.00
90. 01					ı			
90. 02 09001 ANTI COAGULATI ON CLINI C 1, 449 570, 330 571, 779 1. 658817 0. 000000 90. 02 90. 03 09002 ARNETT CANCER CARE CENTER 164, 960 34, 621, 569 34, 786, 529 0. 091557 0. 000000 90. 03 90. 04 09003 0UTPATI ENT INFUSI ON CENTER 2, 775 1, 695, 195 1, 697, 970 0. 067180 0. 000000 90. 04 91. 00 09100 EMERGENCY 54, 782, 292 176, 563, 459 231, 345, 751 0. 101701 0. 000000 91. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 581, 074 26, 851, 272 27, 432, 346 0. 346336 0. 000000 92. 00 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0. 000000 0. 000000 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0. 000000			0	-				
90. 03			-1					
90. 04 09003 0UTPATI ENT INFUSION CENTER 2,775 1,695,195 1,697,970 0.067180 0.000000 90.04 91.00 92.00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 581,074 26,851,272 27,432,346 0.346336 0.000000 92.00 92.01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0 0.000000 0.000000 92.01 93.00 04951 0THER OUTPATIENT SERVICES 0 0 0 0 0.000000 0.000000 93.00 0000000 0.0000000 0.0000000 0.000000 0.0000000 0.000000 0.000000 0.000000 0.00								
91. 00								
92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 581,074 26,851,272 27,432,346 0.346336 0.000000 92.00 93.00 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0 0.000000 0.000000 92.01 093.00 04951 071HER OUTPATI ENT SERVI CES 0 0 0 0.000000 0.000000 0.000000 93.00 071HER REI MBURSABLE COST CENTERS 0 0 0 0 0 0 0 0 0			1					
92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART) 0 0 0 0.000000 0.000000 92. 01 93. 00 04951 OTHER OUTPATI ENT SERVICES 0 0 0 0.000000 0.000000 93. 00 102. 00 10200 0PI OI D TREATMENT PROGRAM 0 0 0 0 200. 00 Subtotal (see instructions) 715, 123, 520 1, 078, 911, 430 1, 794, 034, 950 201. 00 201. 00 201. 00 201. 00 201. 00 201. 00 202. 01 00 0.000000 0.000000 0.000000 92. 01 93. 00 0.000000 0.000000 0.000000 94. 01 0.000000 0.000000 0.000000 95. 01 0.000000 0.000000 96. 01 0.000000 0.000000 97. 01 0.000000 0.000000 98. 01 0.000000 0.000000 99. 01 0.000000 0.000000 99. 01 0.000000 0.000000 99. 01 0.000000 0.000000 99. 01 0.000000 99. 01 0.000000 0.000000 99. 01 0.0								
93. 00 04951 OTHER OUTPATIENT SERVICES 0 0 0 0.000000 0.000000 93. 00			1					1
OTHER REIMBURSABLE COST CENTERS 102. 00 10200 OPI OI D TREATMENT PROGRAM 0 0 102. 00 200. 00 Subtotal (see instructions) 715, 123, 520 1, 078, 911, 430 1, 794, 034, 950 200. 00 201. 00 Less Observation Beds 201. 00 201. 00			٦					
102. 00			0	0		0. 000000	0.000000	93. 00
200. 00 Subtotal (see instructions) 715, 123, 520 1, 078, 911, 430 1, 794, 034, 950 200. 00 201. 00 201. 00								
201.00 Less Observation Beds 201.00			0					
			715, 123, 520	1, 078, 911, 430	1, 794, 034, 95	50		1
202.00 lotal (see instructions) 715, 123, 520 1, 078, 911, 430 1, 794, 034, 950								
	202.00	lotal (see instructions)	715, 123, 520	1, 078, 911, 430	1, 794, 034, 95	00		202.00

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES IU HEALTH ARNETT HOSPITAL In Lieu of Form CMS-2552-10 Provider CCN: 15-0173

Peri od: Worksheet C From 01/01/2022 To 12/31/2022 Date/Time Prepared: 5/26/2023 10:13 am

		T' II VIV		5/26/2023 10: 1	3 am
0 1 0 1 1	DDC 1 11 1	Title XIX	Hospi tal	PPS	
Cost Center Description	PPS Inpatient				
	Ratio				
LUBATI ENT. DOUTLINE DEDIVIDE COOT OFFITEDO	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS					
30. 00 03000 ADULTS & PEDI ATRI CS					30. 00
31. 00 03100 I NTENSI VE CARE UNI T					31. 00
33.00 03300 BURN INTENSIVE CARE UNIT					33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT					33. 01
35. 00 02060 NEONATAL INTENSIVE CARE UNIT					35. 00
43. 00 04300 NURSERY					43.00
ANCILLARY SERVICE COST CENTERS					
50. 00 05000 OPERATI NG ROOM	0. 117044				50.00
51. 00 05100 RECOVERY ROOM	0. 196119				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 270548				52.00
53. 00 05300 ANESTHESI OLOGY	0. 888688				53.00
53. 01 05301 ASC ANESTHESI OLOGY	0. 015503				53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 104272				54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000				55. 00
56. 00 05600 RADI 01 SOTOPE	0. 069522				56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 069254				59.00
60. 00 06000 LABORATORY	0. 167146				60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 206726				63.00
65. 00 06500 RESPIRATORY THERAPY	0. 264314				65.00
66. 00 06600 PHYSI CAL THERAPY	0. 313359				66.00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 390284				67.00
68. 00 06800 SPEECH PATHOLOGY	0. 260830				68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 098085				69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 173632				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 219194				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 130609				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 239562				73.00
73. 01 07301 RETAIL PHARMACY	1. 090555				73. 01
74. 00 07400 RENAL DI ALYSI S	0. 362168				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000				75.00
75. 01 07501 ASC (NON-DISTINCT PART)	0. 066769				75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0. 000000				76.00
76. 01 03951 OUTPATIENT WOUND CARE CENTER	0. 109673				76. 01
76. 97 O7697 CARDIAC REHABILITATION	0. 000000				76. 97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0. 000000				77.00
OUTPATIENT SERVICE COST CENTERS					
90. 00 09000 CLI NI C	0. 000000				90.00
90. 01 04950 SLEEP CLINIC	0. 184045				90. 01
90. 02 09001 ANTI COAGULATI ON CLINIC	1. 658817				90. 02
90. 03 09002 ARNETT CANCER CARE CENTER	0. 091557				90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	0. 067180				90. 04
91. 00 09100 EMERGENCY	0. 101701				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 346336				92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000				92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0. 000000				93.00
OTHER REIMBURSABLE COST CENTERS					
102.00 10200 OPI OI D TREATMENT PROGRAM				•	102. 00
200.00 Subtotal (see instructions)					200. 00
201.00 Less Observation Beds					201. 00
202.00 Total (see instructions)				2	202. 00

Health Financial Systems

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICALD ONLY | Peri od: | Worksheet C | From 01/01/2022 | Part | I | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022

				10	0 12/31/2022	5/26/2023 10:	
			Ti tl	e XIX	Hospi tal	PPS	10 am
	Cost Center Description	Total Cost		Operating Cost	Capi tal	Operating Cost	
				Net of Capital	Reduction	Reduction	
		1, col. 26)		Cost (col. 1 -		Amount	
		,	ĺ	col . 2)			
		1.00	2.00	3.00	4. 00	5. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	20, 455, 972	2, 878, 652	17, 577, 320	0	0	50.00
51.00	05100 RECOVERY ROOM	2, 783, 117	404, 713	2, 378, 404	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7, 893, 335	1, 273, 763	6, 619, 572	0	0	52.00
53.00	05300 ANESTHESI OLOGY	8, 681, 395	137, 924	8, 543, 471	0	0	53.00
53. 01	05301 ASC ANESTHESI OLOGY	79, 694	7, 526	72, 168	0	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	12, 688, 009	1, 495, 382	11, 192, 627	0	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0		0	0	55. 00
56.00	05600 RADI OI SOTOPE	1, 204, 964	180, 108	1, 024, 856	0	0	56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	4, 439, 994	601, 591		0	0	59.00
60.00	06000 LABORATORY	15, 967, 660	773, 389		0	0	60.00
63. 00	06300 BLOOD STORING, PROCESSING & TRANS.	1, 106, 953	55, 622		0	0	63. 00
65. 00	06500 RESPI RATORY THERAPY	5, 024, 175	159, 115		0	l o	65. 00
66. 00	06600 PHYSI CAL THERAPY	1, 438, 639	61, 278		0	0	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	1, 113, 541	38, 162		0	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	602, 699			0	0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	4, 127, 057	221, 979	·	0	0	69.00
70. 00	07000 ELECTROENCEPHALOGRAPHY	129, 185	1, 006		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15, 845, 338	545, 295		0	0	71.00
71.00	07200 IMPL. DEV. CHARGED TO PATIENTS	18, 008, 580	623, 840		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	63, 060, 954	629, 598		0	0	73.00
73. 00	07301 RETAIL PHARMACY	9, 367, 216	123, 755		0	0	73. 00
	1 1	1			0	-	74.00
74. 00 75. 00	07400 RENAL DIALYSIS	1, 449, 335	131, 269		0	0	75.00
75. 00 75. 01	O7500 ASC (NON-DISTINCT PART) O7501 ASC (NON-DISTINCT PART)	10 450 000	(40.240	_	0	0	75.00
76. 00		10, 459, 982	649, 340	9, 810, 642	0	0	76.00
	03950 CARDI AC CATHERI ZATI ON	1 557 1/0	0 417	1 547 740	0	1	
76. 01	03951 OUTPATIENT WOUND CARE CENTER	1, 557, 160	9, 417		0	0	76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	36, 674	3, 196		0	0	76. 97
77. 00	07700 ALLOGENEI C HSCT ACQUI SITI ON	0	0	0	0	0	77. 00
90. 00	OUTPATIENT SERVICE COST CENTERS O9000 CLINIC	0	0	0	0	0	90.00
90.00	04950 SLEEP CLINIC	-		1	0		90.00
		1, 015, 708			0		1
90. 02	09001 ANTI COAGULATI ON CLINI C	948, 477	20, 604		0	0	90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	3, 184, 942	154, 323		0	0	90. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	114, 070	6, 748	· ·	0	0	90. 04
91.00	09100 EMERGENCY	23, 528, 075	1, 886, 856		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	9, 500, 804	1, 162, 338	1	0	0	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	_	0	0	92. 01
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0	93. 00
400	OTHER REIMBURSABLE COST CENTERS	=1	_	-1	_		
	10200 OPIOID TREATMENT PROGRAM	0	0	1	0		102.00
200.00	, ,	245, 813, 704			0		200.00
201.00		9, 500, 804	1, 162, 338		0		201. 00
202.00	Total (line 200 minus line 201)	236, 312, 900	13, 113, 272	223, 199, 628	0	1 0	202. 00

| Peri od: | Worksheet C | From 01/01/2022 | Part II | Date/Time Prepared: | 5/26/2023 10:13 am REDUCTIONS FOR MEDICALD ONLY

						5/26/2023 10:	13 alli
				e XIX	Hospi tal	PPS	
	Cost Center Description	Cost Net of	Total Charges				
		Capital and	(Worksheet C,	Cost to Charge	Э		
		Operating Cost	Part I, column	Ratio (col. 6			
		Reduction	8)	/ col. 7)			
		6. 00	7. 00	8. 00			
Al	NCILLARY SERVICE COST CENTERS						
50.00 0	5000 OPERATING ROOM	20, 455, 972	174, 771, 498	0. 11704	1		50.00
51.00 0	5100 RECOVERY ROOM	2, 783, 117	14, 190, 942	0. 196119	9		51.00
52.00 0	5200 DELIVERY ROOM & LABOR ROOM	7, 893, 335	29, 175, 326	0. 270548	3		52. 00
	5300 ANESTHESI OLOGY	8, 681, 395	9, 768, 773	0. 888688	3		53.00
53. 01 0	5301 ASC ANESTHESI OLOGY	79, 694		0. 015503	3		53. 01
54.00 0	5400 RADI OLOGY-DI AGNOSTI C	12, 688, 009			2		54.00
55.00 0	5500 RADI OLOGY-THERAPEUTI C	0					55. 00
56.00 0	5600 RADI OI SOTOPE	1, 204, 964	17, 332, 006	0. 069522	2		56.00
59.00 0	5900 CARDI AC CATHETERI ZATI ON	4, 439, 994			1		59.00
	6000 LABORATORY	15, 967, 660					60.00
	6300 BLOOD STORING, PROCESSING & TRANS.	1, 106, 953					63.00
	6500 RESPIRATORY THERAPY	5, 024, 175					65. 00
	6600 PHYSI CAL THERAPY	1, 438, 639					66.00
1	6700 OCCUPATI ONAL THERAPY	1, 113, 541	2, 853, 153				67. 00
	6800 SPEECH PATHOLOGY	602, 699		•			68. 00
	6900 ELECTROCARDI OLOGY	4, 127, 057		•			69.00
	7000 ELECTROENCEPHALOGRAPHY	129, 185					70.00
	7100 MEDICAL SUPPLIES CHARGED TO PATIENTS	15, 845, 338					71.00
	7200 IMPL. DEV. CHARGED TO PATIENTS	18, 008, 580					72. 00
	7300 DRUGS CHARGED TO PATIENTS	63, 060, 954					73. 00
	7301 RETAIL PHARMACY	9, 367, 216					73. 01
	7400 RENAL DIALYSIS	1, 449, 335					74. 00
	7500 ASC (NON-DISTINCT PART)	1, 447, 333	4,001,631	1			75.00
	7501 ASC (NON-DISTINCT PART)	10, 459, 982					75. 00
	3950 CARDI AC CATHERI ZATI ON	10, 439, 962	130, 000, 044	•			76. 00
4	3951 OUTPATIENT WOUND CARE CENTER	1, 557, 160	14, 198, 227	0. 000000 0. 10967;			76. 00
4				1			76. 97
	7697 CARDI AC REHABI LI TATI ON	36, 674		•			•
	17700 ALLOGENEIC HSCT ACQUISITION UTPATIENT SERVICE COST CENTERS	1 0		0.000000	<u> </u>		77. 00
	9000 CLINIC	1 0	0	0. 000000	1		90.00
	4950 SLEEP CLINIC	1		•			90.00
		1, 015, 708					
	9001 ANTI COAGULATI ON CLI NI C	948, 477					90. 02
4	9002 ARNETT CANCER CARE CENTER	3, 184, 942					90. 03
	9003 OUTPATIENT INFUSION CENTER	114, 070					90. 04
	9100 EMERGENCY	23, 528, 075					91.00
	9200 OBSERVATION BEDS (NON-DISTINCT PART)	9, 500, 804					92.00
	9201 OBSERVATION BEDS (DISTINCT PART)	0	1				92. 01
	4951 OTHER OUTPATIENT SERVICES	0	0	0. 000000)		93. 00
	THER REIMBURSABLE COST CENTERS		1	1			1.00
	0200 OPI OI D TREATMENT PROGRAM	0	ı		ון		102. 00
200.00	Subtotal (sum of lines 50 thru 199)		1, 566, 851, 450				200. 00
201.00	Less Observation Beds	9, 500, 804					201. 00
202.00	Total (line 200 minus line 201)	236, 312, 900	1, 566, 851, 450				202. 00

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provider Co		Period: From 01/01/2022 To 12/31/2022		
		Title	Title XVIII		PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced		Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col	,		
	26)		2)			
	1.00	2. 00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 ADULTS & PEDIATRICS	10, 616, 737	0	10, 616, 73	7 48, 830	217. 42	30. 00
31.00 INTENSIVE CARE UNIT	1, 096, 942		1, 096, 94	2 3, 830	286. 41	31. 00
33.00 BURN INTENSIVE CARE UNIT	0			0 0	0.00	33. 00
33.01 BURN INTENSIVE CARE UNIT	0			0 0	0.00	33. 01
35.00 NEONATAL INTENSIVE CARE UNIT	802, 013		802, 01	3, 417	234. 71	35. 00
43. 00 NURSERY	371, 778		371, 77	8 2, 671	139. 19	43. 00
200.00 Total (lines 30 through 199)	12, 887, 470		12, 887, 47	0 58, 748		200. 00
Cost Center Description	I npati ent	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	16, 050	3, 489, 591				30.00
31.00 INTENSIVE CARE UNIT	1, 094	313, 333				31.00
33.00 BURN INTENSIVE CARE UNIT	0	0				33. 00
33. 01 BURN INTENSIVE CARE UNIT	0	0				33. 01
35.00 NEONATAL INTENSIVE CARE UNIT	0	0				35. 00
43. 00 NURSERY	0	0				43. 00
200.00 Total (lines 30 through 199)	17, 144	3, 802, 924				200. 00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA		Provider C	CN: 15-0173	Peri od:	u of Form CMS-: Worksheet D	
THE OWNER OF THE ATTENT AND LEARN SERVICE OF THE		Trovider o		From 01/01/2022	Part II	
				To 12/31/2022	Date/Time Pre	
		Ti +l c	e XVIII	Hospi tal	5/26/2023 10: PPS	13 am
Cost Center Description	Capi tal	Total Charges			Capital Costs	
cost center bescription	Related Cost	(from Wkst. C,		Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col . 1 ÷ col		column 4)	
	Part II, col.	8)	2)		,	
	26)	,	<u> </u>			
	1.00	2.00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	2, 878, 652	174, 771, 498	0. 01647	1 22, 535, 384	371, 180	50.00
51. 00 05100 RECOVERY ROOM	404, 713	14, 190, 942	0. 02851	9 1, 854, 180	52, 879	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 273, 763	29, 175, 326	0. 04365	9 80, 410	3, 511	52.00
53. 00 05300 ANESTHESI OLOGY	137, 924	9, 768, 773	0. 01411	9 1, 277, 485	18, 037	53.00
53. 01 05301 ASC ANESTHESI OLOGY	7, 526	5, 140, 615	0. 00146	4 2, 481	4	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 495, 382	121, 682, 285	0. 01228	9 18, 165, 097	223, 231	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	C	0.00000	0	0	55. 00
56. 00 05600 RADI 0I SOTOPE	180, 108	17, 332, 006			8, 951	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	601, 591	64, 112, 168	0. 00938	3 8, 761, 065	82, 205	59. 00
60. 00 06000 LABORATORY	773, 389			6 12, 253, 658	99, 206	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	55, 622	5, 354, 697			13, 162	
65. 00 06500 RESPI RATORY THERAPY	159, 115				44, 337	
66. 00 06600 PHYSI CAL THERAPY	61, 278				22, 394	
67. 00 06700 OCCUPATI ONAL THERAPY	38, 162	2, 853, 153	0. 01337	5 1, 034, 494	13, 836	
68. 00 06800 SPEECH PATHOLOGY	31, 074				13, 119	
69. 00 06900 ELECTROCARDI OLOGY	221, 979		•		47, 835	
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 006		•		305	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	545, 295				71, 796	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	623, 840				105, 975	
73. 00 07300 DRUGS CHARGED TO PATIENTS	629, 598		1		53, 708	
73. 01 07301 RETAI L PHARMACY	123, 755		1		0	73. 01
74. 00 07400 RENAL DI ALYSI S	131, 269				52, 146	
75. 00 07500 ASC (NON-DISTINCT PART)	0		0.0000		0	75.00
75. 01 07501 ASC (NON-DISTINCT PART)	649, 340	156, 660, 044		•	281	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0 417	14 100 227	0.00000		0	76.00
76. 01 03951 OUTPATIENT WOUND CARE CENTER	9, 417	14, 198, 227			48 0	76. 01
76. 97 07697 CARDIAC REHABILITATION 77. 00 07700 ALLOGENEIC HSCT ACQUISITION	3, 196				0	76. 97
77. 00 O7700 ALLOGENEIC HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS	0		0.00000	이 이	U	77. 00
90. 00 09000 CLINIC	1 0		0.00000	0	0	90.00
90. 01 04950 SLEEP CLI NI C	7,747		•		0	90.00
90. 02 09001 ANTI COAGULATI ON CLINI C	20, 604	571, 779			40	90.02
90. 03 09002 ARNETT CANCER CARE CENTER	154, 323		l	•	331	
90. 04 09003 OUTPATIENT INFUSION CENTER	6, 748		1	•	1	90.04
91. 00 09100 EMERGENCY	1, 886, 856		1		170, 297	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 162, 338				2, 013	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0		1		2, 0.0	92. 01
		1				
93. 00 04951 OTHER OUTPATIENT SERVICES	1 0	(0.00000	01 ()1	0	93.00

Health Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lie	eu of Form CMS-	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER	PASS THROUGH COS		CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022		pared: 13 am
			tle XVIII	Hospi tal	PPS	
Cost Center Description	Nursi ng Program Post-Stepdown Adj ustments		Post-Stepdo Adjustment		Medical Education Cost	
	1A	1.00	2A	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDIATRICS 31. 00 03100 INTENSIVE CARE UNIT 33. 00 03300 BURN INTENSIVE CARE UNIT 33. 01 03301 BURN INTENSIVE CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT	000000000000000000000000000000000000000	l .	0 0 0	0 0	1	31. 00 33. 00 33. 01
43. 00 04300 NURSERY		<u> </u>	O O		1	
200.00 Total (Lines 30 through 199)		(0	0	200.00
Cost Center Description	Swing-Bed Adjustment Amount (see instructions)		s. Days 3, 4)	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	
	4. 00	5. 00	6. 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	0		0 48, 8 0 3, 8 0 0 0 0 0 3, 4 0 2, 6 0 58, 7	0 0 0.00 0 0.00 0 0.00 117 0.00 571 0.00	1, 094 0 0 0 0 0 0	31. 00 33. 00 33. 01 35. 00
Cost Center Description	Inpatient Program Pass-Through Cost (col. 7 x col. 8) 9.00					
INPATIENT ROUTINE SERVICE COST CENTERS	0000	ł				30. 00 31. 00 33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT 35. 00 02060 NEONATAL INTENSIVE CARE UNIT 43. 00 04300 NURSERY	0					33. 01 35. 00 43. 00

30.00 31.00 33.00 33. 01 35. 00 43. 00 200. 00

43. 00 | 04300 | NURSERY | Total (lines 30 through 199)

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet D | From 01/01/2022 | Part IV | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | T THROUGH COSTS

					10	12/31/2022	5/26/2023 10:	
			Ti tl e	e XVIII		Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursi ng	Nursi ng	1		Allied Health	
	'	Anestheti st	Program	Program		Post-Stepdown		
		Cost	Post-Stepdown			Adjustments		
			Adjustments			,		
		1.00	2A	2.00		3A	3. 00	
	ANCILLARY SERVICE COST CENTERS			•				
50. 00	05000 OPERATING ROOM	0	C		0	0	0	50.00
51. 00	05100 RECOVERY ROOM	0	C	ol	0	0	0	51.00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	C	ol	0	0	0	52. 00
53. 00	05300 ANESTHESI OLOGY	0	C	ol	0	0	0	53.00
53. 01	05301 ASC ANESTHESI OLOGY	0	C	ol	0	0	0	53. 01
54. 00	05400 RADI OLOGY-DI AGNOSTI C	0	C	ol	0	0	0	54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	C	ol	0	0	0	55. 00
56. 00	05600 RADI 0I S0T0PE	0	C	ol	0	0	0	56. 00
	05900 CARDI AC CATHETERI ZATI ON	0	Ċ		0	0	0	59.00
	06000 LABORATORY	0	Ċ		0	0	0	60.00
	06300 BLOOD STORING, PROCESSING & TRANS.	0	Ċ		0	0	0	63. 00
	06500 RESPI RATORY THERAPY	0	Č		0	0	0	65. 00
	06600 PHYSI CAL THERAPY	0	Č		0	0	0	66. 00
	06700 OCCUPATI ONAL THERAPY	0		á	0	0	Ö	67. 00
	06800 SPEECH PATHOLOGY	0		á	0	0	0	68. 00
	06900 ELECTROCARDI OLOGY	0		á	0	0	0	69. 00
	07000 ELECTROENCEPHALOGRAPHY	0		á	0	0	0	70. 00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		á	0	0	Ö	71. 00
	07200 IMPL. DEV. CHARGED TO PATIENTS	0			0	0	Ö	72.00
	07300 DRUGS CHARGED TO PATIENTS	0			0	0	368, 213	73. 00
	07301 RETAIL PHARMACY	0			0	0	0	73. 00
	07400 RENAL DI ALYSI S	0			0	0	0	74. 00
	07500 ASC (NON-DISTINCT PART)	0			0	0	0	75. 00
	07500 ASC (NON-DISTINCT PART)	0			0	0	0	75. 00
	03950 CARDI AC CATHERI ZATI ON	0			0	0	0	76.00
	03951 OUTPATIENT WOUND CARE CENTER	0			0	0	0	76. 00
	07697 CARDIAC REHABILITATION	0			0	0	0	76. 01
	07700 ALLOGENEI C HSCT ACQUISITION	0			0	0		77. 00
	OUTPATIENT SERVICE COST CENTERS	U		η	U	U	U	77.00
	09000 CLINIC	0	C	1		0	0	90. 00
	l	0			0	0		1
	04950 SLEEP CLINIC	0			0	0	_	90. 01
	09001 ANTI COAGULATI ON CLINI C	0	(0	0	0	90. 02
	09002 ARNETT CANCER CARE CENTER	0			0	0	0	90. 03
	09003 OUTPATIENT INFUSION CENTER	0		()	0	0	0	90.04
	09100 EMERGENCY	0	C	ή	0	0	0	91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	_		U		0	92.00
	09201 OBSERVATION BEDS (DISTINCT PART)	0	<u> </u>	2	U	0	0	92. 01
	04951 OTHER OUTPATIENT SERVICES	0	<u> </u>	1	U	0	0	93. 00
200.00	Total (lines 50 through 199)	0	C	기	0	0	368, 213	J200. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet D | From 01/01/2022 | Part IV | To 12/31/2022 | Date/Time Prepared: | 5/26/2023 10:13 am
 Heal th Financial
 Systems
 IU HEALTH ARNETT

 APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 Provider CCN: 15-0173 THROUGH COSTS

						5/26/2023 10:	13 am
			Title	e XVIII	Hospi tal	PPS	
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
		Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost			Part I col	(col . 5 ÷ col .	
		Luucati on cost					
			4)	col s. 2, 3,	8)	7)	
				and 4)		(see	
						instructions)	
		4. 00	5. 00	6. 00	7. 00	8. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	C	174, 771, 498	0.000000	50.00
51.00	05100 RECOVERY ROOM	0	1 0		14, 190, 942	0.000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1		29, 175, 326	0.000000	52.00
53. 00	05300 ANESTHESI OLOGY	0		-			1
53. 01	05301 ASC ANESTHESI OLOGY	0		1			•
54. 00	05400 RADI OLOGY-DI AGNOSTI C						
	I I	0		1			ı
55. 00	05500 RADI OLOGY-THERAPEUTI C	0) c		0.00000	
56. 00	05600 RADI 01 SOTOPE	0	0) C	17, 332, 006		•
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	(64, 112, 168	0.000000	59. 00
60.00	06000 LABORATORY	0	0	C	95, 531, 356	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	ıl c	5, 354, 697	0.000000	63.00
65.00	06500 RESPIRATORY THERAPY	0	1 0		19, 008, 325	0.000000	65. 00
66.00	06600 PHYSI CAL THERAPY	0	1		4, 591, 032	0.000000	66. 00
67. 00	06700 OCCUPATI ONAL THERAPY	0			2, 853, 153		1
68. 00	06800 SPEECH PATHOLOGY	0					•
69. 00	06900 ELECTROCARDI OLOGY						ł
	I I	0			1		1
70.00	07000 ELECTROENCEPHALOGRAPHY	0		1	, , , , , , ,		•
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				
72. 00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	1			•
73. 00	07300 DRUGS CHARGED TO PATIENTS	0	368, 213	i .			
73. 01	07301 RETAIL PHARMACY	0	0) C	-,,		73. 01
74.00	07400 RENAL DIALYSIS	0	0	C	4, 001, 831	0.000000	74. 00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	C	0	0.000000	75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	0	0	C	156, 660, 044	0.000000	75. 01
76.00	03950 CARDI AC CATHERI ZATI ON	0	1 0		0	0.000000	76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	0	1 0		14, 198, 227	0.000000	76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0			0	0. 000000	
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0		1	_	0. 000000	•
77.00	OUTPATIENT SERVICE COST CENTERS			1	,, 0	0.000000	77.00
90. 00	09000 CLINIC	0		C	0	0.00000	90.00
		0					
90. 01	04950 SLEEP CLINIC	0	0				•
90. 02	09001 ANTI COAGULATION CLINIC	0	0	1	,		1
90. 03	09002 ARNETT CANCER CARE CENTER	0	0) C			•
90. 04	09003 OUTPATIENT INFUSION CENTER	0	0	(1, 697, 970	0.000000	90. 04
91.00	09100 EMERGENCY	0	0	C	231, 345, 751	0.000000	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	ol c	27, 432, 346	0.000000	92.00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0					92. 01
93. 00	04951 OTHER OUTPATIENT SERVICES	0	l o	d	-	0. 000000	
200.00	i i	1 0	368, 213		1, 566, 851, 450		200. 00
	1.212. (1.1100 00 1.11 000. 1.77)	1	1 333, 210	1 333, 210	., .,,, 100	1	

| Peri od: | Worksheet D | From 01/01/2022 | Part IV | To | 12/31/2022 | Date/Time Prepared: Provi der CCN: 15-0173 THROUGH COSTS

				T	o 12/31/2022	Date/Time Pre 5/26/2023 10:	
			Title	XVIII	Hospi tal	PPS	
	Cost Center Description	Outpati ent	I npati ent	I npati ent	Outpati ent	Outpati ent	
		Ratio of Cost	Program	Program	Program	Program	
		to Charges	Charges	Pass-Through	Charges	Pass-Through	
		(col. 6 ÷ col.		Costs (col. 8		Costs (col. 9	
		7)		x col. 10)		x col. 12)	
		9. 00	10.00	11. 00	12. 00	13. 00	
	ANCILLARY SERVICE COST CENTERS				1		
50. 00	05000 OPERATING ROOM	0. 000000	22, 535, 384			l .	
51.00	05100 RECOVERY ROOM	0. 000000	1, 854, 180			0	51. 00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0. 000000	80, 410			0	1
53.00	05300 ANESTHESI OLOGY	0. 000000	1, 277, 485	0		0	53. 00
53. 01	05301 ASC ANESTHESI OLOGY	0. 000000	2, 481	0	788, 714	0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0. 000000	18, 165, 097	C	16, 920, 719	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0. 000000	0	C	0	0	55. 00
56.00	05600 RADI OI SOTOPE	0. 000000	861, 318	C	3, 918, 046	0	56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0. 000000	8, 761, 065	C	10, 021, 492	0	59. 00
60.00	06000 LABORATORY	0. 000000	12, 253, 658	C	6, 229, 405	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	1, 267, 084	C	506, 877	0	63. 00
65.00	06500 RESPI RATORY THERAPY	0. 000000	5, 296, 535	C	107, 243	0	65. 00
66.00	06600 PHYSI CAL THERAPY	0. 000000	1, 677, 855		34, 379	0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0. 000000	1, 034, 494		10, 551	0	67. 00
68. 00	06800 SPEECH PATHOLOGY	0. 000000	975, 550		15, 038	0	68. 00
69.00	06900 ELECTROCARDI OLOGY	0. 000000	9, 066, 595		5, 861, 686	0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0. 000000	225, 674			0	70.00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	9, 518, 257			0	71. 00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	23, 425, 142			0	72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	0. 001399	22, 453, 190			86, 185	73. 00
73. 01	07301 RETAIL PHARMACY	0. 000000	0	0		0	73. 01
74.00	07400 RENAL DIALYSIS	0. 000000	1, 589, 710	l c	59, 296	0	74. 00
75. 00	07500 ASC (NON-DISTINCT PART)	0. 000000	0	l c		0	75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	0. 000000	67, 876	i o	26, 434, 366	Ō	75. 01
76. 00	03950 CARDI AC CATHERI ZATI ON	0. 000000	0.,	1	0	0	76.00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	0. 000000	71, 882	i o	2, 218, 466	o o	76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0. 000000	0 0			Ö	76. 97
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0. 000000	0				
77.00	OUTPATIENT SERVICE COST CENTERS	0. 000000			<u> </u>		77.00
90.00	09000 CLI NI C	0. 000000	0	С	0	0	90.00
90. 01	04950 SLEEP CLINIC	0. 000000	0				90. 01
90. 02	09001 ANTI COAGULATI ON CLINIC	0. 000000	1, 107	1	.,,	0	90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	0. 000000	74, 618			1	90. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	0. 000000	181	Ö		0	90.04
91. 00	09100 EMERGENCY	0. 000000	20, 879, 978			1	91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	47, 514		,,	Ö	92.00
92. 01	09201 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	47, 314			0	92. 01
93. 00	04951 OTHER OUTPATIENT SERVICES	0. 000000	0		_	0	93. 00
200.00	1 1	0.000000	163, 464, 320	~	Į	1	
200.00	Trotal (Trilos so till bugil 177)	1	100, 404, 020	31,412	224, 710, 437	1 00, 100	1200.00

Heal th Fina	ncial Systems	IU HEALTH ARNE	ETT HOSPITAL		In Lie	eu of Form CMS-:	2552-10
	NT OF MEDICAL, OTHER HEALTH SERVICES AND	VACCINE COST	Provi der C	CN: 15-0173	Peri od:	Worksheet D	
					From 01/01/2022		
					To 12/31/2022	Date/Time Pre	pared:
						5/26/2023 10:	<u>13 am</u>
			litle	XVIII	Hospi tal	PPS	
				Charges		Costs	
	Cost Center Description	Cost to Charge			Cost	PPS Services	
		Ratio From	Services (see	Rei mbursed	Rei mbursed	(see inst.)	
		Worksheet C,	inst.)	Servi ces	Services Not		
		Part I, col. 9		Subject To	Subj ect To		
				Ded. & Coins	Ded. & Coins.		
				(see inst.)	(see inst.)		
		1.00	2. 00	3. 00	4. 00	5. 00	
ANCI L	LARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0. 117044	20, 603, 714		0 0	2, 411, 541	50.00
51.00 05100	RECOVERY ROOM	0. 196119	1, 705, 853		0 0	334, 550	51.00
52. 00 05200	DELIVERY ROOM & LABOR ROOM	0. 270548			0 0	1, 854	
	O ANESTHESI OLOGY	0. 888688			0 0	875, 683	
	1 ASC ANESTHESI OLOGY	0. 015503	1	1	0 0	12, 227	1
	RADI OLOGY-DI AGNOSTI C	0. 104272	16, 920, 719		0 0	1, 764, 357	
	D RADI OLOGY-THERAPEUTI C	0. 104272			0 0		55. 00
			l .	1		0	
	RADI OI SOTOPE	0. 069522		1	0 0	272, 390	
	CARDI AC CATHETERI ZATI ON	0. 069254			0	694, 028	
	LABORATORY	0. 167146				1, 041, 220	
	BLOOD STORING, PROCESSING & TRANS.	0. 206726		1	0	104, 785	
65. 00 06500	RESPI RATORY THERAPY	0. 264314	107, 243		0	28, 346	65. 00
66.00 06600	PHYSI CAL THERAPY	0. 313359	34, 379	1	0	10, 773	66. 00
67.00 06700	OCCUPATIONAL THERAPY	0. 390284	10, 551		0	4, 118	67.00
68.00 06800	SPEECH PATHOLOGY	0. 260830	15, 038		0 0	3, 922	68. 00
	ELECTROCARDI OLOGY	0. 098085	5, 861, 686	,	0 0	574, 943	69. 00
	ELECTROENCEPHALOGRAPHY	0. 173632			0 0	3, 073	1
	MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 219194	· ·		0 0	2, 197, 809	
	IMPL. DEV. CHARGED TO PATIENTS	0. 130609		1	0 0	2, 337, 598	1
	D DRUGS CHARGED TO PATIENTS	0. 239562			0 95, 622	14, 758, 190	
	1 RETAIL PHARMACY	1. 090555			0 75, 022	14, 730, 170	73. 00
	D RENAL DI ALYSI S	0. 362168	l e	1	0 0	21, 475	
			· ·	1		21,4/3	
	D ASC (NON-DISTINCT PART)	0. 000000		1	0	1 7/4 00/	75. 00
	1 ASC (NON-DISTINCT PART)	0. 066769		1	0	1, 764, 996	
	CARDI AC CATHERI ZATI ON	0. 000000	l .	1	0	0	76. 00
	OUTPATIENT WOUND CARE CENTER	0. 109673			0	243, 306	
	7 CARDIAC REHABILITATION	0. 000000	l .	1	0	0	76. 97
	ALLOGENEIC HSCT ACQUISITION	0. 000000	0		0 0	0	77. 00
	ATLENT SERVICE COST CENTERS						
	CLI NI C	0. 000000)	0	0	90. 00
90. 01 04950	SLEEP CLINIC	0. 184045	1, 030, 716	,	0	189, 698	90. 01
90. 02 09001	1 ANTICOAGULATION CLINIC	1. 658817	208, 697		0 0	346, 190	90. 02
90. 03 09002	2 ARNETT CANCER CARE CENTER	0. 091557	10, 136, 503		0 0	928, 068	90. 03
	OUTPATIENT INFUSION CENTER	0. 067180			0	9, 171	
	EMERGENCY	0. 101701	22, 266, 418	1	0 0	2, 264, 517	
	OBSERVATION BEDS (NON-DISTINCT PART)	0. 346336			0 0	1, 785, 889	
	OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000		1	0 0	1, 703, 007	92. 01
	OTHER OUTPATIENT SERVICES	0. 000000			0 0	0	93. 00
200. 00		0.000000		10			
	Subtotal (see instructions)		224, 910, 459	10		34, 984, 717	
201. 00	Less PBP Clinic Lab. Services-Program			1	0	1	201. 00
202.00	Only Charges (Line 200 Line 201)		224 010 450	1	OF (22	24 004 717	202.00
202. 00	Net Charges (line 200 - line 201)	1	224, 910, 459	10	95, 622	34, 984, 717	₁ 202.00

Provider CCN: 15-0173

					10 12/31/2022	5/26/2023 10:	
			Title	: XVIII	Hospi tal	PPS	
		Cos			<u> </u>		
	Cost Center Description	Cost	Cost				
		Rei mbursed	Reimbursed				
		Servi ces	Services Not				
		Subject To	Subject To				
		Ded. & Coins.	Ded. & Coins.				
		(see inst.)	(see inst.)				
	T	6.00	7. 00				
	ANCILLARY SERVICE COST CENTERS			1			
50. 00	05000 OPERATING ROOM	0	0	1			50. 00
51. 00	05100 RECOVERY ROOM	0	0	•			51. 00
52. 00	05200 DELIVERY ROOM & LABOR ROOM	0	0	1			52. 00
53.00	05300 ANESTHESI OLOGY	0	0	l .			53. 00
53. 01	05301 ASC ANESTHESI OLOGY	0	0	l .			53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	•			54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0				55. 00
56. 00	05600 RADI OI SOTOPE	0	0	•			56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0	1			59. 00
60.00	06000 LABORATORY	17	0	•			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	•			63. 00
65. 00	06500 RESPI RATORY THERAPY	0	0				65. 00
66.00	06600 PHYSI CAL THERAPY	0	0	1			66.00
67. 00	06700 OCCUPATIONAL THERAPY	0	0				67.00
68. 00	06800 SPEECH PATHOLOGY	0	0	1			68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0				69.00
	07000 ELECTROENCEPHALOGRAPHY	1 -1	0				70.00
71. 00 72. 00	07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0				71. 00 72. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS	0	22, 907				73. 00
73. 00	07300 DRUGS CHARGED TO PATTENTS		22, 907				73.00
	07400 RENAL DIALYSIS	0	0	•			74.00
	07500 ASC (NON-DISTINCT PART)		0	1			75. 00
75. 00	07501 ASC (NON-DISTINCT PART)	0	0	•			75. 00
76. 00	03950 CARDI AC CATHERI ZATI ON		0	1			76.00
	03951 OUTPATIENT WOUND CARE CENTER	0	0				76. 01
	07697 CARDI AC REHABI LI TATI ON	0	0	•			76. 97
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	o o	0	1			77. 00
77.00	OUTPATIENT SERVICE COST CENTERS	9					1 / / . 00
90.00	09000 CLINI C	0	0				90.00
90. 01	04950 SLEEP CLINIC	o	0	1			90. 01
90. 02	09001 ANTI COAGULATI ON CLINIC		0				90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	0	0	•			90. 03
90. 04	09003 OUTPATIENT INFUSION CENTER	0	0				90. 04
91. 00	09100 EMERGENCY	0	0				91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	l o	0	1			92. 00
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	l ol	0	1			92. 01
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0				93. 00
200.00	l l	17	22, 907				200.00
201.00	,	0	,				201. 00
	Only Charges						
202.00	Net Charges (line 200 - line 201)	17	22, 907				202. 00

Health Financial Systems	IU HEALTH ARN	ETT HOSPITAL		In Lie	u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITA	L COSTS	Provider C		Period: From 01/01/2022 To 12/31/2022	Worksheet D Part I Date/Time Pre 5/26/2023 10:	pared: 13 am
		Titl	e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem (col.	
	Related Cost	Adjustment	Capi tal	Days	3 / col. 4)	
	(from Wkst. B,		Related Cost			
	Part II, col.		(col. 1 - col			
	26)		2)			
	1.00	2.00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	10, 616, 737	0	10, 616, 73	7 48, 830	217. 42	30.00
31.00 INTENSIVE CARE UNIT	1, 096, 942		1, 096, 94	2 3, 830	286. 41	31. 00
33.00 BURN INTENSIVE CARE UNIT	0			0 0	0.00	33. 00
33. O1 BURN INTENSIVE CARE UNIT	0			0 0	0.00	33. 01
35. 00 NEONATAL INTENSIVE CARE UNIT	802, 013		802, 01	3, 417	234. 71	35. 00
43. 00 NURSERY	371, 778		371, 77	8 2, 671	139. 19	43.00
200.00 Total (lines 30 through 199)	12, 887, 470		12, 887, 47	0 58, 748		200.00
Cost Center Description	I npati ent	Inpati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x col.				
		6)				
	6.00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	476	103, 492				30. 00
31.00 INTENSIVE CARE UNIT	610	174, 710)			31.00
33.00 BURN INTENSIVE CARE UNIT	0	0)			33.00
33.01 BURN INTENSIVE CARE UNIT	0	0)			33. 01
35.00 NEONATAL INTENSIVE CARE UNIT	167	39, 197				35. 00
43. 00 NURSERY	1, 499	208, 646	,			43.00
200.00 Total (lines 30 through 199)	2, 752	526, 045				200.00
•	•	•	•			•

Health Financial Systems	IU HEALTH ARN	ETT_HOSPITAL		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS	Provider C		Period: From 01/01/2022 To 12/31/2022	Worksheet D Part II Date/Time Pre 5/26/2023 10:	pared: 13 am
		Ti tI	e XIX	Hospi tal	PPS	
Cost Center Description	Capi tal	Total Charges	Ratio of Cos	t Inpatient	Capital Costs	
	Related Cost	(from Wkst. C,	to Charges	Program	(column 3 x	
	(from Wkst. B,	Part I, col.	(col. 1 ÷ col	. Charges	column 4)	
	Part II, col.	8)	2)			
	26)					
	1. 00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50. 00 05000 OPERATING ROOM	2, 878, 652				6, 173	
51. 00 05100 RECOVERY ROOM	404, 713				753	
52.00 05200 DELIVERY ROOM & LABOR ROOM	1, 273, 763				11, 951	
53. 00 05300 ANESTHESI OLOGY	137, 924	9, 768, 773		· ·	312	
53. 01 05301 ASC ANESTHESI OLOGY	7, 526		1		0	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	1, 495, 382	121, 682, 285			8, 555	1
55. 00 05500 RADI OLOGY-THERAPEUTI C	0	1	0.00000		0	55. 00
56. 00 05600 RADI OI SOTOPE	180, 108			· ·	174	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	601, 591	64, 112, 168		· ·	1, 164	
60. 00 06000 LABORATORY	773, 389				4, 822	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	55, 622				2, 408	
65. 00 06500 RESPI RATORY THERAPY	159, 115				4, 998	
66. 00 06600 PHYSI CAL THERAPY	61, 278				518	
67. 00 06700 OCCUPATI ONAL THERAPY	38, 162		1	· ·	323	
68. 00 06800 SPEECH PATHOLOGY	31, 074			· ·	418	
69. 00 06900 ELECTROCARDI OLOGY	221, 979			· ·	1, 615	
70. 00 07000 ELECTROENCEPHALOGRAPHY	1, 006		1	· ·	14	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	545, 295		1	· ·	2, 224	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	623, 840				229	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	629, 598		1		2, 528	
73. 01 07301 RETAIL PHARMACY	123, 755		1		0	73. 01
74. 00 07400 RENAL DI ALYSI S	131, 269	4, 001, 831	1		9, 005	
75.00 07500 ASC (NON-DISTINCT PART)	0	1	0.00000		0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	649, 340	156, 660, 044			0	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0		0.00000		0	76. 00
76.01 03951 OUTPATIENT WOUND CARE CENTER	9, 417				14	76. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	3, 196				0	76. 97
77. 00 07700 ALLOGENEIC HSCT ACQUISITION	0	0	0.00000	0 0	0	77. 00
OUTPATIENT SERVICE COST CENTERS	_	T _	T	_1		
90. 00 09000 CLI NI C	0		0.0000		0	
90. 01 04950 SLEEP CLINIC	7, 747				0	
90. 02 09001 ANTI COAGULATI ON CLINI C	20, 604		1		0	90. 02
90. 03 09002 ARNETT CANCER CARE CENTER	154, 323		1		0	90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	6, 748				0	90. 04
91. 00 09100 EMERGENCY	1, 886, 856			· ·	5, 904	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1, 162, 338				0	92.00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.0000		0	
93. 00 04951 OTHER OUTPATIENT SERVICES	0	0	0.00000		0	93. 00
200.00 Total (lines 50 through 199)	14, 275, 610	1, 566, 851, 450	1	5, 791, 319	64, 102	1200.00

Health Financial Systems	IU HEALTH ARNE		ON 45 0470		eu of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COST	S Provider Co		Period: From 01/01/2022	Worksheet D Part III	
				To 12/31/2022		pared:
					5/26/2023 10:	13 am_
			e XIX	Hospi tal	PPS	
Cost Center Description	Nursi ng	Nursi ng		Allied Health	All Other Medical	
	Program Post-Stepdown	Program	Post-Stepdowr Adjustments		Medical Education Cost	
	Adjustments		Aujustillerits		Luucation cost	
	1A	1. 00	2A	2. 00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					5.55	
30. 00 03000 ADULTS & PEDI ATRI CS	0	0		0 0	0	30. 00
31.00 03100 INTENSIVE CARE UNIT	0	0		0	0	31. 00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		0	0	33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT	0	0		0	0	
35.00 02060 NEONATAL INTENSIVE CARE UNIT	0	0		0	0	35. 00
43. 00 04300 NURSERY	0	0		0	0	43. 00
200.00 Total (lines 30 through 199)	0	0		0 0		200. 00
Cost Center Description	Swi ng-Bed	Total Costs		Per Diem (col.	Inpati ent	
	Adjustment	(sum of cols.	Days	5 ÷ col. 6)	Program Days	
	Amount (see instructions)	1 through 3, minus col. 4)				
	4.00	5.00	6, 00	7. 00	8. 00	
INPATIENT ROUTINE SERVICE COST CENTERS	4.00	3.00	0.00	7.00	0.00	
30. 00 03000 ADULTS & PEDIATRICS	0	0	48, 83	0.00	476	30.00
31. 00 03100 I NTENSI VE CARE UNI T		0	3, 83			31. 00
33. 00 03300 BURN INTENSIVE CARE UNIT		0		0.00	0	33. 00
33. 01 03301 BURN INTENSIVE CARE UNIT		0		0.00	0	33. 01
35.00 02060 NEONATAL INTENSIVE CARE UNIT		0	3, 41	7 0.00	167	35. 00
43. 00 04300 NURSERY		0	2, 67			
200.00 Total (lines 30 through 199)		0	58, 74	8	2, 752	200. 00
Cost Center Description	I npati ent					
	Program					
	Pass-Through					
	Cost (col. 7 x col. 8)					
	9.00					
INDATIENT DOUTINE SERVICE COST CENTERS	7. 30					

30. 00 31. 00 33. 00 33. 01 35. 00 43. 00 200. 00

30. 00 03000 ADULTS & PEDIATRICS
31. 00 03100 INTENSIVE CARE UNIT
33. 00 03300 BURN INTENSIVE CARE UNIT
33. 01 03301 BURN INTENSIVE CARE UNIT
35. 00 02060 NEONATAL INTENSIVE CARE UNIT

43. 00 | 04300 | NURSERY | Total (lines 30 through 199)

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet D | From 01/01/2022 | Part IV | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | T THROUGH COSTS

					10 12/31/202.	5/26/2023 10:	
			Ti tI	e XIX	Hospi tal	PPS	
	Cost Center Description	Non Physician	Nursi ng	Nursi ng		Allied Health	
	'	Anestheti st	Program	Program	Post-Stepdowr		
		Cost	Post-Stepdown		Adjustments		
			Adjustments				
		1.00	2A	2.00	3A	3. 00	
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATI NG ROOM	0	0	1	0	0 0	50.00
51.00	05100 RECOVERY ROOM	0	0	1	0	0 0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	1	0	0 0	52.00
53.00	05300 ANESTHESI OLOGY	0	0	1	0	0 0	53.00
53. 01	05301 ASC ANESTHESI OLOGY	0	0)	0	0 0	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0)	0	0 0	54. 00
55. 00	05500 RADI OLOGY-THERAPEUTI C	0	0)	0	0 0	55. 00
56.00	05600 RADI OI SOTOPE	0	0)	0	0 0	56. 00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	0)	0	0 0	
60.00	06000 LABORATORY	0	0)	0	0 0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0)	0	0 0	63. 00
65.00	06500 RESPI RATORY THERAPY	0	0)	0	0 0	65. 00
66. 00	06600 PHYSI CAL THERAPY	0	0)	0	0 0	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0	1	0	0 0	67. 00
68.00	06800 SPEECH PATHOLOGY	0	0	1	0	0 0	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0)	0	0 0	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1	0	0 0	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1	0	0 0	71. 00
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS	0	0	1	0	0 0	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0)	0	368, 213	73. 00
73. 01	07301 RETAIL PHARMACY	0	0	1	0	0 0	73. 01
74.00	07400 RENAL DIALYSIS	0	0	1	0	0 0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	1	0	0 0	75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	0	0	1	0	0 0	75. 01
76.00	03950 CARDI AC CATHERI ZATI ON	0	0	1	0	0 0	76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	0	0	1	0	0 0	76. 01
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	1	0	0 0	76. 97
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0	0		0	0 0	77. 00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	0	1	0	0 0	90.00
90. 01	04950 SLEEP CLINIC	0	0)	0	0 0	90. 01
90. 02	09001 ANTI COAGULATI ON CLINI C	0	0)	0	0 0	90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	0	0	1	0	0	
90. 04	09003 OUTPATIENT INFUSION CENTER	0	0)	0	0 0	90. 04
91.00	09100 EMERGENCY	0	0	1	0	0	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	1	0	0	
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	1	0	0	
200.00	Total (lines 50 through 199)	0	0	1	0	368, 213	200. 00

| In Lieu of Form CMS-2552-10 | Peri od: | Worksheet D | From 01/01/2022 | Part IV | To 12/31/2022 | Date/Time Prepared: | To 12/31/2022 | T
 Heal th Financial APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
 IU HEALTH ARNETT HOSPITAL ANCILLARY SERVICE OTHER PASS
 Provider
 Provider CCN: 15-0173 THROUGH COSTS

				'	0 12/31/2022	5/26/2023 10:	
			Ti tl	e XIX	Hospi tal	PPS	
	Cost Center Description	All Other	Total Cost	Total	Total Charges	Ratio of Cost	
	·	Medi cal	(sum of cols.	Outpati ent	(from Wkst. C,	to Charges	
		Education Cost	1, 2, 3, and	Cost (sum of	Part I, col.	(col. 5 ÷ col.	
			4)	col s. 2, 3,	8)	7)	
				and 4)		(see	
						instructions)	
		4. 00	5. 00	6. 00	7. 00	8. 00	
	ANCILLARY SERVICE COST CENTERS	_			_		
50.00	05000 OPERATING ROOM	0	0			0. 000000	•
51.00	05100 RECOVERY ROOM	0	0	0	14, 190, 942	0. 000000	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		0. 000000	•
53.00	05300 ANESTHESI OLOGY	0	0	0	.,,	0. 000000	•
53. 01	05301 ASC ANESTHESI OLOGY	0	0	0	5, 140, 615	0. 000000	53. 01
54.00	05400 RADI OLOGY-DI AGNOSTI C	0	0	0	121, 682, 285	0. 000000	54. 00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	0	0	0	0.000000	55. 00
56.00	05600 RADI OI SOTOPE	0	0	0	17, 332, 006	0.000000	56. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	0	0	0	64, 112, 168	0.000000	59. 00
60.00	06000 LABORATORY	0	0	0	95, 531, 356	0.000000	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	5, 354, 697	0.000000	63.00
65.00	06500 RESPI RATORY THERAPY	0	0	0	19, 008, 325	0.000000	65. 00
66.00	06600 PHYSI CAL THERAPY	0	0	0	4, 591, 032	0.000000	66. 00
67.00	06700 OCCUPATI ONAL THERAPY	0	0	0	2, 853, 153	0.000000	67. 00
68.00	06800 SPEECH PATHOLOGY	0	0	0	2, 310, 696	0.000000	68. 00
69. 00	06900 ELECTROCARDI OLOGY	0	0	0	42, 076, 358	0.000000	69. 00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	744, 015	0.000000	70. 00
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	72, 289, 202	0.000000	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	137, 881, 446	0.000000	72. 00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	368, 213	368, 213	263, 234, 876	0. 001399	73. 00
73. 01	07301 RETAIL PHARMACY	0	0	0	8, 589, 403	0.000000	73. 01
74.00	07400 RENAL DIALYSIS	0	0	0	4, 001, 831	0.000000	74. 00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0.000000	75. 00
75. 01	07501 ASC (NON-DISTINCT PART)	0	0	0	156, 660, 044	0.000000	75. 01
76.00	03950 CARDI AC CATHERI ZATI ON	0	0	0	0	0.000000	76. 00
76. 01	03951 OUTPATIENT WOUND CARE CENTER	0	0	0	14, 198, 227	0. 000000	
76. 97	07697 CARDI AC REHABI LI TATI ON	0	0	l .		0. 000000	
77. 00	07700 ALLOGENEIC HSCT ACQUISITION	0	0	0	0	0.000000	77. 00
	OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLI NI C	0	_			0. 000000	1
90. 01	04950 SLEEP CLINIC	0	0	0	5, 518, 801	0. 000000	•
90. 02	09001 ANTI COAGULATI ON CLI NI C	0	0	0	571, 779	0. 000000	90. 02
90. 03	09002 ARNETT CANCER CARE CENTER	0	0	0		0. 000000	•
90. 04	09003 OUTPATIENT INFUSION CENTER	0	0	0	1, 697, 970	0. 000000	•
91. 00	09100 EMERGENCY	0	0	_		0. 000000	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		0. 000000	1
92. 01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0. 000000	
93. 00	04951 OTHER OUTPATIENT SERVICES	0	0	0	0	0. 000000	•
200.00	Total (lines 50 through 199)	0	368, 213	368, 213	1, 566, 851, 450		200. 00

| Peri od: | Worksheet D | From 01/01/2022 | Part IV | To | 12/31/2022 | Date/Time Prepared: Provi der CCN: 15-0173 THROUGH COSTS

			To	12/31/2022	Date/Time Prep 5/26/2023 10:	
		Ti tl	e XIX	Hospi tal	PPS	15 4111
Cost Center Description	Outpati ent	I npati ent	Inpatient	Outpati ent	Outpati ent	
p	Ratio of Cost	Program	Program	Program	Program	
	to Charges	Charges	Pass-Through	Charges	Pass-Through	
	(col. 6 ÷ col.	3	Costs (col. 8	· ·	Costs (col. 9	
	7)		x col. 10)		x col. 12)	
	9. 00	10.00	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS			'			
50.00 05000 OPERATING ROOM	0. 000000	374, 770	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0. 000000	26, 400	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000	273, 733	0	0	0	52.00
53. 00 05300 ANESTHESI OLOGY	0. 000000	22, 091	0	0	0	53.00
53. 01 05301 ASC ANESTHESI OLOGY	0. 000000	0	0	0	0	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000	696, 176	0	0	0	54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000	0	0	0	0	55. 00
56. 00 05600 RADI 0I SOTOPE	0. 000000	16, 770	0	0	0	56. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0. 000000	124, 028	0	0	0	59. 00
60. 00 06000 LABORATORY	0. 000000	595, 653	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0. 000000	231, 814	0	o	0	63.00
65. 00 06500 RESPIRATORY THERAPY	0. 000000	597, 095	0	o	0	65. 00
66. 00 06600 PHYSI CAL THERAPY	0. 000000	38, 825	0	o	0	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY	0. 000000	24, 147	0	o	0	67. 00
68. 00 06800 SPEECH PATHOLOGY	0. 000000	31, 094	0	o	0	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0. 000000	306, 147	0	o	0	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY	0. 000000	10, 112	0	o	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 000000	294, 854	0	o	0	71. 00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 000000	50, 634	o	ol	ol	72. 00
73.00 07300 DRUGS CHARGED TO PATIENTS	0. 001399	1, 056, 801	1, 478	ol	ol	73. 00
73. 01 07301 RETALL PHARMACY	0. 000000	0	0	ol	0	73. 01
74.00 07400 RENAL DIALYSIS	0. 000000	274, 524	o	ol	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0. 000000	0	o	ol	0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)	0. 000000	0	0	o	0	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON	0. 000000	0	0	o	0	76. 00
76. 01 03951 OUTPATIENT WOUND CARE CENTER	0. 000000	21, 732	o	ol	0	76. 01
76. 97 07697 CARDI AC REHABI LI TATI ON	0. 000000	0	0	ol	0	76. 97
77.00 07700 ALLOGENEIC HSCT ACQUISITION	0. 000000	0	0	ol	0	77. 00
OUTPATIENT SERVICE COST CENTERS			-1	-1	-	
90. 00 09000 CLI NI C	0. 000000	0	0	0	0	90.00
90. 01 04950 SLEEP CLINIC	0. 000000	0	0	ol	0	90. 01
90. 02 09001 ANTI COAGULATI ON CLINIC	0. 000000	0	o	ol	ol	90. 02
90. 03 09002 ARNETT CANCER CARE CENTER	0. 000000	0	o	ol	ol	90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER	0. 000000	0	l	ol	0	90. 04
91. 00 09100 EMERGENCY	0. 000000	723, 919	l	ol	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000	0	l	ol	0	92. 00
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)	0. 000000	0	0	ol	0	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES	0. 000000	0	0	ol	0	93. 00
200.00 Total (lines 50 through 199)		5, 791, 319	1, 478	ol		200. 00
1 (1	2, , 0	., ., .,	٩	۰	

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 15-0173	Peri od: From 01/01/2022	Worksheet D-1
		To 12/31/2022	Date/Time Prepared: 5/26/2023 10:13 am
	Title XVIII	Hospi tal	PPS

		T: +1 o V/// / /	Hooni tol	5/26/2023 10:	13 am	
	Cost Center Description	Title XVIII	Hospi tal	PPS		
	,			1. 00		
	PART I - ALL PROVIDER COMPONENTS					
1. 00	INPATIENT DAYS Inpatient days (including private room days and swing-bed days	oveluding newborn)		48, 830	1.00	
2. 00	Inpatient days (including private room days and swing-bed days) Inpatient days (including private room days, excluding swing-b			48, 830 48, 830	2.00	
3.00	Private room days (excluding swing-bed and observation bed day	<i>3 ,</i>	ivate room davs.	0	3.00	
	do not complete this line.	,-, y-=y p.				
4.00	Semi-private room days (excluding swing-bed and observation be			43, 484	4. 00	
5.00	Total swing-bed SNF type inpatient days (including private roo	om days) through Decembe	r 31 of the cost	0	5. 00	
	reporting period	om dava) after December	21 of the cost	0	/ 00	
6. 00	Total swing-bed SNF type inpatient days (including private rooreporting period (if calendar year, enter 0 on this line)	om days) arter becember	31 OF the Cost	0	6. 00	
7.00	Total swing-bed NF type inpatient days (including private room	n days) through December	31 of the cost	0	7. 00	
	reporting period					
8.00	Total swing-bed NF type inpatient days (including private room	n days) after December 3	1 of the cost	0	8. 00	
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	the Program (eveluding	swing had and	16, 050	9. 00	
7.00	newborn days) (see instructions)	The Frogram (excruding	swifig-bed and	10, 030	7.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII or	nly (including private r	oom days)	0	10.00	
	through December 31 of the cost reporting period (see instruct					
11. 00	Swing-bed SNF type inpatient days applicable to title XVIII or		oom days) after	0	11. 00	
12. 00	December 31 of the cost reporting period (if calendar year, er Swing-bed NF type inpatient days applicable to titles V or XI)		e room days)	0	12. 00	
12.00	through December 31 of the cost reporting period	Comy (merdaring privat	c room days)	O	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XI)			0	13. 00	
44.00	after December 31 of the cost reporting period (if calendar ye				44.00	
14. 00 15. 00	Medically necessary private room days applicable to the Progra Total nursery days (title V or XIX only)	am (excluding swing-bed	days)	0	14. 00 15. 00	
16. 00	Nursery days (title V or XIX only)			0	16. 00	
10.00	SWING BED ADJUSTMENT				10.00	
17. 00	Medicare rate for swing-bed SNF services applicable to service	es through December 31 o	f the cost	0. 00	17. 00	
40.00	reporting period	CL D L 01 C		0.00	40.00	
18. 00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period				18. 00	
19. 00	Medicaid rate for swing-bed NF services applicable to services	0.00	19. 00			
	reporting period					
20. 00	Medicaid rate for swing-bed NF services applicable to services	0. 00	20. 00			
21. 00	reporting period Total general inpatient routine service cost (see instructions	:)		86, 779, 926	21. 00	
22. 00	Swing-bed cost applicable to SNF type services through December		ing period (line	00,777,720	22. 00	
	5 x line 17)					
23. 00	Swing-bed cost applicable to SNF type services after December	31 of the cost reportin	g period (line 6	0	23. 00	
24. 00	x line 18) Swing-bed cost applicable to NF type services through December	- 31 of the cost reporti	ng period (line	0	24. 00	
24.00	7 x line 19)	or the cost reporti	ing period (inite	O	24.00	
25. 00	Swing-bed cost applicable to NF type services after December 3	31 of the cost reporting	period (line 8	0	25. 00	
04 00	x line 20)				0, 00	
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost ((line 21 minus line 26)		0 86, 779, 926	26. 00 27. 00	
27.00	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	(Title 21 millas Title 20)		00, 117, 720	27.00	
28. 00	General inpatient routine service charges (excluding swing-bed	d and observation bed ch	arges)	0	28. 00	
29. 00	Private room charges (excluding swing-bed charges)			0	ł	
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	1	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	1	
34. 00						
35.00	, , ,				35. 00 36. 00	
36. 00 37. 00	Private room cost differential adjustment (line 3 x line 35) General inpatient routine service cost pet of swing-hed cost a	0 86, 779, 926	36.00			
37.00	.00 General inpatient routine service cost net of swing-bed cost and private room cost differential (line 86,779 27 minus line 36)					
	PART II - HOSPITAL AND SUBPROVIDERS ONLY					
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU					
38. 00	Adjusted general inpatient routine service cost per diem (see			1, 777. 18	1	
39. 00	Program general inpatient routine service cost (line 9 x line	•		28, 523, 739	39.00	
40.00	Medically necessary private room cost applicable to the Progra Total Program general inpatient routine service cost (line 39)			0 28, 523, 739	40.00	
41.00	Trotal Trogram general impatrent routine service cost (IIIIe 39	11110 40)	ı	20, 323, 139	1 41.00	

	Financial Systems ATION OF INPATIENT OPERATING COST	IU HEALTH ARNET		CN: 15-0173	In Lie Period:	u of Form CMS-: Worksheet D-1	
00 0 .					From 01/01/2022 To 12/31/2022		
						5/26/2023 10:	
	Cost Center Description	Total	Ti tl e	XVIII Average Per	Hospital Program Days	PPS Program Cost	
	cost center bescription	Inpatient Cost				(col. 3 x col.	
		1.00	2.00	col . 2)	4.00	4)	
42. 00	NURSERY (title V & XIX only)	1.00	2.00	3.00	4. 00	5. 00 0	42. 00
	Intensive Care Type Inpatient Hospital Units	-					
43. 00 44. 00	INTENSIVE CARE UNIT	11, 909, 866	3, 830	3, 109. 6	1, 094	3, 401, 935	43. 00 44. 00
45. 00	BURN INTENSIVE CARE UNIT	o	C	0.0	00 0	0	1
45. 01	BURN INTENSIVE CARE UNIT	0	C	0.0	00	0	
46. 00 47. 00	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	6, 988, 919	3, 417	2, 045. 3	34 0	0	46. 00 47. 00
47.00	Cost Center Description	0, 700, 717	3, 417	2,045.3	0	0	47.00
10.00						1.00	10.00
48. 00 48. 01	Program inpatient ancillary service cost (Wk: Program inpatient cellular therapy acquisition			III line 10	column 1)	25, 803, 188 0	1
49. 00	Total Program inpatient costs (sum of lines	•			201 dilli 17	57, 728, 862	1
FO 00	PASS THROUGH COST ADJUSTMENTS Pass through costs applicable to Program inpo			. WI+ D		2 002 024	
50. 00		atrent routine s	services (Tron	1 WKSt. D, SUM	or Parts I and	3, 802, 924	50.00
51.00	Pass through costs applicable to Program inp	atient ancillary	, services (fr	om Wkst. D, s	um of Parts II	1, 502, 240	51. 00
52. 00	and IV) Total Program excludable cost (sum of lines!	50 and 51)				5, 305, 164	52.00
53. 00	Total Program inpatient operating cost exclusion	,	ated, non-phy	sician anesth	etist, and	52, 423, 698	1
	medical education costs (line 49 minus line	52)					
54. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54.00
55. 00	Target amount per discharge					0.00	
55. 01	Permanent adjustment amount per discharge					0.00	1
55. 02 56. 00	Adjustment amount per discharge (contractor Target amount (line 54 x sum of lines 55, 55					0. 00 0	1
57. 00	Difference between adjusted inpatient operat		get amount (I	ine 56 minus	line 53)	0	1
58.00	Bonus payment (see instructions)	I: FF <i>&</i>	46			0 0. 00	
59. 00	9.00 Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						
60.00	.00 Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the						
61. 00	market basket) Continuous improvement bonus payment (if line	- 53 ∸ line 54 i	s less than t	he lowest of	lines 55 nlus	0	61. 00
01.00	55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line						
	53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise						
62. 00	enter zero. (see instructions) 62.00 Relief payment (see instructions)						
63. 00	Allowable Inpatient cost plus incentive payments	ent (see instruc	ctions)			0	63. 00
64. 00	PROGRAM INPATIENT ROUTINE SWING BED COST Medicare swing-bed SNF inpatient routine cos	ts through Decem	nher 31 of the	cost reporti	ng period (See	0	64. 00
01.00	instructions)(title XVIII only)	to thi odgir becom		, cost reporti	ng perrou (see		01.00
65. 00	Medicare swing-bed SNF inpatient routine cos	ts after Decembe	er 31 of the d	ost reporting	period (See	0	65. 00
66. 00	<pre>instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient routing</pre>	ne costs (line 6	54 plus line 6	5)(title XVII	I only); for	0	66. 00
	CAH, see instructions		·		•	_	
67. 00	Title V or XIX swing-bed NF inpatient routing (line 12 x line 19)	e costs through	December 31 c	of the cost re	porting period	0	67. 00
68. 00	Title V or XIX swing-bed NF inpatient routing	e costs after De	ecember 31 of	the cost repo	orting period	0	68. 00
69. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (1	ine 67 ± line	. 68)		0	69. 00
07.00	PART III - SKILLED NURSING FACILITY, OTHER NU					0	37.00
70.00	Skilled nursing facility/other nursing facili	-		, ,			70.00
71. 00 72. 00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		ne /U ÷ line	2)			71.00
73. 00	Medically necessary private room cost application		(line 14 x li	ne 35)			73. 00
74. 00 75. 00	Total Program general inpatient routine servi	•			ort II column		74. 00 75. 00
75.00	Capital-related cost allocated to inpatient 26, line 45)	outine service	COSTS (110III V	IOI KSHEEL B, F	art II, Corumn		75.00
76. 00	Per diem capital-related costs (line 75 ÷ li						76. 00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for excess		ovi der record	ls)			79. 00
80.00	Total Program routine service costs for compa		ost limitation	ı (line 78 mir	us line 79)		80.00
81. 00 82. 00	Inpatient routine service cost per diem limi Inpatient routine service cost limitation (I		1				81. 00 82. 00
83. 00	Reasonable inpatient routine service costs (,					83. 00
84.00	Program inpatient ancillary services (see in		20)				84.00
85. 00 86. 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85. 00 86. 00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST	/				
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per		line 2)			5, 346 1, 777. 18	87.00
50.00	ing asted general impatreme routine cost per	OIII (11110 Z/ =	. 1 110 2)			1, 111.10	1 55. 50

Health Financial Systems		IU HEALTH ARNE	ETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CO		Peri od:	Worksheet D-1		
					From 01/01/2022 To 12/31/2022	Date/Time Pre 5/26/2023 10:	
			Title	XVIII	Hospi tal	PPS	
Cost Center Descr	ption						
						1. 00	
89.00 Observation bed cost (I	ine 87 x line 88) (see	e instructions)				9, 500, 804	89. 00
Cost Center Descr	ption	Cost	Routine Cost	column 1 ÷	Total	Observati on	
			(from line 21)	column 2	Observati on	Bed Pass	
					Bed Cost (from	Through Cost	
					line 89)	(col. 3 x col.	
						4) (see	
						instructions)	
		1. 00	2. 00	3.00	4. 00	5. 00	
COMPUTATION OF OBSERVAT	ION BED PASS THROUGH C	COST					
90.00 Capital -related cost		10, 616, 737	86, 779, 926	0. 12234	1 9, 500, 804	1, 162, 338	90. 00
91.00 Nursing Program cost		0	86, 779, 926	0.00000	0 9, 500, 804	0	91. 00
92.00 Allied health cost		0	86, 779, 926	0.00000	0 9, 500, 804	0	92. 00
93.00 All other Medical Educa	ti on	0	86, 779, 926	0.00000	0 9, 500, 804	0	93. 00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL	In Lie	u of Form CMS-	2552-10
COMPUTATION OF INPATIENT OPERATING COST	Provi der CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet D-1 Date/Time Pre 5/26/2023 10:	pared:
	Title XIX	Hospi tal	PPS	

Digital - ALL INFOLINGES CONTROPENTS 1.00 Position - ALL INFOLINGES CONTROPENTS 1.00 Impaction Indigits (including private room days and swing-bed days, excluding newborn) 48,830 2.00 Inspection Indigits (including private room days, excluding swing-bed and emborn days) 0.00 Inspection Indigits (including private room days, excluding swing-bed and properties of the cost of not copy that the information of the cost of not copy that in the information of the cost of not copy that in the information of the cost of not copy that in the information of the cost of not copy that in the information of the cost of not copy that in the information of the cost of not copy that in the information of the cost of not copy that in the cost of not copy that			Title XIX	Hospi tal	5/26/2023 10: PPS	13 am_
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PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS 38.00 Adjusted general inpatient routine service cost per diem (see instructions) 39.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 38.00 Adjusted general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 40.00						
38.00 Adjusted general inpatient routine service cost per diem (see instructions) 1,777.18 38.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 1,777.18 38.00 845,938 39.00			JSTMENTS			
39.00 Program general inpatient routine service cost (line 9 x line 38) 40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35) 845, 938 39.00 40.00	38. 00				1, 777. 18	38. 00
			*			
41.00 Total Program general inpatient routine service cost (line 39 + line 40) 845, 938 41.00		, , , , , , , , , , , , , , , , , , , ,	,			
	41. 00	Total Program general inpatient routine service cost (line 39	+ line 40)	l	845, 938	41.00

	Financial Systems ATION OF INPATIENT OPERATING COST	IU HEALTH ARNET	Provi der CCN:		Peri od:	worksheet D-1	
					From 01/01/2022 To 12/31/2022		
			Title)		Hospi tal	PPS	15 0
	Cost Center Description	Total Inpatient CostIn		verage Per em (col. 1 col. 2)		Program Cost (col. 3 x col. 4)	
. 00	NURSERY (title V & XIX only)	1. 00 2, 186, 807	2. 00	3. 00 818. 7	4. 00 72 1, 499	5. 00 1, 227, 261	42.
. 00	Intensive Care Type Inpatient Hospital Uni		2, 071	010. 7	1, 477	1, 227, 201	42.
	INTENSIVE CARE UNIT	11, 909, 866	3, 830	3, 109. 6	610	1, 896, 874	
	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT	0	o	0. 0	00 0	0	44. 45.
	BURN INTENSIVE CARE UNIT	0	0	0.0	00 0	0	1
	SURGICAL INTENSIVE CARE UNIT NEONATAL INTENSIVE CARE UNIT	6, 988, 919	3, 417	2, 045. 3	34 167	341, 572	46
	Cost Center Description			·			
. 00	Program inpatient ancillary service cost	Wkst. D-3. col. 3.	line 200)			1. 00 1, 091, 710	48.
. 01	Program inpatient cellular therapy acquisi	tion cost (Workshee	t D-6, Part III		column 1)	0	48
. 00	Total Program inpatient costs (sum of line PASS THROUGH COST ADJUSTMENTS	es 41 through 48.01)	(see instruction	ns)		5, 403, 355	49
00	Pass through costs applicable to Program i	npatient routine se	rvices (from Wk	st. D, sum	of Parts I and	526, 045	50
00	III) Pass through costs applicable to Program i	nnationt and llace	convices (fra-	Wkst D -	um of Dorto U	45 500	51
00	and IV)	npatrent andiriary	services (Trom	WKSL. D, S	Sum of Parts II	65, 580	51
00	Total Program excludable cost (sum of line		tod non	ion on!	otict and	591, 625	
00	Total Program inpatient operating cost exc medical education costs (line 49 minus lin		tea, non-physic	ıan anesth	erist, and	4, 811, 730	53
	TARGET AMOUNT AND LIMIT COMPUTATION	,				_	ļ
	Program discharges Target amount per discharge					0.00	
01	Permanent adjustment amount per discharge					0.00	
	Adjustment amount per discharge (contractor Target amount (line 54 x sum of lines 55,	0.00	1				
	Difference between adjusted inpatient oper	0					
00	Trended costs (lesser of line 53 ÷ line 54, or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket)						
00	Expected costs (lesser of line 53 ÷ line 54, or line 55 from prior year cost report, updated by the market basket)						60
. 00	Continuous improvement bonus payment (if line 53 ÷ line 54 is less than the lowest of lines 55 plus 55.01, or line 59, or line 60, enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						61
	Relief payment (see instructions)					0	
	Allowable Inpatient cost plus incentive pa PROGRAM INPATIENT ROUTINE SWING BED COST	ayment (see instruct	i ons)			0	63
	Medicare swing-bed SNF inpatient routine of	costs through Decemb	er 31 of the co	st reporti	ng period (See	0	64
00	<pre>instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine or</pre>	costs after December	31 of the cost	reporting	period (See	0	65
00	instructions)(title XVIII only) Total Medicare swing-bed SNF inpatient rou	utine costs (line 64	plus line 65)(title XVII	I only); for	0	66
00	CAH, see instructions Title V or XIX swing-bed NF inpatient rout	tine costs through D	ecember 31 of t	he cost re	porting period	0	67
00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient rout	ine costs after Dec	ember 31 of the	cost repo	orting period	0	68
. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68) PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/IID ONLY						69
00	Skilled nursing facility/other nursing fac						70
	Adjusted general inpatient routine service		e 70 ÷ line 2)				71
	Program routine service cost (line 9 x lin Medically necessary private room cost appl		line 14 x line	35)			72
	Total Program general inpatient routine se	•		choct D D	ort II orlini		74
00	Capital -related cost allocated to inpatier 26, line 45)		usis (from Work	sneet B, P	artii, COTUMN		75
	Per diem capital-related costs (line 75 ÷ Program capital-related costs (line 9 x li						77
00	Inpatient routine service cost (line 74 mi	nus line 77)	and all and a second				78
	Aggregate charges to beneficiaries for exc Total Program routine service costs for co		· · · · · · · · · · · · · · · · · · ·	ine 78 min	us line 79)		79 80
00	Inpatient routine service cost per diem li	mi tati on	220.00				81
00	Inpatient routine service cost limitation Reasonable inpatient routine service costs	•					82
	Program inpatient ancillary services (see	, ,					84
. 00	Utilization review - physician compensation	on (see instructions					85
. 00	Total Program inpatient operating costs (SPART IV - COMPUTATION OF OBSERVATION BED F		ugn 80)				86
	FART IV - COMPUTATION OF OBSERVATION BITS						

Health Financial Systems	IU HEALTH ARNE	TT HOSPITAL		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CC		Peri od:	Worksheet D-1	
				From 01/01/2022 To 12/31/2022	Date/Time Prep 5/26/2023 10:	oared: 13 am_
		Ti tl	e XIX	Hospi tal	PPS	
Cost Center Description						
					1. 00	
89.00 Observation bed cost (line 87 x line 88)	(see instructions)				9, 500, 804	89. 00
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observati on	
		(from line 21)	column 2	Observati on	Bed Pass	
				Bed Cost (from	Through Cost	
				line 89)	(col. 3 x col.	
					4) (see	
					instructions)	
	1.00	2.00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROU	JGH COST					
90.00 Capital-related cost	10, 616, 737	86, 779, 926	0. 12234	1 9, 500, 804	1, 162, 338	90.00
91.00 Nursing Program cost	o	86, 779, 926	0.00000	9, 500, 804	0	91.00
92.00 Allied health cost	0	86, 779, 926	0. 00000	9, 500, 804	0	92.00
93.00 All other Medical Education	0	86, 779, 926	0. 00000	9, 500, 804	0	93.00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL		In Lieu of Form CMS-2552-10
INDATIENT ANGLI ADVI CEDVI CE COCT ADDODTI ONMENT		D: -I CCN 1F 0170	D!I	WI+ D 2

Health Financial Systems	IU HEALTH ARNETT HOSPITAL		In Lie	u of Form CMS-2	2552-10
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	Provider CCN: 15-0173 Period:		Worksheet D-3	
		From 01/01/2			
		To 12/31			
	Ti +l c	Title XVIII Hospital		5/26/2023 10: 13 am PPS	
Cost Center Description		Ratio of Cost		Inpati ent	
cost center bescription		To Charges	Program	Program Costs	
		10 Charges	Charges	(col. 1 x col.	
			Charges	2)	
		1.00	2. 00	3. 00	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS			63, 300, 337		30.00
31. 00 03100 NTENSI VE CARE UNI T			8, 774, 740		31.00
33. 00 03300 BURN INTENSIVE CARE UNIT			0, 774, 740		33.00
33. 01 03300 BURN INTENSIVE CARE UNIT			0		33. 00
35. 00 02060 NEONATAL INTENSIVE CARE UNIT			0		35.00
43. 00 04300 NURSERY			0		43.00
ANCI LLARY SERVI CE COST CENTERS					43.00
50. 00 05000 OPERATING ROOM		0. 11704	4 22, 535, 384	2, 637, 631	50.00
51. 00 05100 RECOVERY ROOM		0. 11704		363, 640	51.00
52. 00 05200 DELIVERY ROOM & LABOR ROOM		0. 17011		21, 755	52.00
53. 00 05300 ANESTHESI OLOGY		0. 27034		1, 135, 286	
		l l			
		0. 01550		38	53. 01
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 10427		1, 894, 111	
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.00000		0	55. 00
56. 00 05600 RADI 01 SOTOPE		0. 06952		59, 881	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 06925		606, 739	59. 00
60. 00 06000 LABORATORY		0. 16714		2, 048, 150	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 20672		261, 939	63. 00
65. 00 06500 RESPIRATORY THERAPY		0. 26431		1, 399, 948	65. 00
66. 00 06600 PHYSI CAL THERAPY		0. 31335		525, 771	66. 00
67. 00 06700 OCCUPATI ONAL THERAPY		0. 39028	4 1, 034, 494	403, 746	67. 00
68.00 06800 SPEECH PATHOLOGY		0. 26083	0 975, 550	254, 453	68. 00
69. 00 06900 ELECTROCARDI OLOGY		0. 09808	5 9, 066, 595	889, 297	69. 00
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 17363	2 225, 674	39, 184	70. 00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 21919	4 9, 518, 257	2, 086, 345	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 13060	9 23, 425, 142	3, 059, 534	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS		0. 23956	22, 453, 190	5, 378, 931	73.00
73.01 07301 RETAIL PHARMACY		1. 09055	5 0	0	73. 01
74.00 07400 RENAL DIALYSIS		0. 36216	8 1, 589, 710	575, 742	74. 00
75.00 07500 ASC (NON-DISTINCT PART)		0.00000	0 0	0	75. 00
75. 01 07501 ASC (NON-DISTINCT PART)		0.06676	9 67, 876	4, 532	75. 01
76. 00 03950 CARDI AC CATHERI ZATI ON		0.00000	0 0	0	76. 00
76.01 03951 OUTPATIENT WOUND CARE CENTER		0. 10967		7, 884	76. 01
76. 97 07697 CARDI AC REHABI LI TATI ON		0.00000		0	76. 97
77.00 07700 ALLOGENEIC HSCT ACQUISITION		0.00000		0	77. 00
OUTPATIENT SERVICE COST CENTERS			-		
90. 00 09000 CLI NI C		0.00000	0 0	0	90.00
90. 01 04950 SLEEP CLINIC		0. 18404		0	90. 01
90. 02 09001 ANTI COAGULATION CLINIC		1. 65881		1, 836	90. 02
90. 03 09002 ARNETT CANCER CARE CENTER		0. 09155		6, 832	90. 03
90. 04 09003 OUTPATIENT INFUSION CENTER		0. 06718		12	90. 04
91. 00 09100 EMERGENCY		0. 10170		2, 123, 515	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 34633		16, 456	
92. 01 09201 OBSERVATION BEDS (DISTINCT PART)		0. 00000		0, 430	92. 01
93. 00 04951 OTHER OUTPATIENT SERVICES		0. 00000		0	93.00
200.00 Total (sum of lines 50 through 94 and 9	06 through 98)	3.00000	163, 464, 320	_	
201.00 Less PBP Clinic Laboratory Services-Pro	9		103, 404, 320	23,003,100	201.00
202.00 Net charges (line 200 minus line 201)	gram only charges (Title OI)		163, 464, 320		202.00
202.00 Met Glarges (Title 200 IIII lus Title 201)		I	100, 404, 320	I	1202.00

Health Financial Systems	IU HEALTH ARNETT HOSPITAL		In Lie	u of Form CMS-2	2552-10	
INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der C	Provi der CCN: 15-0173 Peri od:				
		From				
		To 1		Plate/Time Prepared: 5/26/2023 10:13 am		
	Ti tl	Title XIX Hospital		PPS		
Cost Center Description		Ratio of Cost		Inpati ent		
oost conton boson pri on		To Charges	Program	Program Costs		
		9	Charges	(col. 1 x col.		
			3.1	2)		
		1.00	2. 00	3. 00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 03000 ADULTS & PEDI ATRI CS			2, 414, 930		30.00	
31.00 03100 INTENSIVE CARE UNIT			629, 450		31.00	
33.00 03300 BURN INTENSIVE CARE UNIT			0		33. 00	
33.01 03301 BURN INTENSIVE CARE UNIT			0		33. 01	
35.00 02060 NEONATAL INTENSIVE CARE UNIT			2, 004, 476		35. 00	
43. 00 04300 NURSERY			202, 401		43.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATI NG ROOM		0. 11704		43, 865		
51.00 05100 RECOVERY ROOM		0. 19611		5, 178		
52.00 05200 DELIVERY ROOM & LABOR ROOM		0. 27054		74, 058		
53. 00 05300 ANESTHESI OLOGY		0. 88868		19, 632		
53. 01 05301 ASC ANESTHESI OLOGY		0. 01550		0	53. 01	
54. 00 05400 RADI OLOGY-DI AGNOSTI C		0. 10427	·	72, 592		
55. 00 05500 RADI OLOGY-THERAPEUTI C		0.00000		0	55. 00	
56. 00 05600 RADI 0I SOTOPE		0. 06952		1, 166	56. 00	
59. 00 05900 CARDI AC CATHETERI ZATI ON		0. 06925		8, 589	59. 00	
60. 00 06000 LABORATORY		0. 16714		99, 561		
63.00 06300 BLOOD STORING, PROCESSING & TRANS.		0. 20672		47, 922	63. 00	
65. 00 06500 RESPI RATORY THERAPY		0. 26431		157, 821	65. 00	
66. 00 06600 PHYSI CAL THERAPY		0. 31335	·	12, 166		
67. 00 06700 OCCUPATI ONAL THERAPY		0. 39028		9, 424	67. 00	
68. 00 06800 SPEECH PATHOLOGY		0. 26083		8, 110		
69. 00 06900 ELECTROCARDI OLOGY		0. 09808		30, 028		
70. 00 07000 ELECTROENCEPHALOGRAPHY		0. 17363		1, 756		
71. 00 07100 MEDI CAL SUPPLIES CHARGED TO PATIENTS		0. 21919		64, 630		
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS		0. 13060		6, 613		
73. 00 07300 DRUGS CHARGED TO PATIENTS		0. 23956		253, 169		
73. 01 07301 RETAIL PHARMACY		1. 09055		0	73. 01	
74. 00 07400 RENAL DI ALYSI S		0. 36216		99, 424		
75. 00 07500 ASC (NON-DISTINCT PART)		0.00000		0	75. 00	
75. 01 07501 ASC (NON-DISTINCT PART)		0.06676		0	75. 01	
76. 00 03950 CARDI AC CATHERI ZATI ON		0.00000		0	76.00	
76. 01 03951 OUTPATIENT WOUND CARE CENTER		0. 10967		2, 383	76. 01	
76.97 O7697 CARDIAC REHABILITATION 77.00 O7700 ALLOGENEIC HSCT ACQUISITION		0.00000		0	76. 97 77. 00	
77. 00 07700 ALLOGENEI C HSCT ACQUISITION OUTPATIENT SERVICE COST CENTERS		0. 00000	<u>U</u>	0	17.00	
90. 00 09000 CLINI C		0.00000	0 0	0	90.00	
90. 00 04950 SLEEP CLINIC		0. 00000		0	90.00	
90. 02 09001 ANTI COAGULATI ON CLINI C		1. 65881		0	90.01	
90. 03 09002 ARNETT CANCER CARE CENTER		0. 09155		0	90.02	
90. 04 09003 OUTPATIENT INFUSION CENTER		0.04133		0	90.03	
91. 00 09100 EMERGENCY				73, 623	91.00	
		0. 10170 0. 34633		73,023	91.00	
92. 00 09200 0BSERVATI ON BEDS (NON-DISTINCT PART) 92. 01 09201 0BSERVATI ON BEDS (DISTINCT PART)		0. 34633		0		
93. 00 04951 OTHER OUTPATIENT SERVICES		0.00000		0	93.00	
200.00 Total (sum of lines 50 through 94 and	06 through 00)	0.00000	5, 791, 319	1, 091, 710		
201.00 Less PBP Clinic Laboratory Services-Pr	9 ,		5, 191, 319	1,091,710	200.00	
202.00 Net charges (line 200 minus line 201)	ogram only charges (Title 61)		5, 791, 319		201.00	
202.00 Net Charges (Title 200 IIII hus Title 201)		I	0, 191, 319	I	1202.00	

	Title XVIII Hospital	5/26/2023 10: PPS	13 alli
		1. 00	
4 00	PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS		4 00
1. 00 1. 01	DRG Amounts Other than Outlier Payments DRG amounts other than outlier payments for discharges occurring prior to October 1 (see	25, 752, 685	
1. 02	instructions) DRG amounts other than outlier payments for discharges occurring on or after October 1 (see	8, 651, 588	1. 02
1.03	<pre>instructions) DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to Octob 1 (see instructions)</pre>	per 0	1. 03
1. 04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after loctober 1 (see instructions)	0	1. 04
2. 00 2. 01	Outlier payments for discharges. (see instructions) Outlier reconciliation amount	0	2. 00 2. 01
2. 02	Outlier payment for discharges for Model 4 BPCI (see instructions)	0	1
2.03	Outlier payments for discharges occurring prior to October 1 (see instructions)	1, 546, 620	2. 03
2.04	Outlier payments for discharges occurring on or after October 1 (see instructions)	285, 804	
3.00	Managed Care Simulated Payments	23, 461, 887	3.00
4. 00	Bed days available divided by number of days in the cost reporting period (see instructions) Indirect Medical Education Adjustment	185. 14	4. 00
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending or before 12/31/1996 (see instructions)	on 0.00	5. 00
5. 01	FTE cap adjustment for qualifing hospitals under §131 of the CAA 2021 (see instructions)	0.00	5. 01
6. 00	FTE count for allopathic and osteopathic programs that meet the criteria for an add-on to the cap f new programs in accordance with 42 CFR 413.79(e)	or 0.00	6. 00
6. 26	Rural track program FTE cap limitation adjustment after the cap-building window closed under §127 of the CAA 2021 (see instructions)	of 0.00	6. 26
7. 00 7. 01	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR $\S412.105(f)(1)(iv)(B)(1)$ ACA $\S5503$ reduction amount to the IME cap as specified under 42 CFR $\S412.105(f)(1)(iv)(B)(2)$ If the	0. 00 0. 00	1
7. 02	cost report straddles July 1, 2011 then see instructions. Adjustment (increase or decrease) to the hospital's rural track program FTE limitation(s) for rural	0.00	7. 02
	track programs with a rural track for Medicare GME affiliated programs in accordance with 413.75(b) and 87 FR 49075 (August 10, 2022) (see instructions)		
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,	0.00	8. 00
8. 01	1998), and 67 FR 50069 (August 1, 2002). The amount of increase if the hospital was awarded FTE cap slots under § 5503 of the ACA. If the co	ost 0.00	8. 01
8. 02	report straddles July 1, 2011, see instructions. The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital	0.00	8. 02
8. 21	under § 5506 of ACA. (see instructions) The amount of increase if the hospital was awarded FTE cap slots under §126 of the CAA 2021 (see	0.00	8. 21
9. 00	instructions) Sum of lines 5 and 5.01, plus line 6, plus lines 6.26 through 6.49, minus lines 7 and 7.01, plus or	0.00	9. 00
10. 00	minus line 7.02, plus/minus line 8, plus lines 8.01 through 8.27 (see instructions) FTE count for allopathic and osteopathic programs in the current year from your records	1	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	1
12.00	Current year allowable FTE (see instructions) Total allowable FTE count for the prior year.	0.00	12. 00 13. 00
13. 00 14. 00	Total allowable FTE count for the perior year. Total allowable FTE count for the penultimate year if that year ended on or after September 30, 199		
1 1. 00	otherwise enter zero.	0.00	11.00
15. 00		0.00	
	Adjustment for residents in initial years of the program (see instructions)	14. 46	
17. 00 18. 00	Adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count	l e	17. 00 18. 00
	Current year resident to bed ratio (line 18 divided by line 4).	0. 078103	
	Prior year resident to bed ratio (see instructions)	0. 080335	1
21. 00	Enter the lesser of lines 19 or 20 (see instructions)	0. 078103	21. 00
	IME payment adjustment (see instructions)	1, 436, 378	
22. 01	IME payment adjustment - Managed Care (see instructions)	979, 534	22. 01
23. 00	Indirect Medical Education Adjustment for the Add-on for § 422 of the MMA 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 25. 00	IME FTE Resident Count Over Cap (see instructions) If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see	0. 00 0. 00	1
26. 00	instructions) Resident to bed ratio (divide line 25 by line 4)	0.000000	
27. 00	IME payments adjustment factor. (see instructions)	0.00000	1
	IME add-on adjustment amount (see instructions)	0.000000	1
28. 01	IME add-on adjustment amount - Managed Care (see instructions)	0	
29. 00	Total IME payment (sum of lines 22 and 28)	1, 436, 378	
29. 01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01) Disproportionate Share Adjustment	979, 534	29. 01
30. 00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3. 16	30.00
31. 00	Percentage of Medicaid patient days (see instructions)	23. 33	
32. 00	Sum of lines 30 and 31	26. 49	
33.00	Allowable disproportionate share percentage (see instructions)	11.07	
34. 00	Disproportionate share adjustment (see instructions)	952, 139	34.00

LCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 15-0173	Peri od:	Worksheet E	2552-1
			From 01/01/2022 To 12/31/2022	Part A Date/Time Prep 5/26/2023 10:	
		Title XVIII	Hospi tal	PPS	
			Prior to 10/1		
	Uncompensated Care Payment Adjustment		1. 00	2. 00	
. 00	Total uncompensated care amount (see instructions)		7, 192, 008, 710	6, 874, 403, 459	35.0
. 01	Factor 3 (see instructions)		0. 000291381	0. 000298256	
. 02	Hospital UCP, including supplemental UCP (If line 34 is zero (see instructions)	, enter zero on this line	2, 095, 615	2, 050, 333	35. 0
. 03	Pro rata share of the hospital UCP, including supplemental U Total UCP adjustment (sum of columns 1 and 2 on line 35.03)	CP (see instructions)	1, 567, 405 2, 084, 202	516, 797	35. 0 36. 0
	Additional payment for high percentage of ESRD beneficiary d	ischarges (lines 40 throu			
. 00	Total Medicare discharges (see instructions)		0		40.0
. 00 . 01	Total ESRD Medicare discharges (see instructions) Total ESRD Medicare covered and paid discharges (see instruc	tions)	0		41. 0 41. 0
. 00	Divide line 41 by line 40 (if less than 10%, you do not qual		0.00		42.0
. 00	Total Medicare ESRD inpatient days (see instructions)	3 . . .	0		43.0
. 00	Ratio of average length of stay to one week (line 43 divided days)	by line 41 divided by 7	0. 000000		44.0
. 00	Average weekly cost for dialysis treatments (see instruction		0.00		45. 0
. 00	Total additional payment (line 45 times line 44 times line 4 Subtotal (see instructions)	1. 01)	40, 709, 416		46. 0 47. 0
. 00	Hospital specific payments (to be completed by SCH and MDH,	small rural hospitals	40, 709, 418		48.0
	only. (see instructions)			Amount	10.0
				Amount 1.00	
. 00	Total payment for inpatient operating costs (see instruction			41, 688, 950	
00	Payment for inpatient program capital (from Wkst. L, Pt. I a			3, 174, 184	1
. 00	Exception payment for inpatient program capital (Wkst. L, Pt Direct graduate medical education payment (from Wkst. E-4, I			0 615, 715	51. 0 52. 0
. 00	Nursing and Allied Health Managed Care payment	The Ty see That detrons).		53, 767	53.0
. 00	Special add-on payments for new technologies			248, 299	54. (
. 01	Islet isolation add-on payment	(0)		0	54. (
. 00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line Cellular therapy acquisition cost (see instructions)	69)		0	55. (55. (
. 00	Cost of physicians' services in a teaching hospital (see int	ructi ons)		0	56. (
. 00	Routine service other pass through costs (from Wkst. D, Pt.	•	hrough 35).	0	57. (
. 00	Ancillary service other pass through costs from Wkst. D, Pt.	IV, col. 11 line 200)		31, 412	•
). 00). 00	Total (sum of amounts on lines 49 through 58)			45, 812, 327	
. 00	Primary payer payments Total amount payable for program beneficiaries (line 59 minu	s line 60)		9, 539 45, 802, 788	
. 00	Deductibles billed to program beneficiaries	3 11110 00)		3, 543, 892	
. 00	Coinsurance billed to program beneficiaries			244, 058	63.
. 00	Allowable bad debts (see instructions)			294, 617	•
. 00	Adjusted reimbursable bad debts (see instructions) Allowable bad debts for dual eligible beneficiaries (see ins	tructions)		191, 501 38, 929	65. 66.
. 00	,	tructrons)		42, 206, 339	
. 00	Credits received from manufacturers for replaced devices for	applicable to MS-DRGs (s	ee instructions)	0	68.
. 00	Outlier payments reconciliation (sum of lines 93, 95 and 96)	. (For SCH see instruction	s)	0	69.
. 00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	tration) adjustment (i notmunti>	0	70.
. 50 . 75	Rural Community Hospital Demonstration Project (§410A Demons N95 respirator payment adjustment amount (see instructions)	tration) adjustment (see	instructions)	0	70. 70.
. 87	Demonstration payment adjustment amount before sequestration			0	70.
. 88	SCH or MDH volume decrease adjustment (contractor use only)			0	70.
. 89	Pioneer ACO demonstration payment adjustment amount (see ins	tructions)		_	70.
). 90). 91	HSP bonus payment HVBP adjustment amount (see instructions) HSP bonus payment HRR adjustment amount (see instructions)			0	70. 70.
i. 91 I. 92	Bundled Model 1 discount amount (see instructions)			0	1
				0	70.
. 93	HVBP payment adjustment amount (see instructions)			•	,

Health Financial Systems IU HEALTH	ARNETT	HOSPI TAL		In Lie	u of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der (CCN: 15-0173	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E Part A Date/Time Pre 5/26/2023 10:	
		Ti tl	e XVIII	Hospi tal	PPS	
			FFY	(уууу)	Amount	
				0	1. 00	
70.96 Low volume adjustment for federal fiscal year (yyyy) (I the corresponding federal year for the period prior to		column 0		0	0	70. 96
	70. 97 Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)			0	0	70. 97
70. 98 Low Volume Payment-3					0	70. 98
70.99 HAC adjustment amount (see instructions)					0	70. 99
71.00 Amount due provider (line 67 minus lines 68 plus/minus	lines 6	9 & 70)			42, 131, 826	71.00
71 01 Comportantian adjustment (ass instructions)					F20 0/1	71 01

	Sequestration adjustment (see instructions)		530, 861	
71. 02			0	71. 02
	Sequestration adjustment-PARHM or CHART pass-throughs		40 005 404	71. 03
	Interim payments		40, 905, 481	72. 00
	Interim payments-PARHM or CHART			72. 01
	Tentative settlement (for contractor use only)		0	73.00
73. 01	Tentative settlement-PARHM or CHART (for contractor use only)		405 404	73. 01
74. 00	73)		695, 484	74. 00
74. 01	Balance due provider/program-PARHM or CHART (see instructions)			74. 01
75. 00	Protested amounts (nonallowable cost report items) in accordance with		751, 566	75. 00
	CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)			
00 00	Operating outlier amount from Wkst. E, Pt. A, line 2, or sum of 2.03		0	90. 00
90.00	plus 2.04 (see instructions)		۷	90.00
01 00	Capital outlier from Wkst. L, Pt. I, line 2		0	91. 00
	Operating outlier reconciliation adjustment amount (see instructions)		0	92. 00
	Capital outlier reconciliation adjustment amount (see instructions)		0	93. 00
	The rate used to calculate the time value of money (see instructions)		0.00	94. 00
	Time value of money for operating expenses (see instructions)		0.00	95. 00
	Time value of money for capital related expenses (see instructions)		o l	96. 00
70.00	Time varies of money for capital fertition expenses (see first detroins)	Prior to 10/1	On/After 10/1	70.00
		1. 00	2.00	
	HSP Bonus Payment Amount	1		
100.00	HSP bonus amount (see instructions)	0	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)	o	0	102. 00
	HRR Adjustment for HSP Bonus Payment			
400 00				
103.00	HRR adjustment factor (see instructions)	0.0000	0.0000	103. 00
	HRR adjustment factor (see instructions) HRR adjustment amount for HSP bonus payment (see instructions)	0. 0000 0		103. 00 104. 00
	, ,			
104. 00	HRR adjustment amount for HSP bonus payment (see instructions)		0	
104. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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.		0	104. 00
104. 00 200. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement		0	104. 00 200. 00
104. 00 200. 00 201. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49)		0	104. 00 200. 00 201. 00
104. 00 200. 00 201. 00 202. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions)		0	104. 00 200. 00 201. 00 202. 00
104. 00 200. 00 201. 00 202. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions)	0	0	104. 00 200. 00 201. 00
104. 00 200. 00 201. 00 202. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current	0	0	104. 00 200. 00 201. 00 202. 00
104. 00 200. 00 201. 00 202. 00 203. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period)	0	0 ration	104. 00 200. 00 201. 00 202. 00 203. 00
104. 00 200. 00 201. 00 202. 00 203. 00 204. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount	0	0 ration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00
200. 00 201. 00 202. 00 203. 00 204. 00 205. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204)	0	o ration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00
200. 00 201. 00 202. 00 203. 00 204. 00 205. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205)	0	o ration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00
104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement	0	o ration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00
104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions)	0	o rration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00
104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59)	0	o eration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00
104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions)	0	o cration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00
104. 00 200. 00 201. 00 202. 00 203. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use	0	ration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00
104. 00 200. 00 201. 00 202. 00 203. 00 205. 00 206. 00 207. 00 208. 00 209. 00 210. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions)	0	ration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00
104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 209. 00 211. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement	0	o ration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00
104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 210. 00 211. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare Part A IPPS payments (from line 211)	0	oration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 211. 00
104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 210. 00 211. 00 212. 00 213. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare Part A IPPS payments (see instructions) Comparision of PPS versus Cost Reimbursement Total adjustment to Medicare Part A IPPS payments (from line 211) Low-volume adjustment (see instructions)	0	oration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 211. 00 213. 00
104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 210. 00 211. 00 212. 00 213. 00	HRR adjustment amount for HSP bonus payment (see instructions) Rural Community Hospital Demonstration Project (§410A Demonstration) Adjustment 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. Cost Reimbursement Medicare inpatient service costs (from Wkst. D-1, Pt. II, line 49) Medicare discharges (see instructions) Case-mix adjustment factor (see instructions) Computation of Demonstration Target Amount Limitation (N/A in first year of the current period) Medicare target amount Case-mix adjusted target amount (line 203 times line 204) Medicare inpatient routine cost cap (line 202 times line 205) Adjustment to Medicare Part A Inpatient Reimbursement Program reimbursement under the §410A Demonstration (see instructions) Medicare Part A inpatient service costs (from Wkst. E, Pt. A, line 59) Adjustment to Medicare IPPS payments (see instructions) Reserved for future use Total adjustment to Medicare Part A IPPS payments (from line 211)	0	oration	104. 00 200. 00 201. 00 202. 00 203. 00 204. 00 205. 00 206. 00 207. 00 208. 00 209. 00 211. 00 211. 00

Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 Provider CCN: 15-0173

				T' 11	20/11/1		5/26/2023 10:	13 am
		W/S F Part A	Amounts (from	Pre/Post	Period Prior	Hospi tal Peri od	PPS Total (Col 2	
		line	E, Part A)	Entitlement	to 10/01	On/After 10/01		
		0	1. 00	2.00	3. 00	4. 00	5. 00	
1. 00	DRG amounts other than outlier	1. 00	0	0	(0	0	1. 00
1. 01	payments DRG amounts other than outlier payments for discharges	1. 01	25, 752, 685	О	25, 752, 685	5	25, 752, 685	1. 01
1. 02	occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	8, 651, 588	0		8, 651, 588	8, 651, 588	1. 02
1. 03	1 DRG for Federal specific operating payment for Model 4 BPCI occurring prior to	1. 03	0	0	C)	O O	1. 03
1. 04	October 1 DRG for Federal specific operating payment for Model 4 BPCI occurring on or after	1. 04	0	0		0	0	1. 04
2.00	October 1 Outlier payments for discharges (see instructions)	2. 00						2. 00
2. 01	Outlier payments for discharges for Model 4 BPCI	2. 02	0	0	(0	0	2. 01
2. 02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2. 03	1, 546, 620	0	1, 546, 620	D	1, 546, 620	2. 02
2. 03	Outlier payments for discharges occurring on or after October 1 (see	2. 04	285, 804	O		285, 804	285, 804	2. 03
3. 00	instructions) Operating outlier reconciliation	2. 01	0	0	(0	0	3. 00
4. 00	Managed care simulated payments	3. 00	23, 461, 887	0	17, 133, 042	6, 328, 845	23, 461, 887	4. 00
	Indirect Medical Education Adju				Į.			
5. 00	Amount from Worksheet E, Part A, line 21 (see instructions)	21. 00	0. 078103	0. 078103	0. 078103	0. 078103		5. 00
6.00	IME payment adjustment (see instructions)	22. 00	1, 436, 378	0	1, 075, 174	361, 204	1, 436, 378	6. 00
6. 01	IME payment adjustment for managed care (see	22. 01	979, 534	o	715, 305	264, 229	979, 534	6. 01
	instructions) Indirect Medical Education Adju	L ustment for the	Add-on for Se	ection 422 of t	he MMA			
7.00	IME payment adjustment factor	27. 00	0. 000000			0.000000		7. 00
8. 00	(see instructions) IME adjustment (see	28. 00	0	0	(0	0	8. 00
8. 01	instructions) IME payment adjustment add on for managed care (see	28. 01	0	0	C	0	0	8. 01
9. 00	<pre>instructions) Total IME payment (sum of lines 6 and 8)</pre>	29. 00	1, 436, 378	0	1, 075, 174	361, 204	1, 436, 378	9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	979, 534	О	715, 305	264, 229	979, 534	9. 01
	Di sproporti onate Share Adjustmo	ent						
10. 00	Allowable disproportionate share percentage (see instructions)	33. 00	0. 1107	0. 1107	0. 1107	0. 1107		10. 00
11. 00	Disproportionate share adjustment (see instructions)	34.00	952, 139	0	712, 706	239, 433	952, 139	11. 00
11. 01	Uncompensated care payments Additional payment for high per		2,084,202 D beneficiary	di scharges	, ,	516, 797		
12.00	Total ESRD additional payment	46. 00	0	0	(0	0	12. 00
13. 00 14. 00	(see instructions) Subtotal (see instructions) Hospital specific payments (completed by SCH and MDH, small rural hospitals only.)	47. 00 48. 00	40, 709, 416 0	0	30, 654, 590 (10, 054, 826 0 0	40, 709, 416 0	13. 00 14. 00
15. 00	(see instructions) Total payment for inpatient operating costs (see instructions)	49. 00	41, 688, 950	o	31, 369, 895	10, 319, 055	41, 688, 950	15. 00
16. 00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50. 00	3, 174, 184	0	2, 432, 059	742, 125	3, 174, 184	16. 00

						To 12/31/2022	Date/Time Pre 5/26/2023 10:	pared:
				Title	XVIII	Hospi tal	PPS	
		W/S E, Part A	Amounts (from	Pre/Post	Period Prior	Peri od	Total (Col 2	
		l i ne	E, Part A)	Entitlement	to 10/01	On/After 10/01	through 4)	
		0	1.00	2.00	3. 00	4. 00	5. 00	
17. 00	Special add-on payments for new technologies	54. 00	248, 299	0	227, 184	21, 115	248, 299	17. 00
17. 01	Net organ aquisition cost							17. 01
17. 02	Credits received from manufacturers for replaced devices for applicable MS-DRGs	68. 00	0	0	(0	0	17. 02
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0	0		0	0	18. 00
19.00	SUBTOTAL			0	34, 029, 138	11, 082, 295	45, 111, 433	19. 00
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3. 00	4. 00	5. 00	
20.00	Capital DRG other than outlier	1. 00	2, 600, 718	0	1, 954, 77	645, 941	2, 600, 718	20.00
20. 01	Model 4 BPCI Capital DRG other than outlier	1. 01	0	0	(0	0	20. 01
21.00	Capital DRG outlier payments	2. 00	354, 225	0	312, 493	41, 732	354, 225	21. 00
21. 01	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0	(0	0	21. 01
22. 00	Indirect medical education percentage (see instructions)	5. 00	0. 0292	0. 0292	0. 0292	0. 0292		22. 00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	75, 941	0	57, 080	18, 861	75, 941	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0551	0. 0551	0. 055	0. 0551		24. 00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	143, 300	0	107, 709	35, 591	143, 300	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	3, 174, 184	0	2, 432, 059	742, 125	3, 174, 184	26. 00
		W/S E, Part A	(Amounts to E,					
		line	Part A)					
		0	1. 00	2. 00	3. 00	4. 00	5. 00	
27. 00 28. 00	Low volume adjustment factor Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 96			0. 000000	0.000000	0	27. 00 28. 00
29. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 97				0	0	29. 00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100. 00

In Lieu of Form CMS-2552-10
Worksheet E
Part A Exhibit 5
B1/2022 Date/Time Prepared:
5/26/2023 10: 13 am
 Heal th Financial
 Systems
 IU HEALTH ARNETT
 HOSPITAL

 HOSPITAL
 ACQUIRED
 CONDITION (HAC)
 REDUCTION CALCULATION EXHIBIT 5
 Provider CCN: 15-0173
 Peri od: From 01/01/2022 To 12/31/2022 Title XVIII Hospi tal PPS

		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2.00	3. 00	4. 00	
1.00	DRG amounts other than outlier payments	1. 00					1. 00
1. 01	DRG amounts other than outlier payments for	1. 01	25, 752, 685	25, 752, 685		25, 752, 685	1. 01
1. 02	discharges occurring prior to October 1 DRG amounts other than outlier payments for discharges occurring on or after October 1	1. 02	8, 651, 588		8, 651, 588	8, 651, 588	1. 02
1. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October	1. 03	0	0		0	1. 03
1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1. 04	0		0	0	1. 04
2.00	Outlier payments for discharges (see instructions)	2. 00					2. 00
2. 01	Outlier payments for discharges for Model 4 BPCI	2. 02	0	0	0	0	2. 01
2. 02	Outlier payments for discharges occurring prior to October 1 (see instructions)	2. 03	1, 546, 620	1, 546, 620		1, 546, 620	2. 02
2.03	Outlier payments for discharges occurring on or after October 1 (see instructions)	2.04	285, 804		285, 804	285, 804	2. 03
3.00	Operating outlier reconciliation	2. 01	0	0	0	0	3. 00
4.00	Managed care simulated payments	3. 00	23, 461, 887	17, 133, 043	6, 328, 845	23, 461, 888	4. 00
	Indirect Medical Education Adjustment						
5.00	Amount from Worksheet E, Part A, line 21	21. 00	0. 078103	0. 078103	0. 078103		5. 00
6.00	(see instructions) IME payment adjustment (see instructions)	22. 00	1, 436, 378	1, 075, 174	361, 204	1, 436, 378	6. 00
6. 01	IME payment adjustment (see instructions)	22. 00	979, 534	715, 305	264, 229	979, 534	6. 01
0.0.	instructions)	22.0.	7777001	, 10, 000	201/227	7,7,00	0.0.
	Indirect Medical Education Adjustment for the			he MMA			
7. 00	IME payment adjustment factor (see instructions)	27. 00	0. 000000	0. 000000	0. 000000		7. 00
8.00	IME adjustment (see instructions)	28. 00	0	0	0	0	8. 00
8. 01	IME payment adjustment add on for managed care (see instructions)	28. 01	0	0	0	0	8. 01
9.00	Total IME payment (sum of lines 6 and 8)	29.00	1, 436, 378	1, 075, 174	361, 204		9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and 8.01)	29. 01	979, 534	715, 305	264, 229	979, 534	9. 01
	Di sproporti onate Share Adjustment						
10. 00	Allowable disproportionate share percentage (see instructions)	33. 00	0. 1107	0. 1107	0. 1107		10. 00
11. 00	Disproportionate share adjustment (see instructions)	34.00	952, 139	712, 706	239, 433	952, 139	11. 00
11. 01	Uncompensated care payments	36.00	2, 084, 202	1, 567, 405	516, 797	2, 084, 202	11. 01
	Additional payment for high percentage of ESF		di scharges				
12. 00	Total ESRD additional payment (see instructions)	46. 00	0	0	0	0	12. 00
13. 00	Subtotal (see instructions)	47. 00	40, 709, 416	30, 654, 590	10, 054, 826	40, 709, 416	
14. 00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see	48. 00	0	0	0	0	14. 00
15. 00	<pre>instructions) Total payment for inpatient operating costs (see instructions)</pre>	49. 00	41, 688, 950	31, 369, 895	10, 319, 055	41, 688, 950	15. 00
16. 00	Payment for inpatient program capital (from Wkst. L, Pt. I, if applicable)	50. 00	3, 174, 184	2, 432, 059	742, 125	3, 174, 184	16. 00
17. 00	Special add-on payments for new technologies	54. 00	248, 299	227, 184	21, 115	248, 299	
17. 01 17. 02	Net organ acquisition cost Credits received from manufacturers for	68. 00	0	0	0	0	17. 01 17. 02
18. 00	replaced devices for applicable MS-DRGs Capital outlier reconciliation adjustment	93. 00	0	0	0	0	18. 00
19. 00	amount (see instructions) SUBTOTAL			34, 029, 138	11, 082, 295	45, 111, 433	19. 00

Health Financial Systems	IU HEALTH ARNI	ETT HOSPITAL		In Lie	eu of Form CMS-2	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	ATION EXHIBIT 5	Provider Co	1	Period: From 01/01/2022 To 12/31/2022	Date/Time Pre 5/26/2023 10:	pared:
		Title	XVIII	Hospi tal	PPS	
	Wkst. L, line	(Amt. from Wkst. L)				
	0	1.00	2.00	3. 00	4. 00	
20.00 Capital DRG other than outlier	1.00	2, 600, 718	1, 954, 77	7 645, 941	2, 600, 718	20.00
20.01 Model 4 BPCI Capital DRG other than outlier	1. 01	0		0	0	20. 01
21.00 Capital DRG outlier payments	2.00	354, 225	312, 49	3 41, 732	354, 225	21.00
21.01 Model 4 BPCI Capital DRG outlier payments	2. 01	0		0	0	21. 01
22.00 Indirect medical education percentage (see instructions)	5. 00	0. 0292	0. 029	0. 0292		22. 00
23.00 Indirect medical education adjustment (see instructions)	6. 00	75, 941	57, 08	18, 861	75, 941	23. 00
24.00 Allowable disproportionate share percentage (see instructions)	10.00	0. 0551	0. 055	0. 0551		24. 00
25. 00 Disproportionate share adjustment (see instructions)	11.00	143, 300	107, 70	9 35, 591	143, 300	25. 00
26.00 Total prospective capital payments (see instructions)	12.00	3, 174, 184	2, 432, 05	742, 125	3, 174, 184	26. 00
	Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
	0	1, 00	2, 00	3. 00	4. 00	
27. 00						27. 00
28.00 Low volume adjustment prior to October 1	70. 96	0	,	0	0	28. 00
29.00 Low volume adjustment on or after October 1	70. 97	0	,	0	0	29.00
30.00 HVBP payment adjustment (see instructions)	70. 93	0	,	0	0	30.00
30.01 HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0	,	0	0	30. 01
31.00 HRR adjustment (see instructions)	70. 94	-74, 513	-49, 36	2 -25, 151	-74, 513	31.00
31.01 HRR adjustment for HSP bonus payment (see instructions)	70. 91	0	,	0	0	31. 01
					(Amt. to Wkst. E, Pt. A)	
	0	1.00	2.00	3. 00	4. 00	
32.00 HAC Reduction Program adjustment (see instructions)	70. 99			0	0	32. 00
100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		N				100. 00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL		In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider (CCN: 15-0173	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E Part B Date/Time Prepared: 5/26/2023 10:13 am

		T		5/26/2023 10:	13 am
		Title XVIII	Hospi tal	PPS	
				1. 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			11.00	
1.00	Medical and other services (see instructions)			22, 924	1. 00
2.00	Medical and other services reimbursed under OPPS (see instructions)			34, 898, 532	2. 00
3.00	OPPS payments			30, 671, 993	3. 00
4.00	Outlier payment (see instructions)			400, 846	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 8. 00	Sum of lines 3, 4, and 4.01, divided by line 6 Transitional corridor payment (see instructions)			0. 00 0	7. 00 8. 00
9. 00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col.	13 line 200		86, 185	9.00
10. 00	Organ acquisitions	. 13, 1111e 200		00, 103	10.00
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			22, 924	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				
12.00	Ancillary service charges			95, 722	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)			95, 722	14. 00
	Customary charges				
15. 00	Aggregate amount actually collected from patients liable for payment			0	15.00
16. 00	Amounts that would have been realized from patients liable for paymer	nt for services or	n a chargebasis	0	16. 00
17 00	had such payment been made in accordance with 42 CFR §413.13(e)			0. 000000	17. 00
17. 00 18. 00	Ratio of line 15 to line 16 (not to exceed 1.000000) Total customary charges (see instructions)			95, 722	18.00
19. 00	Excess of customary charges over reasonable cost (complete only if li	ine 18 evceeds liu	ne 11) (see	72, 798	
17.00	instructions)	THE TO EXCECUS THE	(300	72, 770	17.00
20. 00	Excess of reasonable cost over customary charges (complete only if li	ine 11 exceeds lir	ne 18) (see	0	20. 00
	instructions)		, (
21.00	Lesser of cost or charges (see instructions)			22, 924	21. 00
22. 00	Interns and residents (see instructions)			0	22. 00
23. 00	Cost of physicians' services in a teaching hospital (see instructions	s)		0	23. 00
24. 00	Total prospective payment (sum of lines 3, 4, 4.01, 8 and 9)			31, 159, 024	24. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25. 00	Deductibles and coinsurance amounts (for CAH, see instructions)	on CAIL ooo i notn	inti ana)	0	25. 00
26. 00	Deductibles and Coinsurance amounts relating to amount on line 24 (for Subtotal I/Lines 21 and 24 minus the sum of Lines 25 and 24) plus the			5, 294, 505	
27. 00	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the instructions)	e Sum of Times 22	and 23] (See	25, 887, 443	27. 00
28. 00	Direct graduate medical education payments (from Wkst. E-4, line 50)			373, 252	28. 00
29. 00	ESRD direct medical education costs (from Wkst. E-4, line 36)			0,70,202	29. 00
30. 00	Subtotal (sum of lines 27 through 29)			26, 260, 695	
31.00	Pri mary payer payments			17, 615	1
32.00	Subtotal (line 30 minus line 31)			26, 243, 080	
	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)			398, 297	34. 00
35. 00	Adjusted reimbursable bad debts (see instructions)			258, 893	•
36. 00	Allowable bad debts for dual eligible beneficiaries (see instructions	5)		120, 017	
37. 00	Subtotal (see instructions)			26, 501, 973	
	MSP-LCC reconciliation amount from PS&R			96 0	38. 00
39. 00 39. 50	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY) Pioneer ACO demonstration payment adjustment (see instructions)			U	39. 00 39. 50
39. 75	N95 respirator payment adjustment amount (see instructions)			0	39. 75
39. 73	Demonstration payment adjustment amount (see Instructions)			0	39. 73
39. 98	Partial or full credits received from manufacturers for replaced devi	ices (see instruc	tions)	0	39. 98
39. 99	RECOVERY OF ACCELERATED DEPRECIATION	Toos (See Thisti de	11 0113)	0	39. 99
40. 00	Subtotal (see instructions)			26, 501, 877	40.00
40. 01	Sequestration adjustment (see instructions)			333, 924	1
40. 02	Demonstration payment adjustment amount after sequestration			0	40. 02
40.03	Sequestration adjustment-PARHM or CHART pass-throughs				40. 03
41. 00	Interim payments			26, 247, 678	41. 00
41. 01	Interim payments-PARHM or CHART				41. 01
42. 00	Tentative settlement (for contractors use only)			0	42. 00
42. 01	Tentative settlement-PARHM or CHART (for contractor use only)				42. 01
43.00	Balance due provider/program (see instructions)			-79, 725	
43. 01	Balance due provider/program-PARHM (see instructions)	. ONC D . 45 O		45 004	43. 01
44. 00	Protested amounts (nonallowable cost report items) in accordance with	1 CMS PUD. 15-2, (unapter I,	15, 021	44. 00
	§115. 2 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	
93. 00	Time Value of Money (see instructions)			0.00	93. 00
	Total (sum of lines 91 and 93)				94. 00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS	-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Peri od:	Worksheet E	
			From 01/01/2022		
			To 12/31/2022	Date/Time Pr	epared:
				5/26/2023 10): 13 am
		Title XVIII	Hospi tal	PPS	
				1. 00	
MEDICARE PART B ANCILLARY COSTS					
200.00 Part B Combined Billed Days					0 200. 00

Health Financial Systems 10 H ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED | Peri od: | Worksheet E-1 | From 01/01/2022 | Part | To 12/31/2022 | Date/Time Prepared: Provider CCN: 15-0173

			'	0 12/31/2022	5/26/2023 10:	
		Title	xVIII	Hospi tal	PPS	
		I npati en	t Part A	Par	t 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		40, 192, 844		25, 758, 839	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) Program to Provider					3. 00
3. 01	ADJUSTMENTS TO PROVIDER	12/21/2022	712, 637	12/21/2022	488, 839	3. 01
3.02			0		o	3. 02
3.03			0		ol	3. 03
3.04			0		ol	3. 04
3.05			0		ol	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		712, 637		488, 839	3. 99
4. 00	3.50-3.98) Total interim payments (sum of lines 1, 2, and 3.99)		40, 905, 481		26, 247, 678	4. 00
	(transfer to Wkst. E or Wkst. E-3, line and column as appropriate)					
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after					5. 00
	desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER		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		695, 484		0	6. 01
6. 02	SETTLEMENT TO PROGRAM		075, 404		79, 725	6. 02
7. 00	Total Medicare program liability (see instructions)		41, 600, 965		26, 167, 953	7. 00
7.00	Total medicale program frability (see Histractions)		71,000,700	Contractor	NPR Date	7.00
				Number	(Mo/Day/Yr)	
		()	1. 00	2.00	
8. 00	Name of Contractor					8. 00
				1	' '	

Heal th	Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-	2552-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provi der CCN: 15-0173	Peri od: From 01/01/2022 To 12/31/2022	Worksheet E-1 Part II Date/Time Pre 5/26/2023 10:	pared:
			Title XVIII	Hospi tal	PPS	
					1. 00	
	TO BE COMPLETED BY CONTRACTOR FOR NONSTANDAR	COST REPORTS				
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION	N AND CALCULATION				
1.00	Total hospital discharges as defined in AARA	§4102 from Wkst.	S-3, Pt. I col. 15 line	14		1. 00
2.00	Medicare days (see instructions)					2. 00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col	. 6. line 2				3. 00
4.00	Total inpatient days (see instructions)					4. 00
5.00	Total hospital charges from Wkst C, Pt. I, c	ol. 8 line 200				5. 00
6.00	Total hospital charity care charges from Wks	t. S-10, col. 3 li	ne 20			6. 00
7. 00	CAH only - The reasonable cost incurred for line 168	the purchase of ce	ertified HIT technology	Wkst. S-2, Pt. I		7. 00
8. 00	Calculation of the HIT incentive payment (se	e instructions)				8. 00
9. 00	Sequestration adjustment amount (see instruc	tions)				9. 00
10. 00	Calculation of the HIT incentive payment aft	er sequestration	(see instructions)			10.00
	INPATIENT HOSPITAL SERVICES UNDER THE IPPS &	CAH				1
30. 00	Initial/interim HIT payment adjustment (see	instructions)				30. 00
	Other Adjustment (specify)	,				31.00
22 00	Dalamas dua massidan (lina 0 (an lina 10) mi	nua lina 20 and li	ing 21) (and instruction)		22 00

32.00 Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)

30. 00 31. 00 32. 00

Health Financial Systems	IU HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 15-0173	Period: From 01/01/2022 To 12/31/2022	Worksheet E-3 Part VII Date/Time Prepared: 5/26/2023 10:13 am

			10 12/31/2022	5/26/2023 10:	13 am
		Title XIX	Hospi tal	PPS	
			Inpati ent	Outpati ent	
			1. 00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SEF	RVICES FOR TITLES V OR XIX	X SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2. 00
3.00	Organ acquisition (certified transplant programs only)		0		3. 00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4. 00
5.00	Inpatient primary payer payments		0		5. 00
6.00	Outpatient primary payer payments			0	6. 00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7. 00
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonabl e Charges				
8.00	Routine service charges		0		8. 00
9.00	Ancillary service charges		5, 791, 319	0	9. 00
10.00	Organ acquisition charges, net of revenue		0		10. 00
11. 00	Incentive from target amount computation		0		11. 00
12.00	Total reasonable charges (sum of lines 8 through 11)		5, 791, 319	0	12. 00
	CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for	r services on a charge	0	0	13. 00
	basis				
14.00	Amounts that would have been realized from patients liable for		0	0	14. 00
	a charge basis had such payment been made in accordance with	42 CFR §413.13(e)			
15. 00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0. 000000	0. 000000	
16. 00	Total customary charges (see instructions)		5, 791, 319	0	
17. 00	Excess of customary charges over reasonable cost (complete on	ly if line 16 exceeds	5, 791, 319	0	17. 00
	line 4) (see instructions)				
18. 00	Excess of reasonable cost over customary charges (complete on	ly if line 4 exceeds line	0	0	18. 00
	16) (see instructions)				
19. 00	Interns and Residents (see instructions)		0	0	
	Cost of physicians' services in a teaching hospital (see inst		0	0	
21. 00	Cost of covered services (enter the lesser of line 4 or line		0	0	21. 00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be	completed for PPS provide		_	
	Other than outlier payments		0	0	
	Outlier payments		-1, 478	0	
	Program capital payments		0		24. 00
25. 00	Capital exception payments (see instructions)		0		25. 00
26. 00	Routine and Ancillary service other pass through costs		1, 478	0	
27. 00	Subtotal (sum of lines 22 through 26)		0	0	
	Customary charges (title V or XIX PPS covered services only)		0	0	
29. 00	Titles V or XIX (sum of lines 21 and 27)		0	0	29. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		_	_	
30. 00	Excess of reasonable cost (from line 18)		0	0	
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6))	0	0	
32. 00	Deducti bl es		0	0	
33. 00	Coinsurance		0	0	
34. 00	Allowable bad debts (see instructions)		0	0	
	Utilization review		0		35. 00
36. 00		d 33)	0	0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	
	Subtotal (line 36 ± line 37)		0	0	
	Direct graduate medical education payments (from Wkst. E-4)		0		39. 00
40. 00	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		0	0	
41. 00	Interim payments		0	0	
42. 00	Balance due provider/program (line 40 minus line 41)		0	0	
43.00	Protested amounts (nonallowable cost report items) in accordan	nce with CMS Pub 15-2,	0	0	43. 00
	chapter 1, §115.2				I

1EDI CA	` ,	Provi der CO	CN: 15-0173	Peri od:	worksheet E-4	
	AL EDUCATION COSTS			From 01/01/2022 To 12/31/2022		
		Title	XVIII	Hospi tal	5/26/2023 10: 1 PPS	13 am
			,,,,,,	noopi tai		
					1. 00	
00	COMPUTATION OF TOTAL DIRECT GME AMOUNT				0.00	1 0
. 00	Unweighted resident FTE count for allopathic and osteopathic prending on or before December 31, 1996.	rograms ror	cost report	ing perrous	0. 00	1. 0
. 01	FTE cap adjustment under §131 of the CAA 2021 (see instructions	s)			0.00	1. 0
. 00	Unweighted FTE resident cap add-on for new programs per 42 CFR				0.00	2. 0
. 26	Rural track program FTE cap limitation adjustment after the cap	p-bui l di ng	window close	d under §127 of		2. 2
. 00	the CAA 2021 (see instructions) Amount of reduction to Direct GME cap under section 422 of MMA				0.00	3. 0
01	Direct GME cap reduction amount under ACA §5503 in accordance		§413.79 (m)	(see	0.00	
	instructions for cost reporting periods straddling 7/1/2011)					
. 02	Adjustment (increase or decrease) to the hospital's rural track programs with a rural track Medicare GME affiliation agreement					3. C
	49075 (August 10, 2022) (see instructions)	TIT accorda	iice wi tii 413	75(b) and 67 TK		
. 00	Adjustment (plus or minus) to the FTE cap for allopathic and on		programs due	to a Medicare	0.00	4.0
01	GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))				0.00	4.0
. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see instrustraddling 7/1/2011)	uctions for	cost report	ing periods	0. 00	4. 0
. 02	ACA Section 5506 number of additional direct GME FTE cap slots	(see inst	ructions for	cost reporting	0.00	4. C
	periods straddling 7/1/2011)					
. 21	The amount of increase if the hospital was awarded FTE cap slowinstructions)	ts under §1	26 of the CA	A 2021 (see		4. 2
. 00	FTE adjusted cap (line 1 plus and 1.01, plus line 2, plus lines	s 2.26 thro	uah 2.49, mi	nus lines 3 and	0.00	5. 0
	3.01, plus or minus line 3.02, plus or minus line 4, plus lines	s 4.01 thro	ugh 4. 27			
. 00	Unweighted resident FTE count for allopathic and osteopathic p	rograms for	the current	year from your	0. 00	6. 0
. 00	records (see instructions) Enter the lesser of line 5 or line 6				0.00	7. C
. 00	Terret the resser of time 5 of time 0		Primary Car	e Other	Total	7.0
			1. 00	2. 00	3. 00	
. 00	Weighted FTE count for physicians in an allopathic and osteopa	thi c	0.	0.00	0. 00	8. 0
. 00	program for the current year. If line 6 is less than 5 enter the amount from line 8, otherwise.	se	0.	0. 00	0.00	9. 0
	multiply line 8 times the result of line 5 divided by the amount				1	
	6. For cost reporting periods beginning on or after October 1,	2022, or			1	
					1	
) NO	if Worksheet S-2, Part I, line 68, is "Y", see instructions.	nt vear		0.00		10 (
				0. 00 0. 00		
0. 01	Weighted dental and podiatric resident FTE count for the current		0.	0.00		10. 0
0. 01 1. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the current Total weighted FTE count Total weighted resident FTE count for the prior cost reporting	rent year	0. 0.	0. 00 0. 00		10. C
0. 01 1. 00 2. 00	Weighted dental and podiatric resident FTE count for the current Unweighted dental and podiatric resident FTE count for the current Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions)	rent year year (see	0.	0. 00 00 0. 00 00 0. 00		10. 0 11. 0 12. 0
0. 01 1. 00 2. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the current Total weighted FTE count Total weighted resident FTE count for the prior cost reporting	rent year year (see		0. 00 00 0. 00 00 0. 00		10. 0 11. 0 12. 0
0. 01 1. 00 2. 00 3. 00 4. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided lines)	rent year year (see orting	0. 0. 0.	0. 00 00 0. 00 00 0. 00 00 0. 00		10. 0 11. 0 12. 0 13. 0
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided ladjustment for residents in initial years of new programs	year (see orting by 3).	0. 0. 0. 14.	0. 00 00 0. 00 00 0. 00 00 0. 00 00 0. 00 46 0. 00		10. 0 11. 0 12. 0 13. 0 14. 0 15. 0
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided leadjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new programs	year (see orting by 3).	0. 0. 0. 14. 0.	0. 00 00 0. 00 00 0. 00 00 0. 00 00 0. 00 46 0. 00 00 0. 00		10. 0 11. 0 12. 0 13. 0 14. 0 15. 0
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided leadjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new programs Adjustment for residents displaced by program or hospital close	year (see orting by 3). ograms ure	0. 0. 14. 0. 0.	0. 00 00 0. 00 00 0. 00 00 0. 00 00 0. 00 46 0. 00 00 0. 00 00 0. 00		10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00 6. 01	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided ladjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new programs of the program of the pr	year (see orting by 3). ograms ure	0. 0. 14. 0. 0.	0. 00 00 0. 00		10. C 11. C 12. C 13. C 14. C 15. C 16. C
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00 6. 01 7. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided I Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new produjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close closure Adjusted rolling average FTE count	year (see orting by 3). ograms ure	0. 0. 14. 0. 0.	0. 00 00 0. 00		10. C 11. C 12. C 13. C 14. C 15. C 16. C 16. C
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00 6. 01 7. 00 8. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided I Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new produstment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close PTE count PTE count PTE count	year (see orting by 3). ograms ure	0. 0. 14. 0. 0.	0. 00 00 0. 00		10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 16. 0 17. 0 18. 0
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00 6. 01 7. 00 8. 00 8. 01	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided I Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new produstment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close PTE count PTE count PTE count	year (see orting by 3). ograms ure	0. 0. 14. 0. 0.	0. 00 00 0. 00 00 0. 00 00 0. 00 00 0. 00 46 0. 00 00 0. 00 00 0. 00 00 0. 00 00 0. 00 00 0. 00		10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 17. 0 18. 0 18. 0
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00 6. 01 7. 00 3. 00 3. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided I Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new produstment for residents displaced by program or hospital closs Unweighted adjustment for residents displaced by program or hospital closs Unweighted adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021	year (see orting by 3). ograms ure	0. 0. 14. 0. 0. 0. 14. 122, 501.	0. 00 00 0. 00 00 0. 00 00 0. 00 00 0. 00 46 0. 00 00 0. 00 00 0. 00 00 0. 00 00 0. 00 00 0. 00	1, 771, 372	10. C 11. C 12. C 13. C 14. C 15. C 16. C 16. C 17. C 18. C 18. C
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00 6. 01 7. 00 8. 00 8. 01 9. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided IAdjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new programs of the program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021 Approved amount for resident costs	rent year year (see orting by 3). ograms ure spital	0. 0. 14. 0. 0. 0. 14. 122,501.	0. 00 00 0. 00	1, 771, 372	10. C 11. C 12. C 13. C 14. C 15. C 16. C 16. C 17. C 18. C 19. C
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00 6. 01 7. 00 8. 00 8. 01 9. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided I Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new program or hospital close Unweighted adjustment for residents displaced by program or hospital close Closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021 Approved amount for resident costs Additional unweighted allopathic and osteopathic direct GME FTI	rent year year (see orting by 3). ograms ure spital	0. 0. 14. 0. 0. 0. 14. 122,501.	0. 00 00 0. 00	1, 771, 372	10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 16. 0 16. 0 17. 0 18. 0 19. 0
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00 6. 01 7. 00 8. 00 8. 01 9. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer Total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided IAdjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new programs of the program or hospital close Unweighted adjustment for residents displaced by program or hospital close Unweighted adjustment for residents displaced by program or hospital close Closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021 Approved amount for resident costs	year (see orting by 3). ograms ure spital	0. 0. 14. 0. 0. 0. 14. 122,501.	0. 00 00 0. 00	1, 771, 372	10. C 11. C 12. C 13. C 14. C 15. C 16. C 16. C 17. C 18. C 19. C
0. 01 1. 00 2. 00 3. 00 4. 00 5. 00 5. 01 6. 00 6. 01 7. 00 8. 00 8. 01 9. 00 0. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided I Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new programs or hospital closure Adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021 Approved amount for resident costs Additional unweighted allopathic and osteopathic direct GME FTI Sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instructions)	year (see orting by 3). ograms ure spital E resident tions) ctions)	0. 0. 14. 0. 0. 14. 122,501. 1,771,3	0. 00 00 0. 00	1, 771, 372 1. 00 0. 00 0. 00 0. 00	10. 0 11. 0 12. 0 13. 0 14. 0 15. 0 15. 0 16. 0 17. 0 18. 0 19. 0 20. 0 21. 0 22. 0
6. 01 7. 00 8. 00 8. 01 9. 00 20. 00 21. 00 22. 00 23. 00	Weighted dental and podiatric resident FTE count for the currer Unweighted dental and podiatric resident FTE count for the currer total weighted FTE count Total weighted resident FTE count for the prior cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Total weighted resident FTE count for the penultimate cost reporting instructions) Rolling average FTE count (sum of lines 11 through 13 divided I Adjustment for residents in initial years of new programs Unweighted adjustment for residents in initial years of new programs or hospital closure Adjustment for residents displaced by program or hospital closure Adjusted rolling average FTE count Per resident amount Per resident amount under §131 of the CAA 2021 Approved amount for resident costs Additional unweighted allopathic and osteopathic direct GME FTI Sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instructions)	year (see orting by 3). ograms ure spital E resident tions) ctions)	0. 0. 14. 0. 0. 14. 122,501. 1,771,3	0. 00 00 0. 00	1, 771, 372 1. 00 0. 00 0. 00 0. 00 0. 00 0. 00	20. 0 21. 0 22. 0

	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der C	CN: 15-0173	Peri od:	Worksheet E-4	
IEDI CA	L EDUCATION COSTS			From 01/01/2022 To 12/31/2022	Date/Time Prep 5/26/2023 10:	
		Ti tl e	XVIII	Hospi tal	PPS	
			Inpatient Pa	rt Managed Care	Total	
			1, 00	2. 00	3. 00	
	COMPUTATION OF PROGRAM PATIENT LOAD				2. 22	
6. 00	Inpatient Days (see instructions) (Title XIX - see S-2 Part I) 3.02, column 2)	X, line	17, 1	12, 094		26. 0
7. 00			51, 6	51, 663		27. C
8. 00	Ratio of inpatient days to total inpatient days		0. 3318			28.0
9. 00	Program direct GME amount		587, 8°	17 414, 668	1, 002, 485	29.0
9. 01	Percent reduction for MA DGME			3. 26		29.0
0. 00	1			13, 518	13, 518	30.0
1. 00	Net Program direct GME amount				988, 967	31. (
					4 00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE	- VVIII ONIV	/ (NUIDCLNC DD)	CDAM AND DADAMED	1. 00	
	EDUCATION COSTS)	E XVIII UNLY	(NURSING PRO	JGRAW AND PARAMEL	JI CAL	
2. 00	Renal dialysis direct medical education costs (from Wkst. B, F and 94)	Pt. I, sum c	of col. 20 and	d 23, lines 74	0	32.
3. 00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I	I. col. 8. s	sum of lines ?	74 and 94)	4, 001, 831	33.
1. 00	Ratio of direct medical education costs to total charges (line				0. 000000	
5. 00	Medicare outpatient ESRD charges (see instructions)		•		0	35.
6. 00	Medicare outpatient ESRD direct medical education costs (line		15)		0	36.
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII	ONLY				
	Part A Reasonable Cost					4
7. 00	Reasonable cost (see instructions)				57, 728, 862	1
3. 00	Organ acquisition and HSCT acquisition costs (see instructions				0	
9.00	Cost of physicians' services in a teaching hospital (see insti	ructions)			0 9, 539	39. 40.
). 00 I. 00	Primary payer payments (see instructions) Total Part A reasonable cost (sum of lines 37 through 39 minus	- line 40)			9, 539 57, 719, 323	
1.00	Part B Reasonable Cost	5 TTHE 40)			37, 719, 323	41.
2. 00	Reasonable cost (see instructions)				35, 007, 641	42.
3. 00	Primary payer payments (see instructions)				17, 615	1
1. 00	Total Part B reasonable cost (line 42 minus line 43)				34, 990, 026	
5. 00	Total reasonable cost (sum of lines 41 and 44)				92, 709, 349	
6. 00	Ratio of Part A reasonable cost to total reasonable cost (line	e 41 ÷ line	45)		0. 622584	46.
7. 00	Ratio of Part B reasonable cost to total reasonable cost (line		45)		0. 377416	47.
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PAR	RT B				
	Total program GME payment (line 31)				988, 967	
9. 00	Part A Medicare GME payment (line 46 x 48) (title XVIII only)				615, 715	
U. UU	Part B Medicare GME payment (line 47 x 48) (title XVIII only)	(see instru	ICTI ONS)		373, 252	1 50.

Heal th	Financial Systems IU H	HEALTH ARNETT	HOSPI TAL	In Lie	u of Form CMS-2	552-10
OUTLI E	R RECONCILIATION AT TENTATIVE SETTLEMENT		Provider CCN: 15-0173	Peri od:	Worksheet E-5	
				From 01/01/2022 To 12/31/2022	Date/Time Prep 5/26/2023 10:1	oared: 13 am
			Title XVIII		PPS	
	<u> </u>					
					1. 00	
	TO BE COMPLETED BY CONTRACTOR					
1.00	Operating outlier amount from Wkst. E, Pt. A, lir	ne 2, or sum c	of 2.03 plus 2.04 (see i	nstructions)	0	1.00
2.00	Capital outlier from Wkst. L, Pt. I, line 2				0	2.00
3.00	Operating outlier reconciliation adjustment amour	nt (see instru	ıcti ons)		0	3.00
4.00	Capital outlier reconciliation adjustment amount	(see instruct	i ons)		0	4.00
5.00	The rate used to calculate the time value of mone	ey (see instru	ıcti ons)		0.00	5.00
6.00	Time value of money for operating expenses (see i	instructions)			0	6.00
7.00	Time value of money for capital related expenses	(see instruct	i ons)		0	7.00

Health Financial Systems

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

Provider CCN: 15-0173

oni y)					5/26/2023 10:	13 am
		General Fund	Speci fi c	Endowment Fund	Plant Fund	
		1.00	Purpose Fund 2.00	3. 00	4. 00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	208, 719, 995	1	0	0	
2. 00 3. 00	Temporary investments	0	(-	0	
4. 00	Notes recei vabl e Accounts recei vabl e	48, 372, 605	1			
5. 00	Other recei vabl e	5, 389, 243			ĺ	
6. 00	Allowances for uncollectible notes and accounts receivable	0		o o	Ö	
7.00	Inventory	12, 318, 275	(0	0	
8.00	Prepaid expenses	1, 233, 847		0	0	
9.00	Other current assets	0		0	0	
10.00	Due from other funds Total current assets (sum of lines 1-10)	0 274 022 045		0	0	1
11. 00	FIXED ASSETS	276, 033, 965		<u>)</u>		11. 00
12. 00	Land	3, 297, 223		0	0	12. 00
13. 00	Land improvements	590, 336			l .	
14.00	Accumulated depreciation	-76, 307	(0	0	14. 00
15. 00	Bui I di ngs	186, 408, 478	1	0	0	
16. 00	Accumulated depreciation	-67, 275, 080	1	0	0	
17. 00	Leasehold improvements	0	(0	0	
18. 00 19. 00	Accumulated depreciation Fixed equipment	0			0	
20. 00	Accumulated depreciation					
21. 00	Automobiles and trucks	134, 144			ĺ	
22. 00	Accumulated depreciation	-125, 532	1	o o	Ö	
23.00	Major movable equipment	79, 869, 143	(0	0	23. 00
24.00	Accumul ated depreciation	-61, 510, 894		0	0	
25.00	Mi nor equi pment depreciable	0	(0	0	
26. 00	Accumulated depreciation	0		0	0	
27. 00	HIT designated Assets	0		0	0	
28. 00 29. 00	Accumulated depreciation Minor equipment-nondepreciable	0	`			
30. 00	Total fixed assets (sum of lines 12-29)	141, 311, 511	1			
00.00	OTHER ASSETS	11170117011		<u>, </u>		00.00
31.00	Investments	4, 788, 872	(0	0	31.00
32.00	Deposits on Leases	0	(0		
33. 00	Due from owners/officers	0		0	0	1
34.00	Other assets	4, 275, 402	1	1	0	
35. 00 36. 00	Total other assets (sum of lines 31-34) Total assets (sum of lines 11, 30, and 35)	9, 064, 274 426, 409, 750	1	٦	0	
30.00	CURRENT LIABILITIES	420, 409, 730	1	<u> </u>		30.00
37. 00	Accounts payable	27, 038, 230	(0	0	37. 00
38. 00	Salaries, wages, and fees payable	4, 991, 961	1	0	0	38. 00
39. 00	Payroll taxes payable	0		0	0	
40.00	Notes and Loans payable (short term)	0	(0	0	
41.00	Deferred income	0	(0	0	
42. 00 43. 00	Accel erated payments Due to other funds	3, 639, 362	,		0	42. 00 43. 00
44. 00	Other current liabilities	39, 881			l	
45. 00	Total current liabilities (sum of lines 37 thru 44)	35, 709, 434	1	o o		
	LONG TERM LIABILITIES			-		
46.00	Mortgage payable	0	(٦	0	
47. 00	Notes payable	0	•	0		
48. 00	Unsecured Loans	07, 770				
49. 00 50. 00	Other long term liabilities Total long term liabilities (sum of lines 46 thru 49)	876, 772 876, 772	1	0	0	1
51. 00	Total liabilities (sum of lines 45 and 50)	36, 586, 206	1		l .	
01.00	CAPITAL ACCOUNTS	00,000,200		<u>, </u>		01.00
52.00	General fund balance	389, 823, 544				52. 00
53.00	Specific purpose fund			O .		53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55. 00	Donor created - endowment fund balance - unrestricted			0		55. 00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	
58. 00	Plant fund balance - reserve for plant improvement, replacement, and expansion				l "	58. 00
59. 00	Total fund balances (sum of lines 52 thru 58)	389, 823, 544		o	О	59. 00
60.00	Total liabilities and fund balances (sum of lines 51 and	426, 409, 750	1	o o	Ö	
	59)					

Provider CCN: 15-0173

| Period: | Worksheet G-1 | From 01/01/2022 | To 12/31/2022 | Date/Time Prepared:

					То	12/31/2022	Date/Time Prep 5/26/2023 10:	oared: 13 am
		General	Fund	Speci al	Purp	oose Fund	Endowment Fund	
		1.00	2. 00	3.00		4. 00	5. 00	
1. 00 2. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29)		314, 112, 490 75, 711, 064			0		1. 00 2. 00
3.00	Total (sum of line 1 and line 2)		389, 823, 554			0		3. 00
4.00	Additions (credit adjustments) (specify)	o			0	_	0	4. 00
5.00		0			0		0	5.00
6.00		0			0		0	6.00
7. 00		0			0		0	7. 00
8.00		0			0		0	8. 00
9. 00 10. 00	Total additions (sum of line 4-9)	0	0		U	0		9. 00 10. 00
11. 00	Subtotal (line 3 plus line 10)		389, 823, 554			0		11. 00
12. 00	Deductions (debit adjustments) (specify)	0	307, 023, 334		0	O	0	12.00
13. 00		Ö			0		Ö	13. 00
14.00		0			0		0	14.00
15. 00		0			0		0	15.00
16. 00		0			0		0	16. 00
17. 00	Total deductions (sum of Lines 12 17)	0	0		0	0	0	17. 00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance		389, 823, 554			0		18. 00 19. 00
17.00	sheet (line 11 minus line 18)		307, 023, 334			Ü		17.00
		Endowment Fund	PI ant	Fund				
			7.00	0.00				
1 00	Final balances at basis at an action	6.00	7. 00	8. 00	0			1 00
1. 00 2. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29)	0			U			1. 00 2. 00
3. 00	Total (sum of line 1 and line 2)	0			0			3. 00
4. 00	Additions (credit adjustments) (specify)		0		Ĭ			4. 00
5.00			0					5.00
6.00			0					6. 00
7.00			0					7. 00
8.00			0					8. 00
9. 00 10. 00	Total additions (sum of line 4-9)		U		0			9. 00 10. 00
11. 00	Subtotal (line 3 plus line 10)				0			11. 00
12. 00	Deductions (debit adjustments) (specify)		0		٥			12. 00
13. 00			0					13. 00
14.00			0					14.00
15. 00			0					15.00
16.00			0					16.00
17. 00	T-1-1 d-d (6 line - 12 17)		0					17.00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance	0			0			18. 00 19. 00
17.00	sheet (line 11 minus line 18)				U			17.00
	12	1	!	1	1		!	

Health Financial Systems I STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES Provider CCN: 15-0173

		Т	o 12/31/2022	Date/Time Pre 5/26/2023 10:	
	Cost Center Description	Inpatient	Outpati ent	Total	10 4111
		1.00	2. 00	3. 00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospi tal	179, 760, 427		179, 760, 427	1.00
2.00	SUBPROVI DER - I PF				2.00
3.00	SUBPROVI DER - I RF				3.00
4.00	SUBPROVI DER				4.00
5.00	Swing bed - SNF			0	5.00
6.00	Swing bed - NF			0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	179, 760, 427		179, 760, 427	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	29, 735, 099		29, 735, 099	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT			0	13.00
13. 01	BURN INTENSIVE CARE UNIT			0	13. 01
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEONATAL INTENSIVE CARE UNIT	17, 687, 974		17, 687, 974	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines	47, 423, 073		47, 423, 073	16.00
	11-15)				
17.00	Total inpatient routine care services (sum of lines 10 and 16)	227, 183, 500		227, 183, 500	17.00
18.00	Ancillary services	432, 407, 470	833, 090, 804	1, 265, 498, 274	18.00
19.00	Outpatient services	55, 532, 550	245, 820, 626	301, 353, 176	19.00
20.00	RURAL HEALTH CLINIC		0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	21.00
22. 00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D. P.)				25.00
26.00	HOSPI CE				26.00
27.00	OTHER (SPECIFY)		0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst.	715, 123, 520	1, 078, 911, 430	1, 794, 034, 950	28.00
	G-3, line 1)				
	PART II - OPERATING EXPENSES				
29. 00	Operating expenses (per Wkst. A, column 3, line 200)		357, 541, 609		29.00
30.00	ADD (SPECIFY)				30.00
31.00					31.00
32.00					32.00
33.00		C			33.00
34.00		C			34.00
35.00		C			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	C			37.00
38. 00		C			38. 00
39. 00		C			39. 00
40.00		C			40.00
41.00		C			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)(transfe	er	357, 541, 609		43.00
	to Wkst. G-3, line 4)				

Heal th	Financial Systems IU HEALTH AR	NETT_HOSPITAL	In Lie	u of Form CMS-2	2552-10
STATE	ENT OF REVENUES AND EXPENSES	Provider CCN: 15-0173	Peri od:	Worksheet G-3	
			From 01/01/2022 To 12/31/2022	Date/Time Pre	nared:
			10 12/01/2022	5/26/2023 10:	
				1. 00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3,			1, 794, 034, 950	1
2.00	Less contractual allowances and discounts on patients' acc	counts		1, 367, 808, 201	
3.00	Net patient revenues (line 1 minus line 2)			426, 226, 749	
4.00	Less total operating expenses (from Wkst. G-2, Part II, Ii	ine 43)		357, 541, 609	1
5. 00	Net income from service to patients (line 3 minus line 4)			68, 685, 140	5. 00
	OTHER I NCOME				
6.00	Contributions, donations, bequests, etc			0	6. 00
7.00	Income from investments			0	7.00
8.00	Revenues from telephone and other miscellaneous communica	tion services		0	
9.00	Revenue from television and radio service			0	7.00
10.00	Purchase di scounts			0	10.00
11. 00	Rebates and refunds of expenses			0	1
12.00	Parking Lot receipts			0	
13. 00	Revenue from Laundry and Linen service			0	1
14. 00	Revenue from meals sold to employees and guests			0	1
15. 00	Revenue from rental of living quarters			0	1
	Revenue from sale of medical and surgical supplies to other	er than patients		0	
17. 00	Revenue from sale of drugs to other than patients			0	1
18. 00	Revenue from sale of medical records and abstracts			0	1
19. 00				0	1 . ,
20.00	Revenue from gifts, flowers, coffee shops, and canteen			0	
21. 00	Rental of vending machines			0	
22. 00	Rental of hospital space			0	22. 00
23. 00	Governmental appropriations			0	23. 00
	MI SCELLANEOUS I NCOME			7, 025, 924	
04 50	00// D 40 DUE E !!				1 04 50

7, 025, 724 24. 00 0 24. 50 7, 025, 924 25. 00 75, 711, 064 26. 00

0 27. 00 0 28. 00 75, 711, 064 29. 00

24.00 MISCELLANEOUS INCOME
24.50 COVID-19 PHE Funding
25.00 Total other income (sum of lines 6-24)
26.00 Total (line 5 plus line 25)
27.00 OTHER EXPENSES (SPECIFY)
28.00 Total other expenses (sum of line 27 and subscripts)
29.00 Net income (or loss) for the period (line 26 minus line 28)

JALCUL	ATION OF CAPITAL PAYMENT	Provider CCN: 15-0173	Peri od: From 01/01/2022 To 12/31/2022		
		Title XVIII	Hospi tal	5/26/2023 10: PPS	<u>13 am</u>
				'	
	DADT I FILLY DROCDECTIVE METHOD			1. 00	
	PART I - FULLY PROSPECTIVE METHOD CAPITAL FEDERAL AMOUNT				ł
. 00	Capital DRG other than outlier			2, 600, 718	1.
. 01	Model 4 BPCI Capital DRG other than outlier			0	1
. 00	Capital DRG outlier payments			354, 225	2.
. 01	Model 4 BPCI Capital DRG outlier payments			0	2.
. 00	Total inpatient days divided by number of days in the cost re	porting period (see inst	ructions)	141.54	
. 00	Number of interns & residents (see instructions)			14. 46	
. 00	Indirect medical education percentage (see instructions)			2. 92	
. 00	Indirect medical education adjustment (multiply line 5 by the	sum of lines 1 and 1.01	, columns 1 and	75, 941	6.
. 00	1.01)(see instructions) Percentage of SSI recipient patient days to Medicare Part A p.	ationt days (Workshoot F	nart Alino	3. 16	7.
. 00	30) (see instructions)	attent days (worksheet L	., part A fine	3. 10	l '.
. 00	Percentage of Medicaid patient days to total days (see instru	ctions)		23. 33	8.
. 00	Sum of lines 7 and 8	,		26. 49	1
0. 00	Allowable disproportionate share percentage (see instructions)		5. 51	10.
1. 00	Disproportionate share adjustment (see instructions)			143, 300	11.
2. 00	Total prospective capital payments (see instructions)			3, 174, 184	12.
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST				
00	Program inpatient routine capital cost (see instructions)			0	
. 00	Program inpatient ancillary capital cost (see instructions)			0	
. 00	Total inpatient program capital cost (line 1 plus line 2)			0	
. 00 . 00	Capital cost payment factor (see instructions) Total inpatient program capital cost (line 3 x line 4)			0	
. 00	Total Impatrent program capital cost (ITTHE 3 x ITTHE 4)			0	3.
				1. 00	
00	PART III - COMPUTATION OF EXCEPTION PAYMENTS Program inpatient capital costs (see instructions)			0	 1.
00	Program inpatient capital costs (see instructions)	as (saa instructions)		0	
. 00	Net program inpatient capital costs (line 1 minus line 2)	es (see mistructions)		0	
. 00	Applicable exception percentage (see instructions)			0.00	
. 00	Capital cost for comparison to payments (line 3 x line 4)			0	1
. 00	Percentage adjustment for extraordinary circumstances (see in	structions)		0.00	6.
00	Adjustment to capital minimum payment level for extraordinary	circumstances (line 2 x	(line 6)	0	7.
00	Capital minimum payment level (line 5 plus line 7)			0	
. 00	Current year capital payments (from Part I, line 12, as appli			0	
0.00	Current year comparison of capital minimum payment level to c			0	
1. 00	Carryover of accumulated capital minimum payment level over c. Worksheet L, Part III, line 14)	apitai payment (Trom pri	or year	0	11.
2. 00	Net comparison of capital minimum payment level to capital pa	yments (line 10 plus lin	ne 11)	0	12.
3. 00	Current year exception payment (if line 12 is positive, enter			0	
4. 00	Carryover of accumulated capital minimum payment level over c			0	
	(if line 12 is negative, enter the amount on this line)	· •			1
	Current year allowable operating and capital payment (see ins				15

15.00 Current year allowable operating and capital payment (see instructions)
16.00 Current year operating and capital costs (see instructions)
17.00 Current year exception offset amount (see instructions)

15.00 0 16.00 0 17.00